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California 2018 Small Group Plans

	Platinum 90 EPO 0/15 + Child Dental	Classic Platinum EPO 0/4000 + Child Dental	Gold 80 EPO 0/25 + Child Dental	Classic Gold EPO 500/5000 + Child Dental	Classic Gold EPO 500/7000 + Child Dental
The Basics					
Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	$500 / $1,000	$500 / $1,000
Out-of-pocket max (Individual / Family)	$3,350 / $6,700	$4,000 / $8,000	$6,000 / $12,000	$5,000 / $10,000	$7,000 / $14,000
Drug deductible	N/A	N/A	N/A	N/A	N/A
Coinsurance	10%	10%	20%	20%	20%
HSA compatible	No	No	No	No	No
Free 24/7 telemedicine	✓	✓	✓	✓	✓
Step tracking rewards (up to $100/year)	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓
Your cost before you meet your deductible					
Primary care / OB-GYN visits	$15	$10	$25	$25	$25
Specialist visits	$30	$50	$55	$50	$50
Mental health office visits	$15	$50	$25	$50	$50
Physical, Occupational, and Speech Therapy	$15	$25	$25	$25	$25
Lab procedures	$15	$25	$35	$25	$25
Emergency room (waived if admitted)	$150	$200	$325	$300	$300
Urgent care	$15	$50	$25	$50	$50
X-rays & Diagnostic imaging	$30	10%[1]	$55	100%[1]	100%[1]
MRIs & Advanced imaging	$75	10%[1]	$275	100%[1]	100%[1]
Outpatient facility	$100	10%[1]	$300	100%[1]	100%[1]
Outpatient physician	$25	10%[1]	$40	100%[1]	100%[1]
Inpatient hospital facility	$250/day up to 5 days per	10%[1]	$600/day up to 5 days per	100%[1]	100%[1]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$5 / $15 / $25 / 10%[1] up to $250 per script	$10 / $25 / $50 / 10%[1]	$15 / $55 / $75 / 20%[1] up to $250 per script	$10 / $50 / $75 / 20%[1]	$10 / $50 / $75 / 20%[1]
Your cost after you meet your deductible					
Primary care / OB-GYN visits	$15	$10	$25	$25	$25
Specialist visits	$30	$50	$55	$50	$50
Mental health office visits	$15	$50	$25	$50	$50
Physical, Occupational, and Speech Therapy	$15	$25	$25	$25	$25
Lab procedures	$15	$25	$35	$25	$25
Emergency room (waived if admitted)	$150	$200	$325	$300	$300
Urgent care	$15	$50	$25	$50	$50
X-rays & Diagnostic imaging	$30	10%[1]	$55	20%[1]	20%[1]
MRIs & Advanced imaging	$75	10%[1]	$275	20%[1]	20%[1]
Outpatient facility	$100	10%[1]	$300	20%[1]	20%[1]
Outpatient physician	$25	10%[1]	$40	20%[1]	20%[1]
Inpatient hospital facility	$250/day up to 5 days per	10%[1]	$600/day up to 5 days per	20%[1]	20%[1]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$5 / $15 / $25 / 10%[1] up to $250 per script	$10 / $25 / $50 / 10%[1]	$15 / $55 / $75 / 20%[1] up to $250 per script	$10 / $50 / $75 / 20%[1]	$10 / $50 / $75 / 20%[1]

[1] Member pays coinsurance percentage (of negotiated discount rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

Note: All Oscar plans are EPO plans. Non-emergency care provided out-of-network is not covered. For true emergency care provided out-of-network, claims will be paid at the in-network benefit. Telemedicine is always free.

All this information and more can be found on our Broker Resources Page: HiOscar.com/brokers

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California 2018 Small Group Plans

	Classic Gold EPO 2000 + Child Dental	Classic Gold EPO 1000 + Child Dental	Silver 70 EPO 2000/45 + Child Dental	Classic Silver EPO 1500 + Child Dental	Classic Silver EPO 2000/7350/30% + Child Dental	Classic Silver EPO 2000/7350/50% + Child Dental
The Basics						
Deductible (Individual / Family)	$2,000 / $4,000	$1,000 / $2,000	$2,000 / $4,000	$1,500 / $3,000	$2,000 / $4,000	$2,000 / $4,000
Out-of-pocket max (Individual / Family)	$7,000 / $14,000	$7,000 / $14,000	$7,000 / $14,000	$7,350 / $14,700	$7,350 / $14,700	$7,350 / $14,700
Drug deductible	N/A	N/A	$125	N/A	N/A	N/A
Coinsurance	20%	20%	20%	50%	30%	50%
HSA compatible	No	No	No	No	No	No
Free 24/7 telemedicine	✓	✓	✓	✓	✓	✓
Step tracking rewards (up to $100/year)	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Your cost before you meet your deductible						
Primary care / OB-GYN visits	$10	$25	$45	$50	$50	$50
Specialist visits	$50	$50	$75	$75	$75	$75
Mental health office visits	$50	$50	$45	$75	$75	$75
Physical, Occupational, and Speech Therapy	$25	$25	$45	$50	$50	$50
Lab procedures	100%[1]	$25	$40	$25	$25	$25
Emergency room (waived if admitted)	$300	$300	$350	$500	$500	$500
Urgent care	$50	$50	$45	$50	$50	$50
X-rays & Diagnostic imaging	100%[1]	100%[1]	$70	100%[1]	100%[1]	100%[1]
MRIs & Advanced imaging	100%[1]	100%[1]	$300	100%[1]	100%[1]	100%[1]
Outpatient facility	100%[1]	100%[1]	20%[1]	100%[1]	100%[1]	100%[1]
Outpatient physician	100%[1]	100%[1]	20%[1]	100%[1]	100%[1]	100%[1]
Inpatient hospital facility	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$10 / $50 / $75 / 20%[1]	$10 / $50 / $75 / 20%[1]	100%[1]	$20 / $50 / $100 / 50%[1]	$20 / $50 / 100%[1] / 100%[1]	$20 / $50 / $100 / 50%[1]
Your cost after you meet your deductible						
Primary care / OB-GYN visits	$10	$25	$45	$50	$50	$25
Specialist visits	$50	$50	$75	$75	$75	$75
Mental health office visits	$50	$50	$45	$75	$75	$75
Physical, Occupational, and Speech Therapy	$25	$25	$45	$50	$50	$75
Lab procedures	20%[1]	$25	$40	$25	$25	$25
Emergency room (waived if admitted)	$300	$300	$350	$500	$500	50%[1]
Urgent care	$50	$50	$45	$50	$50	$100
X-rays & Diagnostic imaging	20%[1]	20%[1]	$70	50%[1]	30%[1]	50%[1]
MRIs & Advanced imaging	20%[1]	20%[1]	$300	50%[1]	30%[1]	50%[1]
Outpatient facility	20%[1]	20%[1]	20%[1]	50%[1]	30%[1]	50%[1]
Outpatient physician	20%[1]	20%[1]	20%[1]	50%[1]	30%[1]	50%[1]
Inpatient hospital facility	20%[1]	20%[1]	20%[1]	50%[1]	30%[1]	50%[1]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$10 / $50 / $75 / 20%[1]	$10 / $50 / $100 / 20%[1]	$15 / $55 / $85 / 20%[1] up to $250 per script	$20 / $50 / $100 / 50%[1]	$20 / $50 / 30%[1]/ 30%[1]	$20 / $50 / $100 / 50%[1]

[1] Member pays coinsurance percentage (of negotiated discount rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

Note: All Oscar plans are EPO plans. Non-emergency care provided out-of-network is not covered. For true emergency care provided out-of-network, claims will be paid at the in-network benefit. Telemedicine is always free.

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California 2018 Small Group Plans

	Classic Silver EPO 2000/7000/50% + Child Dental	Silver 70 HDHP EPO 2000/20% + Child Dental	Bronze 60 EPO 6300/75 + Child Dental	Classic Bronze EPO + Child Dental	Bronze 60 HDHP EPO 4800/40% + Child Dental	Saver Bronze EPO + Child Dental
The Basics						
Deductible (Individual / Family)	$2,000 / $4,000	$2,000 or $2,700[2]/ $4,000	$6,300 / $12,600	$7,350 / $14,700	$4,800 / $9,600	$6,500 / $13,000
Out-of-pocket max (Individual / Family)	$7,000 / $14,000	$6,550 / $13,100	$7,000 / $14,000	$7,350 / $14,700	$6,550 / $13,100	$6,500 / $13,000
Drug deductible	N/A	N/A	$500	N/A	N/A	N/A
Coinsurance	50%	20%	100%	100%	40%	100%
HSA compatible	No	Yes	No	No	Yes	Yes
Free 24/7 telemedicine	✓	✓	✓	✓	✓	✓
Step tracking rewards (up to $100/year)	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Your cost before you meet your deductible						
Primary care / OB-GYN visits	50%[1]	100%[1]	First 3 at $75[3]	100%[1]	100%[1]	100%[1]
Specialist visits	50%[1]	100%[1]	First 3 at $105[3]	100%[1]	100%[1]	100%[1]
Mental health office visits	50%[1]	100%[1]	First 3 at $75[3]	100%[1]	100%[1]	100%[1]
Physical, Occupational, and Speech Therapy	50%[1]	100%[1]	$75	100%[1]	100%[1]	100%[1]
Lab procedures	50%[1]	100%[1]	$40	100%[1]	100%[1]	100%[1]
Emergency room (waived if admitted)	50%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Urgent care	$50	100%[1]	First 3 at $75[3]	100%[1]	100%[1]	100%[1]
X-rays & Diagnostic imaging	50%[1]	100%[1]	100%[1]	$50	100%[1]	100%[1]
MRIs & Advanced imaging	50%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Outpatient facility	50%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Outpatient physician	50%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Inpatient hospital facility	50%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$10 / $50 / 100%[1] / 100%[1]	100%[1]	100%[1]	100%[1]	100%[1]	100%[1]
Your cost after you meet your deductible						
Primary care / OB-GYN visits	50%[1]	20%[1]	100%[1] after first 3[3]	$0[4]	40%[1]	$0[4]
Specialist visits	50%[1]	20%[1]	100%[1] after first 3[3]	$0[4]	40%[1]	$0[4]
Mental health office visits	50%[1]	20%[1]	100%[1] after first 3[3]	$0[4]	40%[1]	$0[4]
Physical, Occupational, and Speech Therapy	50%[1]	20%[1]	$75	$0[4]	40%[1]	$0[4]
Lab procedures	50%[1]	20%[1]	$40	$0[4]	40%[1]	$0[4]
Emergency room (waived if admitted)	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
Urgent care	50%[1]	20%[1]	100%[1] after first 3[3]	$0[4]	40%[1]	$0[4]
X-rays & Diagnostic imaging	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
MRIs & Advanced imaging	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
Outpatient facility	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
Outpatient physician	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
Inpatient hospital facility	50%[1]	20%[1]	100%[1]	$0[4]	40%[1]	$0[4]
Prescription drugs (Tier 1 / 2 / 3 / 4)	$10 / $50 / 50%[1] / 50%[1]	20%[1] up to $250 per script (all tiers)	100%[1] up to $500 per script	$0[4]	40%[1] up to $500 per script (all tiers)	$0[4]

[1] Member pays coinsurance percentage (of negotiated discount rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.
[2] 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.
[3] The first 3 non-preventative visits across these categories are subject to the copay. Subsequent visits are charged at 100% of negotiated discount rate until member meets the plan's deductible.
[4] Deductible equals out-of-pocket max, so once a members hits the deductible/out-of-pocket max, Oscar pays for 100% of all covered care in-network.
Note: All Oscar plans are EPO plans. Non-emergency care provided out-of-network is not covered. For true emergency care provided out-of-network, claims will be paid at the in-network benefit. Telemedicine is always free.