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

	Classic	lassic					
	Secure	Bronze	Silver	Gold	Platinum	Bronze	
The Basics							
Free 24/7 calls with doctors	$\checkmark$	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	$\checkmark$	
Up to \$100/year in step tracking rewards	<ul> <li>Image: A set of the set of the</li></ul>	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>		<ul> <li>Image: A second s</li></ul>	
Free preventive care	<ul> <li>Image: A second s</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	$\checkmark$	<ul> <li>Image: A second s</li></ul>	<ul> <li>Image: A second s</li></ul>		
Dedicated Concierge	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A second s</li></ul>	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	~	
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 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	<ul> <li>Image: A set of the set of the</li></ul>	×	<ul> <li>Image: A second s</li></ul>	<ul> <li>Image: A set of the set of the</li></ul>	✓		
Up to \$240/year in step tracking rewards	×	<ul> <li>Image: A set of the set of the</li></ul>	<ul> <li>Image: A second s</li></ul>	<	✓		
Free preventive care	<	<ul> <li>Image: A set of the set of the</li></ul>	×	<ul> <li>Image: A second s</li></ul>	×		
Dedicated Concierge	<	×	×	<ul> <li>Image: A second s</li></ul>	×		
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	\$50 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		variad convices	\$0	10%		
Outpatient Facility	Alter that	c, Oscar pays for all cov	ered services.	\$0	10%		
Outpatient Professional	N L-	more consultable esta		\$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

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

	Classic	assic		
	CSR 250	CSR 200	CSR 150	
The Basics				
Free 24/7 calls with doctors	✓	$\checkmark$	$\checkmark$	
Up to \$100/year in step tracking rewards	✓	$\checkmark$	$\checkmark$	
Free preventive care	$\checkmark$	$\checkmark$		
Dedicated Concierge	$\checkmark$	$\checkmark$	$\checkmark$	
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 script)	

### 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

