



	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	\$1,141.69	\$1,170.11	\$1,029.87	\$988.00	\$964.16	\$990.12	\$919.08
Individual + Spouse	\$2,283.37	\$2,340.22	\$2,059.74	\$1,976.00	\$1,928.32	\$1,980.24	\$1,838.15
Individual + Child(ren)	\$1,940.87	\$1,989.19	\$1,750.78	\$1,679.60	\$1,639.07	\$1,683.20	\$1,562.43
Family	\$3,253.81	\$3,334.81	\$2,935.13	\$2,815.79	\$2,747.85	\$2,821.84	\$2,619.37
Premium Q1 Circle - Rating Area 8							
Individual	\$1,087.51	\$1,114.59	\$981.00	\$941.12	\$918.41	\$943.14	\$875.47
Individual + Spouse	\$2,175.03	\$2,229.18	\$1,962.00	\$1,882.24	\$1,836.82	\$1,886.28	\$1,750.93
Individual + Child(ren)	\$1,848.77	\$1,894.80	\$1,667.70	\$1,599.90	\$1,561.30	\$1,603.34	\$1,488.29
Family	\$3,099.41	\$3,176.58	\$2,795.86	\$2,682.19	\$2,617.47	\$2,687.95	\$2,495.08
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.
 *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	\$876.47	\$813.77	\$822.88	\$720.31	\$757.15	\$690.78
Individual + Spouse	\$1,752.93	\$1,627.54	\$1,645.76	\$1,440.63	\$1,514.30	\$1,381.56
Individual + Child(ren)	\$1,489.99	\$1,383.41	\$1,398.90	\$1,224.54	\$1,287.16	\$1,174.33
Family	\$2,497.93	\$2,319.24	\$2,345.21	\$2,052.90	\$2,157.88	\$1,968.72
Premium Q1 Circle - Rating Area 8						
Individual	\$834.88	\$775.16	\$783.84	\$686.14	\$721.22	\$658.00
Individual + Spouse	\$1,669.76	\$1,550.31	\$1,567.67	\$1,372.27	\$1,442.45	\$1,316.01
Individual + Child(ren)	\$1,419.29	\$1,317.76	\$1,332.52	\$1,166.43	\$1,226.08	\$1,118.60
Family	\$2,379.40	\$2,209.19	\$2,233.93	\$1,955.49	\$2,055.49	\$1,875.31
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"/>
\$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	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

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