



	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	\$1,125.11	\$1,153.12	\$1,014.91	\$973.65	\$950.16	\$975.74	\$905.73
Individual + Spouse	\$2,250.21	\$2,306.23	\$2,029.83	\$1,947.30	\$1,900.31	\$1,951.48	\$1,811.46
Individual + Child(ren)	\$1,912.68	\$1,960.30	\$1,725.35	\$1,655.21	\$1,615.27	\$1,658.76	\$1,539.74
Family	\$3,206.55	\$3,286.38	\$2,892.50	\$2,774.90	\$2,707.95	\$2,780.86	\$2,581.33
Premium Q1 Circle - Rating Area 8							
Individual	\$1,071.72	\$1,098.40	\$966.76	\$927.45	\$905.07	\$929.44	\$862.75
Individual + Spouse	\$2,143.44	\$2,196.80	\$1,933.51	\$1,854.90	\$1,810.14	\$1,858.88	\$1,725.51
Individual + Child(ren)	\$1,821.93	\$1,867.28	\$1,643.48	\$1,576.67	\$1,538.62	\$1,580.05	\$1,466.68
Family	\$3,054.40	\$3,130.45	\$2,755.25	\$2,643.24	\$2,579.46	\$2,648.91	\$2,458.85
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*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>
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 / \$100 after deductible	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$50 after deductible / \$100 after deductible / \$100 after deductible	\$75 after deductible / \$50 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.
 *If you're away from home, Virtual Urgent Care is not available internationally. Virtual Urgent Care has a cost-share for members on HSA plans before they reach their deductible, after which the copay is \$0. Members can only access Virtual Urgent Care via phone. This applies to new groups effective 1/1/2022 and upon a group's renewal in 2022.

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	\$863.74	\$801.95	\$810.93	\$709.85	\$746.15	\$680.75
Individual + Spouse	\$1,727.48	\$1,603.90	\$1,621.86	\$1,419.71	\$1,492.31	\$1,361.50
Individual + Child(ren)	\$1,468.35	\$1,363.32	\$1,378.58	\$1,206.75	\$1,268.46	\$1,157.27
Family	\$2,461.65	\$2,285.56	\$2,311.16	\$2,023.08	\$2,126.54	\$1,940.13
Premium Q1 Circle - Rating Area 8						
Individual	\$822.75	\$763.90	\$772.45	\$676.17	\$710.75	\$648.45
Individual + Spouse	\$1,645.51	\$1,527.80	\$1,544.91	\$1,352.34	\$1,421.50	\$1,296.89
Individual + Child(ren)	\$1,398.68	\$1,298.63	\$1,313.17	\$1,149.49	\$1,208.28	\$1,102.36
Family	\$2,344.85	\$2,177.11	\$2,201.49	\$1,927.09	\$2,025.64	\$1,848.07
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 Virtual Urgent Care, available 24/7*	<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"/>
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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	30% after deductible / 30% after deductible	50% after deductible / 50% after deductible	\$75 after deductible / \$150 after deductible	50% after deductible / 50% after deductible	30% after deductible / 30% after deductible

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