



	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	\$1,014.94	\$1,044.29	\$909.20	\$870.27	\$845.98	\$868.73	\$802.81
Individual + Spouse	\$2,029.88	\$2,088.59	\$1,818.41	\$1,740.53	\$1,691.96	\$1,737.46	\$1,605.62
Individual + Child(ren)	\$1,725.40	\$1,775.30	\$1,545.65	\$1,479.45	\$1,438.17	\$1,476.84	\$1,364.77
Family	\$2,892.59	\$2,976.24	\$2,591.23	\$2,480.26	\$2,411.05	\$2,475.88	\$2,288.00
Premium Q1 Circle - Rating Area 8							
Individual	\$971.94	\$1,000.05	\$870.68	\$833.39	\$810.14	\$831.92	\$768.80
Individual + Spouse	\$1,943.88	\$2,000.10	\$1,741.37	\$1,666.79	\$1,620.28	\$1,663.85	\$1,537.59
Individual + Child(ren)	\$1,652.30	\$1,700.08	\$1,480.16	\$1,416.77	\$1,377.24	\$1,414.27	\$1,306.95
Family	\$2,770.03	\$2,850.14	\$2,481.45	\$2,375.18	\$2,308.90	\$2,370.98	\$2,191.07
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	\$300 after deductible / 20% after deductible	\$300 after deductible / 25% after deductible	\$300 after deductible / 20% after deductible	\$500 / \$1,500
RX Tier 1	\$10	\$3	\$10	\$15	\$10	\$10	\$20
RX Tier 2 / Tier 3 / 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.

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	\$763.91	\$703.96	\$711.92	\$624.58	\$651.80	\$598.30
Individual + Spouse	\$1,527.83	\$1,407.93	\$1,423.85	\$1,249.17	\$1,303.61	\$1,196.61
Individual + Child(ren)	\$1,298.65	\$1,196.74	\$1,210.27	\$1,061.79	\$1,108.07	\$1,017.12
Family	\$2,177.16	\$2,006.30	\$2,028.99	\$1,780.07	\$1,857.64	\$1,705.16
Premium Q1 Circle - Rating Area 8						
Individual	\$731.55	\$674.14	\$681.76	\$598.12	\$624.19	\$572.95
Individual + Spouse	\$1,463.10	\$1,348.28	\$1,363.52	\$1,196.24	\$1,248.38	\$1,145.91
Individual + Child(ren)	\$1,243.63	\$1,146.04	\$1,159.00	\$1,016.81	\$1,061.12	\$974.02
Family	\$2,084.91	\$1,921.30	\$1,943.02	\$1,704.65	\$1,778.94	\$1,632.92
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 Tier 1	\$20	30% after deductible	\$10	\$20 after deductible	50% after deductible	30% after deductible
RX Tier 2 / Tier 3 / 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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