



	Platinum \$0 Option 2	Gold \$1000	Silver \$3000	Silver \$3250 HSA	Bronze \$7300
Premium Q1 Circle - Rating Area 4					
Individual	\$1,397.16	\$1,226.77	\$1,113.02	\$1,020.26	\$892.72
Individual + Spouse	\$2,794.32	\$2,453.54	\$2,226.04	\$2,040.52	\$1,785.44
Individual + Child(ren)	\$2,375.17	\$2,085.51	\$1,892.13	\$1,734.44	\$1,517.62
Family	\$3,981.91	\$3,496.29	\$3,172.11	\$2,907.74	\$2,544.25
Premium Q1 Circle - Rating Area 8					
Individual	\$1,254.83	\$1,101.80	\$999.64	\$916.33	\$801.78
Individual + Spouse	\$2,509.66	\$2,203.60	\$1,999.28	\$1,832.66	\$1,603.56
Individual + Child(ren)	\$2,133.21	\$1,873.06	\$1,699.39	\$1,557.76	\$1,363.03
Family	\$3,576.28	\$3,140.13	\$2,848.97	\$2,611.54	\$2,285.07
The Basics					
Deductible (Individual / Family)	\$0 / \$0	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,250 / \$6,500	\$7,300 / \$14,600
Out-of-Pocket Max (Individual / Family)	\$2,900 / \$5,800	\$5,500 / \$11,000	\$8,700 / \$17,400	\$6,700 / \$13,400	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	N/A	\$150 / \$300	\$150 / \$300	N/A	N/A
HSA-Compatible?	No	No	No	Yes	No
\$0 Virtual Urgent Care, available 24/7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Up to \$100/year in step tracking rewards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prices for In-Network Benefits					
Primary care / OBGYN visits	\$5	\$25	\$40	30% after deductible	30% after deductible
Specialist visits	\$20	\$50	\$75	30% after deductible	30% after deductible
Mental health office visits	\$5	\$25	\$40	30% after deductible	30% after deductible
Labs	\$20	\$50	\$75	30% after deductible	30% after deductible
Emergency room	\$250	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care	\$25	\$75	\$85	30% after deductible	30% after deductible
MRIs & Advanced imaging	\$50	\$200	\$200	30% after deductible	30% after deductible
X-rays & Diagnostic imaging	\$20	\$100	\$100	30% after deductible	30% after deductible
Outpatient facility / Inpatient facility	\$100 / \$500	\$300 after deductible / 20% after deductible	\$500 after deductible / 30% after deductible	30% after deductible / 30% after deductible	30% after deductible / 30% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3	\$15	\$20	30% after deductible	30% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Speciality (Tier 4)	\$10 / \$50 / \$50	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$50 / \$100 after deductible / \$100 after deductible	30% after deductible / 30% after deductible / 30% after deductible	30% after deductible / 30% after deductible / 30% after deductible

Note: Benefits may be subject to deductible. Oscar has specific rates with in-network providers. Member pays Oscar's rate with in-network providers until reaching the plan's deductible. For coinsurance, member pays coinsurance percentage of the rate until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details. All this information and more can be found on our Broker Resources page: www.hioscar.com/brokers