



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1000	Gold \$1250	Gold \$2000	Silver \$0
Premium Q4 Circle - Rating Area 4							
Individual	\$1,057.77	\$1,088.36	\$947.57	\$906.99	\$881.68	\$905.38	\$836.68
Individual + Spouse	\$2,115.53	\$2,176.71	\$1,895.13	\$1,813.97	\$1,763.35	\$1,810.77	\$1,673.36
Individual + Child(ren)	\$1,798.20	\$1,850.21	\$1,610.86	\$1,541.88	\$1,498.85	\$1,539.15	\$1,422.36
Family	\$3,014.64	\$3,101.82	\$2,700.57	\$2,584.91	\$2,512.78	\$2,580.35	\$2,384.55
Premium Q4 Circle - Rating Area 8							
Individual	\$1,012.95	\$1,042.24	\$907.42	\$868.56	\$844.32	\$867.03	\$801.23
Individual + Spouse	\$2,025.90	\$2,084.49	\$1,814.84	\$1,737.12	\$1,688.64	\$1,734.05	\$1,602.47
Individual + Child(ren)	\$1,722.02	\$1,771.82	\$1,542.62	\$1,476.55	\$1,435.35	\$1,473.94	\$1,362.10
Family	\$2,886.91	\$2,970.40	\$2,586.15	\$2,475.39	\$2,406.32	\$2,471.02	\$2,283.52
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)	\$2,800 / \$5,600	\$2,500 / \$5,000	\$8,550 / \$17,100	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,550 / \$17,100
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 Q4 Circle - Rating Area 4						
Individual	\$796.15	\$733.67	\$741.96	\$650.94	\$679.31	\$623.55
Individual + Spouse	\$1,592.29	\$1,467.34	\$1,483.93	\$1,301.88	\$1,358.61	\$1,247.10
Individual + Child(ren)	\$1,353.45	\$1,247.24	\$1,261.34	\$1,106.59	\$1,154.82	\$1,060.03
Family	\$2,269.02	\$2,090.95	\$2,114.60	\$1,855.17	\$1,936.02	\$1,777.11
Premium Q4 Circle - Rating Area 8						
Individual	\$762.42	\$702.58	\$710.53	\$623.36	\$650.53	\$597.13
Individual + Spouse	\$1,524.83	\$1,405.17	\$1,421.06	\$1,246.72	\$1,301.05	\$1,194.26
Individual + Child(ren)	\$1,296.11	\$1,194.39	\$1,207.90	\$1,059.71	\$1,105.89	\$1,015.12
Family	\$2,172.89	\$2,002.36	\$2,025.01	\$1,776.57	\$1,854.00	\$1,701.82
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)	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100
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	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
Up to \$100/year in step tracking rewards	☑	☑	☑	☑	☑	☑
\$0 Preventive care	☑	☑	☑	☑	☑	☑
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 / 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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