



## California 2019 | Small Group Plans

	Platinum 90 EPO \$0/\$15 + Child Dental	Platinum \$0 EPO Option 1	Platinum \$0 EPO Option 2	Gold \$0 EPO	Gold \$500 EPO	Gold \$1,000 EPO
<b>The Basics</b>						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-pocket max (Individual / Family)	\$3,350 / \$6,700	\$1,500 / \$3,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$7,500 / \$15,000
RX drug deductible	N/A	N/A	N/A	N/A	N/A	N/A
HSA-compatible?	No	No	No	No	No	No
24/7 Doctor-on-Call (telemedicine visits)	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
<b>Prices for Benefits</b>						
Primary care / OBGYN visits	\$15	\$20	\$30	\$30	\$25	\$25
Specialist visits	\$30	\$40	\$50	\$50	\$50	\$50
Mental health office visits	\$15	\$20	\$30	\$30	\$25	\$25
Labs	\$15	\$15	\$30	\$50	\$50	\$50
Emergency room	\$150	\$300	\$250	\$350	\$350	\$350
Urgent care	\$15	\$50	\$50	\$50	\$50	\$50
MRIs & Advanced imaging	\$75	\$30	\$50	\$200	20% after ded	20% after ded
X-rays & Diagnostic imaging	\$30	\$30	\$50	\$50	\$50 after ded	\$50
Outpatient facility / Inpatient facility	\$100 / \$250 per day, up to 5 days	\$150 / \$500	\$150 / \$500	30% / 30%	20% after ded / 20% after ded	20% after ded / 20% after ded
Prescription drugs: Retail (Tier 1 / 2 / 3 / 4)	\$5 / \$15 / \$25 / 10% up to \$250 per script	\$5 / \$15 / \$25 / 30%	\$5 / \$15 / \$25 / 30%	\$15 / \$35 / \$75 / 30%	\$15 / \$50 / \$75 / 20% (after ded)	\$15 / \$50 / \$75 / 20% (after ded)

<sup>1</sup> Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's preferred rate with in-network providers until reaching the plan's deductible.

<sup>2</sup> If you're single without enrolled dependents, your deductible is \$2,000. If you cover any dependents, then your individual deductible increases from \$2,000 to \$2,700.

<sup>3</sup> The first 3 non-preventative visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.



	Gold \$2,000 EPO	Gold 80 EPO \$0/\$30 + Child Dental	Silver \$1,500 EPO	Silver 70 EPO \$2,000/\$45 + Child Dental	Silver \$2,000 EPO	Bronze 60 EPO \$6,300/\$75 + Child Dental
<b>The Basics</b>						
Deductible (Individual / Family)	\$2,000 / \$4,000	\$0 / \$0	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$6,300 / \$12,600
Out-of-pocket max (Individual / Family)	\$7,000 / \$14,000	\$7,200 / \$14,400	\$7,700 / \$15,400	\$7,550 / \$15,800	\$7,900 / \$15,800	\$7,550 / \$15,100
RX drug deductible	N/A	N/A	N/A	\$200 / \$400	N/A	\$500 / \$1,000
HSA-compatible?	No	No	No	No	No	No
24/7 Doctor-on-Call (telemedicine visits)	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
<b>Prices for Benefits</b>						
Primary care / OBGYN visits	\$25	\$30	\$50	\$45	\$50	First 3 @ \$75 <sup>3</sup>
Specialist visits	\$50	\$55	\$75	\$80	\$75	First 3 @ \$105 <sup>3</sup>
Mental health office visits	\$25	\$30	\$50	\$45	\$50	\$75
Labs	\$50	\$35	\$75	\$40	\$75	\$40
Emergency room	\$350	\$325	\$500	\$350	\$500	Negotiated rate <sup>1</sup>
Urgent care	\$50	\$30	\$75	\$45	\$75	First 3 @ \$75 <sup>3</sup>
MRIs & Advanced imaging	20% after ded	\$275	50% after ded	\$300	50% after ded	Negotiated rate <sup>1</sup>
X-rays & Diagnostic imaging	\$50	\$55	\$75	\$75	\$75	Negotiated rate <sup>1</sup>
Outpatient facility / Inpatient facility	20% after ded / 20% after ded	\$300 / \$600 per day, up to 5 days	50% after ded / 50% after ded	20% / 20% after ded	50% after ded / 50% after ded	Negotiated rate <sup>1</sup>
Prescription drugs: Retail (Tier 1 / 2 / 3 / 4)	\$10 / \$50 / \$75 / 20% (after ded)	\$15 / \$55 / \$75 / 20% up to \$250 per script	\$25 / \$50 / \$125 / 50% (after ded)	\$15 / \$55 / \$85 / 20% up to \$250 per script all after RX ded	\$25 / \$50 / \$125 / 20% (after ded)	Negotiated rate <sup>1</sup> up to \$500 per script (after RX ded)

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<sup>2</sup> If you're single without enrolled dependents, your deductible is \$2,000. If you cover any dependents, then your individual deductible increases from \$2,000 to \$2,700.

<sup>3</sup> The first 3 non-preventative visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.



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	Bronze \$7,900 EPO	Silver 70 HSA HDHP EPO \$2,500/20% + Child Dental	Bronze 60 HSA HDHP EPO \$6,000/40% + Child Dental	Bronze \$6,650 HSA HDHP EPO
<b>The Basics</b>				
Deductible (Individual / Family)	\$7,900 / \$15,800	\$2,500 or \$2,700 <sup>2</sup> / \$5,000	\$6,000 / \$12,000	\$6,650 / \$13,300
Out-of-pocket max (Individual / Family)	\$7,900 / \$15,800	\$6,650 / \$13,300	\$6,650 / \$13,300	\$6,650 / \$13,300
RX drug deductible	N/A	N/A	N/A	N/A
HSA-compatible?	No	Yes	Yes	Yes
24/7 Doctor-on-Call (telemedicine visits)	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓
<b>Prices for Benefits</b>				
Primary care / OBGYN visits	0% after ded	20% after ded	40% after ded	0% after ded
Specialist visits	0% after ded	20% after ded	40% after ded	0% after ded
Mental health office visits	0% after ded	20% after ded	40% after ded	0% after ded
Labs	0% after ded	20% after ded	40% after ded	0% after ded
Emergency room	0% after ded	20% after ded	40% after ded	0% after ded
Urgent care	\$75	20% after ded	40% after ded	0% after ded
MRIs & Advanced imaging	0% after ded	20% after ded	40% after ded	0% after ded
X-rays & Diagnostic imaging	0% after ded	20% after ded	40% after ded	0% after ded
Outpatient facility / Inpatient facility	0% after ded	20% after ded	40% after ded	0% after ded
Prescription drugs: Retail (Tier 1 / 2 / 3 )	0% after ded	20% up to \$250 per script, after ded	40% up to \$500 per script, after ded	0% after ded

<sup>1</sup> Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's preferred rate with in-network providers until reaching the plan's deductible.

<sup>2</sup> If you're single without enrolled dependents, your deductible is \$2,000. If you cover any dependents, then your individual deductible increases from \$2,000 to \$2,700.

<sup>3</sup> The first 3 non-preventative visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.