



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1000	Gold \$1250	Gold \$2000	Silver \$0
<b>Premium Q3 Circle - Rating Area 4 (Queens, Richmond, Rockland, New York, Kings, Bronx, and Westchester County)</b>							
Individual	\$1,043.30	\$1,073.47	\$934.60	\$894.58	\$869.61	\$893.00	\$825.24
Individual + Spouse	\$2,086.59	\$2,146.93	\$1,869.21	\$1,789.15	\$1,739.23	\$1,785.99	\$1,650.47
Individual + Child(ren)	\$1,773.60	\$1,824.89	\$1,588.83	\$1,520.78	\$1,478.34	\$1,518.10	\$1,402.90
Family	\$2,973.39	\$3,059.38	\$2,663.62	\$2,549.55	\$2,478.40	\$2,545.04	\$2,351.92
<b>Premium Q3 Circle - Rating Area 8 (Nassau and Suffolk County)</b>							
Individual	\$999.09	\$1,027.99	\$895.01	\$856.68	\$832.77	\$855.16	\$790.27
Individual + Spouse	\$1,998.19	\$2,055.97	\$1,790.01	\$1,713.35	\$1,665.54	\$1,710.33	\$1,580.54
Individual + Child(ren)	\$1,698.46	\$1,747.57	\$1,521.51	\$1,456.35	\$1,415.71	\$1,453.78	\$1,343.46
Family	\$2,847.41	\$2,929.76	\$2,550.77	\$2,441.53	\$2,373.39	\$2,437.21	\$2,252.27
<b>The Basics</b>							
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	✓	✓	✓	✓	✓	✓	✓
<b>Prices for In-Network Benefits</b>							
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](http://www.hioscar.com/brokers)



	Silver \$3000	Silver \$3250 HSA	Silver \$5000	Bronze \$4500	Bronze \$5400 HSA	Bronze \$7300
<b>Premium Q3 Circle - Rating Area 4 (Queens, Richmond, Rockland, New York, Kings, Bronx, and Westchester County)</b>						
Individual	\$785.25	\$723.63	\$731.81	\$642.03	\$670.01	\$615.02
Individual + Spouse	\$1,570.51	\$1,447.26	\$1,463.62	\$1,284.06	\$1,340.02	\$1,230.03
Individual + Child(ren)	\$1,334.93	\$1,230.17	\$1,244.08	\$1,091.45	\$1,139.02	\$1,045.53
Family	\$2,237.97	\$2,062.35	\$2,085.67	\$1,829.79	\$1,909.53	\$1,752.80

<b>Premium Q3 Circle - Rating Area 8 (Nassau and Suffolk County)</b>						
Individual	\$751.98	\$692.97	\$700.81	\$614.83	\$641.62	\$588.96
Individual + Spouse	\$1,503.97	\$1,385.94	\$1,401.61	\$1,229.66	\$1,283.25	\$1,177.92
Individual + Child(ren)	\$1,278.37	\$1,178.05	\$1,191.37	\$1,045.21	\$1,090.76	\$1,001.23
Family	\$2,143.16	\$1,974.97	\$1,997.30	\$1,752.27	\$1,828.63	\$1,678.54

<b>The Basics</b>						
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	✓	✓	✓	✓	✓	✓

<b>Prices for In-Network Benefits</b>						
Primary care / OB/GYN 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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