



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1000	Gold \$1250	Gold \$2000	Silver \$0
Premium Q2 Circle - Rating Area 4							
Individual	\$1,029.02	\$1,058.78	\$921.82	\$882.34	\$857.72	\$880.78	\$813.94
Individual + Spouse	\$2,058.04	\$2,117.56	\$1,843.63	\$1,764.68	\$1,715.43	\$1,761.56	\$1,627.89
Individual + Child(ren)	\$1,749.34	\$1,799.92	\$1,567.09	\$1,499.97	\$1,458.12	\$1,497.33	\$1,383.71
Family	\$2,932.71	\$3,017.52	\$2,627.18	\$2,514.66	\$2,444.49	\$2,510.22	\$2,319.74
Premium Q2 Circle - Rating Area 8							
Individual	\$985.42	\$1,013.92	\$882.76	\$844.96	\$821.38	\$843.46	\$779.46
Individual + Spouse	\$1,970.85	\$2,027.84	\$1,765.52	\$1,689.91	\$1,642.75	\$1,686.93	\$1,558.92
Individual + Child(ren)	\$1,675.22	\$1,723.67	\$1,500.69	\$1,436.42	\$1,396.34	\$1,433.89	\$1,325.08
Family	\$2,808.46	\$2,889.67	\$2,515.87	\$2,408.12	\$2,340.92	\$2,403.87	\$2,221.46
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 Q2 Circle - Rating Area 4						
Individual	\$774.51	\$713.73	\$721.80	\$633.25	\$660.84	\$606.60
Individual + Spouse	\$1,549.02	\$1,427.46	\$1,443.60	\$1,266.50	\$1,321.69	\$1,213.20
Individual + Child(ren)	\$1,316.67	\$1,213.34	\$1,227.06	\$1,076.52	\$1,123.44	\$1,031.22
Family	\$2,207.36	\$2,034.13	\$2,057.13	\$1,804.76	\$1,883.41	\$1,728.82
Premium Q2 Circle - Rating Area 8						
Individual	\$741.70	\$683.49	\$691.22	\$606.42	\$632.85	\$580.90
Individual + Spouse	\$1,483.39	\$1,366.98	\$1,382.44	\$1,212.84	\$1,265.69	\$1,161.80
Individual + Child(ren)	\$1,260.88	\$1,161.93	\$1,175.07	\$1,030.91	\$1,075.84	\$987.53
Family	\$2,113.83	\$1,947.95	\$1,969.97	\$1,728.29	\$1,803.61	\$1,655.57
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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