

	Platinum \$0	Gold \$0	Gold \$750	Gold \$1,500	Gold \$2,000	Gold \$5,000
Premium (Q3 Circle)						
Individual	\$835.17	\$745.03	\$700.46	\$701.83	\$678.34	\$704.72
Individual + Spouse	\$1,670.33	\$1,490.07	\$1,400.92	\$1,403.65	\$1,356.69	\$1,409.43
Individual + Child(ren)	\$1,419.78	\$1,266.56	\$1,190.78	\$1,193.11	\$1,153.19	\$1,198.02
Family	\$2,380.23	\$2,123.34	\$1,996.31	\$2,000.21	\$1,933.28	\$2,008.44
Premium (Q3 Circle Plus)						
Individual	\$929.31	\$831.47	\$781.45	\$783.46	\$757.56	\$786.52
Individual + Spouse	\$1,858.62	\$1,662.94	\$1,562.90	\$1,566.92	\$1,515.13	\$1,573.05
Individual + Child(ren)	\$1,579.83	\$1,413.50	\$1,328.46	\$1,331.88	\$1,287.86	\$1,337.09
Family	\$2,648.54	\$2,369.69	\$2,227.13	\$2,232.86	\$2,159.06	\$2,241.59
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$750 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$5,000 / \$10,000
RX Drug Deductible	N/A	N/A	\$100 / \$200	\$100 / \$200	\$150 / \$300	N/A
HSA compatible?	No	No	No	No	No	No
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary Care / OBGYN visits	\$10	\$25	\$25	\$25	\$25	\$10
Oscar Center	Free	Free	Free	Free	Free	Free
Specialist visits	\$25	\$50	\$50	\$50	\$50	\$30
Mental health office visits	\$25	\$25	\$25	\$25	\$25	\$10
Labs	\$15	\$50	\$50	\$50	\$50	\$30
Emergency Room	\$500	\$750	20% after ded	20% after ded	\$250	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75
MRIs & Advanced Imaging	\$100	\$125	20% after ded	20% after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$50	\$50	20% after ded	20% after ded	20% after ded	\$0 after ded
Outpatient Facility / Inpatient Facility	\$100 / \$500	\$150 / \$500 (5 day max)	20% after ded	20% after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$10 / \$30 / \$75	\$10 / \$25 / \$100	\$15 / \$50 after ded / \$100 after ded	\$15 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded	\$10 / \$50 / 0% after ded

¹ This is a contracted rate and is subject to change. Once the deductible is met, Doctor-on-Call services will be covered in full

	Silver \$0	Silver \$2,700	Silver \$3,500	Silver \$4,500	Silver \$7,900	Bronze \$4,000	Bronze \$7,900	Silver \$3,000 HSA	Bronze \$6,650 HSA
Premium (Q3 Circle)									
Individual	\$643.32	\$620.17	\$613.24	\$575.69	\$629.25	\$501.90	\$477.70	\$584.18	\$502.89
Individual + Spouse	\$1,286.64	\$1,240.33	\$1,226.48	\$1,151.37	\$1,258.49	\$1,003.80	\$955.39	\$1,168.36	\$1,005.78
Individual + Child(ren)	\$1,093.64	\$1,054.28	\$1,042.51	\$978.67	\$1,069.72	\$853.23	\$812.09	\$993.10	\$854.91
Family	\$1,833.46	\$1,767.47	\$1,747.74	\$1,640.70	\$1,793.36	\$1,430.42	\$1,361.44	\$1,664.91	\$1,433.23
Premium (Q3 Circle Plus)									
Individual	\$721.93	\$694.16	\$686.86	\$651.22	\$704.31	\$568.03	\$544.11	\$658.31	\$570.87
Individual + Spouse	\$1,443.86	\$1,388.33	\$1,373.73	\$1,302.44	\$1,408.61	\$1,136.06	\$1,088.21	\$1,316.61	\$1,141.73
Individual + Child(ren)	\$1,227.28	\$1,180.08	\$1,167.67	\$1,107.07	\$1,197.32	\$965.65	\$924.98	\$1,119.12	\$970.47
Family	\$2,057.49	\$1,978.37	\$1,957.56	\$1,855.97	\$2,007.27	\$1,618.88	\$1,550.70	\$1,876.17	\$1,626.97
The Basics									
Deductible (Individual / Family)	\$0 / \$0	\$2,700 / \$5,400	\$3,500 / \$7,000	\$4,500 / \$9,000	\$7,900 / \$15,800	\$4,000 / \$8,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300
Out-of-Pocket Max (Individual / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$5,000 / \$10,000	\$6,650 / \$13,300
RX Drug Deductible	\$100 / \$200	N/A	\$200 / \$400	N/A	N/A	N/A	N/A	N/A	N/A
HSA compatible?	No	No	No	No	No	No	No	Yes	Yes
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free	Free	\$15 ¹	\$15 ¹
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits									
Primary Care / OBGYN visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Oscar Center	Free	Free	Free	Free	Free	Free	Free	\$0 after ded	\$0 after ded
Specialist visits	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Mental health office visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Labs	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Emergency Room	\$650	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75	20% after ded	\$0 after ded
MRIs & Advanced Imaging	\$150	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$75	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Outpatient Facility / Inpatient Facility	\$500 / \$1,000	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$20 / \$50 / 50% after ded	\$20 / \$50 / \$100	\$25 / \$50 after ded / \$100 after ded	\$10 / 50% after ded / 50% after ded	\$20 / \$75 / \$0 after ded	\$20 after ded/ \$50 after ded / \$100 after ded	\$0 after ded	20% after ded	\$0 after ded

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