Ready to sign up? Talk with your broker to get a quote.

	Classic		Saver		Saver	
	Oscar Minimum Coverage EPO	Oscar Bronze 60 EPO	Oscar Silver 70 EPO	Oscar Gold 80 EPO	Oscar Platinum 90 EPO	Bronze 60 HDHP EPO
The Basics						
Free 24/7 calls with doctors	 Image: A start of the start of		\checkmark	 Image: A set of the set of the	 Image: A set of the set of the	 Image: A second s
Up to \$100/year in step tracking rewards	 Image: A set of the set of the	 Image: A set of the set of the	\checkmark	 Image: A second s	 Image: A set of the set of the	 Image: A start of the start of
Free preventive care	~	 Image: A second s	\checkmark	\checkmark	 Image: A second s	 Image: A set of the set of the
Dedicated Concierge			 Image: A set of the set of the		 Image: A second s	 Image: A second s
Individual Deductible*	\$7,350	\$6,300	\$2,500	\$0	\$0	\$4,800
Individual Out-of-Pocket Max*	\$7,350	\$7,000	\$7,000	\$6,000	\$3,350	\$6,550
Pharmacy Deductible*	n/a	\$500	\$130	n/a	n/a	n/a
HSA-Compatible?	No	No	No	No	No	Yes
Member Cost Shares						
Primary Care / OBGYN visits	3 at \$0	3 at \$75	\$35	\$25	\$15	40% post deductible
Specialist visits	Full price	3 at \$105	\$75	\$55	\$30	40% post deductible
Mental health office visits	3 at \$0	3 at \$75	\$35	\$25	\$15	40% post deductible
Physical, Occupational, and Speech Therapy	Full price	\$75	\$35	\$25	\$15	40% post deductible
Urgent Care	3 at \$0	3 at \$75	\$35	\$25	\$15	40% post deductible
Labs	Full price	\$40	\$35	\$35	\$15	40% post deductible
Xrays & Diagnostic Imaging	Full price	Full price	\$75	\$55	\$30	40% post deductible
MRIs & Advanced Imaging	Full price	Full price	\$300	\$275	\$75	40% post deductible
Emergency Room	Full price	Full price	\$350	\$325	\$150	40% post deductible
Inpatient Hospital	Full price	Full price	20% post deductible	\$600/day (up to 5 days)	\$250/day (up to 5 days)	40% post deductible
Skilled Nursing	Full price	Full price	20% post deductible	\$300/day (up to 5 days)	\$150/day (up to 5 days)	40% post deductible
Outpatient Facility	Full price	Full price	20% pre deductible	\$300	\$100	40% post deductible
Outpatient Professional	Full price	Full price	20% pre deductible	\$40	\$25	40% post deductible
Generic Drugs	Full price	Full price (up to \$500 per script)	\$15 post deductible	\$15	\$5	40% post deductible
Preferred Brand Drugs	Full price	Full price (up to \$500 per script)	\$55 post deductible	\$55	\$15	40% post deductible
Non-Preferred Brand Drugs	Full price	Full price (up to \$500 per script)	\$80 post deductible	\$75	\$25	40% post deductible
Specialty Drugs	Full price	Full price (up to \$500 per script)	20% (up to \$250 per script)	20% (up to \$250 per script)	10% (up to \$250 per script)	40% post deductible

These costs apply after the pharmacy deductible is met.

The first 3 non-preventive visits across these categories are free (with the Oscar Classic Secure) or subject to the copay (with the Oscar Bronze EPO). Subsequent visits are full price until member meets the plan's deductible.

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* Family deductibles and maxes are simply twice the individual amounts "Full price" - Member pays Oscar's n

"Full price" - Member pays Oscar's negotiated rate until reaching the plan's deductible

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

Oscar California 2018 Individual Plans Available Off Exchange

Ready to sign up? Talk with your broker to get a quote.

	Simple	Simple			Saver		
	Bronze	Silver	Gold	Silver	Gold		
The Basics							
Free 24/7 calls with doctors	 Image: A set of the set of the	×	 Image: A second s	 Image: A second s	✓		
Up to \$240/year in step tracking rewards	 Image: A set of the set of the	 Image: A set of the set of the		<	✓		
Free preventive care	<	 Image: A set of the set of the	×	<	×		
Dedicated Concierge	 Image: A second s	×	×	 Image: A second s	×		
Individual Deductible*	\$7,350	\$7,350	\$3,400	\$4,500	\$1,500		
Individual Out-of-Pocket Max*	\$7,350	\$7,350	\$3,400	\$4,500	\$6,000		
HSA compatible?	No	No	No	Yes	Yes		
Prices before you meet your deductible							
Primary Care / OBGYN visits	Full price	\$25	\$25	Full price	Full price		
Specialist visits	Full price	\$50	\$50	Full price	Full price		
Mental health office visits	Full price	\$50	\$50	Full price	Full price		
Physical, Occupational, and Speech Therapy	Full price	\$25	\$25	Full price	Full price		
	\$50	\$25	\$25	Full price	Full price		
Urgent Care Labs	۶۵۵ Full price	\$25	\$25	Full price	Full price		
Generic Drugs	Full price	\$10	\$25	Full price	Full price		
Preferred Brand Drugs	Full price	\$50	\$50	Full price	Full price		
Non-Preferred Brand Drugs	Full price	Full price	Full price	Full price	Full price		
Specialty Drugs	Full price	Full price	Full price	Full price	Full price		
Prices after you meet your deductible							
Primary Care / OBGYN visits				\$0	10%		
Specialist visits				\$0	10%		
Mental health office visits				\$0	10%		
Physical, Occupational, and Speech Therapy				\$0	10%		
Urgent Care	Why aren't ther	re copays or coinsur	ance amounts here?	\$0	10%		
Labs				\$0	10%		
Xrays & Diagnostic Imaging	Mith our Simple r	lans you pay for cover	od convicos up to vour	\$0	10%		
MRIs & Advanced Imaging			ed services up to your	\$0	10%		
Emergency Room		deductible.		\$0	10%		
Inpatient Hospital & Skilled Nursing Facility FFaciFacility	After the	Occar pays for all cas	variad convices	\$0	10%		
Outpatient Facility	Alter that	, Oscar pays for all cov	ered services.	\$0	10%		
Outpatient Professional	N L-	more consulta Maria		\$0	10%		
Generic Drugs	INO	more copays. No coin	surance.	\$0	10%		
Preferred Brand Drugs				\$0	10%		
Non-Preferred Brand Drugs				\$0	10%		
Specialty Drugs				\$0	10%		

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* Family deductibles and maxes are simply twice the individual amounts

"Full price" - Member pays Oscar's negotiated rate until reaching the plan's deductible

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

Oscar California 2018 Individual Cost Share Reduction (CSR) Plans

With the variant silver level plan designs below, qualifying on-exchange members can enjoy lower cost shares than on standard Silver plans

	Classic	sic		
	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	
The Basics				
Free 24/7 calls with doctors	✓	✓	\checkmark	
Up to \$100/year in step tracking rewards	✓	✓	×	
Free preventive care	✓	✓	×	
Dedicated Concierge	✓	✓		
Individual Deductible*	\$2,200	\$650	\$75	
Individual Out-of-Pocket Max*	\$5,850	\$2,450	\$1,000	
Pharmacy Deductible*	\$130	\$50	\$0	
HSA-Compatible?	No	No	No	
Member Cost Shares				
Primary Care / OBGYN visits	\$30	\$10	\$5	
Specialist visits	\$75	\$25	\$8	
Mental health office visits	\$30	\$10	\$5	
Physical, Occupational, and Speech Therapy	\$30	\$10	\$5	
Urgent Care	\$30	\$10	\$5	
Labs	\$35	\$15	\$8	
Xrays & Diagnostic Imaging	\$75	\$25	\$8	
MRIs & Advanced Imaging	\$300	\$100	\$50	
Emergency Room	\$350	\$100	\$50	
Inpatient Hospital	20% post deductible	15% post deductible	10% post deductible	
Skilled Nursing	20% post deductible	15% post deductible	10% post deductible	
Outpatient Facility	20% pre deductible	15% pre deductible	10% pre deductible	
Outpatient Professional	20% pre deductible	15% pre deductible	10% pre deductible	
Generic Drugs	\$15 post deductible	\$5 pre deductible	\$3 pre deductible	
Preferred Brand Drugs	\$50 post deductible	\$20 post deductible	\$10 pre deductible	
Non-Preferred Brand Drugs	\$75 post deductible	\$35 post deductible	\$15 pre deductible	
Specialty Drugs	20% post deductible (up to \$250 per script)	15% post-deductible (up to \$150 per script)	10% post-deductible (up to \$150 per scrip	

Ready to sign up? Talk with your broker to get a quote.

	Classic	
	Silver 70 Off Exchange	
The Basics		
Free 24/7 calls with doctors	\checkmark	
Up to \$100/year in step tracking rewards	\checkmark	
Free preventive care		
Dedicated Concierge	\checkmark	
Individual Deductible*	\$2,500	
Individual Out-of-Pocket Max*	\$7,000	
Pharmacy Deductible*	\$130	
HSA-Compatible?	No	
Member cost shares		
Primary Care visits	\$35	
Specialist visits	\$75	
Mental Health visits	\$35	
Physical, Occupational, and Speech Therapy	\$35	
Urgent Care	\$35	
Labs	\$35	
Xrays & Diagnostic Imaging	\$75	
MRIs & Advanced Imaging	\$300	
Emergency Room	\$350	
Inpatient Facility & Skilled Nursing Facility	20% post deductible	
Outpatient Facility	20% pre deductible	
Outpatient Professional	20% pre deductible	
Generic Drugs	\$15 post deductible	
Preferred Brand Drugs	\$55 post deductible	
Non-Preferred Brand Drugs	\$80 post deductible	
Specialty Drugs	20% post deductible	

- This silver tier plan is only available off exchange
- This plan has lower premiums than other silver tier plans
- This plan offers 20% coinsurance after the deductible is met
- Plan created in response to uncertainty around the federal government's funding of cost sharing reduction (CSR) subsidies. This uncertainty has driven up premiums on silver tier plans available on the government exchange

