



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1000	Gold \$1250	Gold \$2000	Silver \$0
Premium Q1 Circle - Rating Area 4							
Individual	\$1,092.67	\$1,119.87	\$985.65	\$945.58	\$922.76	\$947.61	\$879.61
Individual + Spouse	\$2,185.33	\$2,239.74	\$1,971.30	\$1,891.15	\$1,845.52	\$1,895.21	\$1,759.23
Individual + Child(ren)	\$1,857.53	\$1,903.78	\$1,675.60	\$1,607.48	\$1,568.69	\$1,610.93	\$1,495.35
Family	\$3,114.10	\$3,191.63	\$2,809.10	\$2,694.89	\$2,629.87	\$2,700.68	\$2,506.90
Premium Q1 Circle - Rating Area 8							
Individual	\$1,040.82	\$1,066.73	\$938.88	\$900.71	\$878.98	\$902.64	\$837.88
Individual + Spouse	\$2,081.64	\$2,133.46	\$1,877.76	\$1,801.42	\$1,757.95	\$1,805.29	\$1,675.75
Individual + Child(ren)	\$1,769.39	\$1,813.44	\$1,596.10	\$1,531.21	\$1,494.26	\$1,534.49	\$1,424.39
Family	\$2,966.34	\$3,040.19	\$2,675.81	\$2,567.02	\$2,505.08	\$2,572.53	\$2,387.95
The Basics							
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,000 / \$4,000	\$0 / \$0
Out-of-Pocket Max (Individual / Family)	\$3,100 / \$6,200	\$2,800 / \$5,600	\$8,700 / \$17,400	\$5,500 / \$11,000	\$6,300 / \$12,600	\$6,300 / \$12,600	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$150 / \$300	\$150 / \$300	\$150 / \$300	\$150 / \$300	\$200 / \$400
HSA-Compatible?	No	No	No	No	No	No	No
\$0 Virtual Urgent Care, available 24/7	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑
Up to \$100/year in step tracking rewards	☑	☑	☑	☑	☑	☑	☑
\$0 Preventive care	☑	☑	☑	☑	☑	☑	☑
Prices for In-Network Benefits							
Primary care / OBGYN visits	\$10	\$5	\$25	\$25	\$40	\$25	\$50
Specialist visits	\$25	\$20	\$40	\$50	\$70	\$50	\$80
Mental health office visits	\$10	\$5	\$25	\$25	\$40	\$25	\$50
Labs	\$15	\$20	\$40	\$50	\$70	\$50	\$80
Emergency room	\$500	\$250	\$650	20% after deductible	25% after deductible	\$350	\$750
Urgent care	\$75	\$25	\$75	\$75	\$90	\$75	\$90
MRIs & Advanced imaging	\$100	\$50	\$150	\$200	\$200	\$200	\$190
X-rays & Diagnostic imaging	\$50	\$20	\$50	\$100	\$100	\$100	\$90
Outpatient facility / Inpatient facility	\$100 / \$750	\$100 / \$500	\$250 / \$500 (copay applies for a maximum of 5 days per 1 stay)	\$300 after deductible / 20% after deductible	\$300 after deductible / 25% after deductible	\$300 after deductible / 20% after deductible	\$500 / \$1,500
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$10	\$3	\$10	\$15	\$10	\$10	\$20
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$30 / \$75 / \$75	\$10 / \$50 / \$50	\$35 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible	\$75 after deductible / 50% 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



	Silver \$3000	Silver \$3250 HSA	Silver \$5000	Bronze \$4500	Bronze \$5400 HSA	Bronze \$7300
Premium Q1 Circle - Rating Area 4						
Individual	\$838.83	\$778.83	\$787.55	\$689.39	\$724.64	\$661.12
Individual + Spouse	\$1,677.67	\$1,557.66	\$1,575.10	\$1,378.77	\$1,449.28	\$1,322.24
Individual + Child(ren)	\$1,426.02	\$1,324.01	\$1,338.84	\$1,171.96	\$1,231.89	\$1,123.90
Family	\$2,390.68	\$2,219.66	\$2,244.52	\$1,964.75	\$2,065.23	\$1,884.19
Premium Q1 Circle - Rating Area 8						
Individual	\$799.03	\$741.87	\$750.18	\$656.68	\$690.26	\$629.75
Individual + Spouse	\$1,598.06	\$1,483.75	\$1,500.36	\$1,313.35	\$1,380.51	\$1,259.50
Individual + Child(ren)	\$1,358.35	\$1,261.18	\$1,275.31	\$1,116.35	\$1,173.44	\$1,070.58
Family	\$2,277.24	\$2,114.34	\$2,138.02	\$1,871.53	\$1,967.23	\$1,794.79
The Basics						
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,250 / \$6,500	\$5,000 / \$10,000	\$4,500 / \$9,000	\$5,400 / \$10,800	\$7,300 / \$14,600
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400
Pharmacy Deductible (Individual / Family)	\$150 / \$300	N/A	N/A	N/A	N/A	N/A
HSA-Compatible?	No	Yes	No	No	Yes	No
\$0 Doctor on Call	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
Prices for In-Network Benefits						
Primary care / OBGYN visits	\$40	30% after deductible	\$40	50% after deductible	50% after deductible	30% after deductible
Specialist visits	\$75	30% after deductible	\$75	50% after deductible	50% after deductible	30% after deductible
Mental health office visits	\$40	30% after deductible	\$40	50% after deductible	50% after deductible	30% after deductible
Labs	\$75	30% after deductible	\$75	50% after deductible	50% after deductible	30% after deductible
Emergency room	30% after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible
Urgent care	\$85	30% after deductible	\$90	\$75	50% after deductible	30% after deductible
MRIs & Advanced imaging	\$200	30% after deductible	\$200	50% after deductible	50% after deductible	30% after deductible
X-rays & Diagnostic imaging	\$100	30% after deductible	\$100	50% after deductible	50% after deductible	30% after deductible
Outpatient facility / Inpatient facility	\$500 after deductible / 30% after deductible	30% after deductible / 30% after deductible	\$300 after deductible / 50% after deductible	50% after deductible	50% after deductible / 50% after deductible	30% after deductible / 30% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$20	30% after deductible	\$10	\$20 after deductible	50% after deductible	30% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$50 after deductible / \$100 after deductible / \$100 after deductible	30% after deductible / 30% after deductible / 30% after deductible	50% after deductible / 50% after deductible / 50% after deductible	\$75 after deductible / \$150 after deductible / \$150 after deductible	50% after deductible / 50% after deductible / 50% after deductible	30% after deductible / 30% after deductible / 30% after deductible

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