



California | 2023 | Individual & Family Plans

	Platinum 90 EPO	Gold 80 EPO	Silver Classic EPO	Silver Classic- PCP Saver EPO	Silver 70 EPO	Silver 70 EPO Off-Ex	Silver 73 EPO
The Basics							
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$2,500 / \$5,000	\$3,750 / \$7,500	\$4,750 / \$9,500	\$4,750 / \$9,500	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$500 / \$1,000	N/A	\$85 / \$170	\$85 / \$170	\$30 / \$60
Out-of-Pocket Max (Individual / Family)	\$4,500 / \$9,000	\$8,550 / \$17,100	\$9,000 / \$18,000	\$8,900 / \$17,800	\$8,750 / \$17,500	\$8,750 / \$17,500	\$7,250 / \$14,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$15	\$35	\$55	\$30	\$45	\$45	\$45
Specialist Office Visits	\$30	\$65	\$80	\$80	\$85	\$85	\$85
Urgent Care	\$15	\$35	\$75	\$75	\$45	\$45	\$45
Emergency Room	\$150	\$350	35% after deductible	50% after deductible	\$400	\$400	\$400
Mental Health Office Visits	\$15	\$35	\$55	\$30	\$45	\$45	\$45
Labs (Preferred)	\$15	\$40	\$10	\$10	\$50	\$50	\$50
Labs (Non-preferred)	\$15	\$40	35% after deductible	\$50	\$50	\$50	\$50
X-rays & Diagnostic Imaging	\$30	\$75	35% after deductible	\$50	\$95	\$95	\$90
MRIs & Advanced Imaging	\$75	\$75	35% after deductible	\$425	\$325	\$325	\$325
Inpatient Facility Fee	\$250	\$350	35% after deductible	50% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient Facility Fee	\$100	\$150	35% after deductible	50% after deductible	20%	20%	20%
RX Generics: Preferred (Tier 1a)	\$5	\$15	\$20	\$20	\$16 after deductible	\$16 after deductible	\$16 after deductible
RX Generics: Non-preferred (Tier 1b)	\$5	\$15	\$20	\$20	\$16 after deductible	\$16 after deductible	\$16 after deductible
RX Brand: Preferred (Tier 2)	\$15	\$60	\$125	\$125	\$60 after deductible	\$60 after deductible	\$55 after deductible
RX Brand: Non-preferred (Tier 3)	\$25	\$85	35% after deductible	50% after deductible	\$90 after deductible	\$90 after deductible	\$85 after deductible
RX Brand: Specialty (Tier 4)	10%	20%	35% after deductible	50% after deductible	20% after deductible	20% after deductible	20% 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: hioscar.com/brokers



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	Silver 87 EPO	Silver 94 EPO	Bronze Simple EPO	Bronze 60 EPO	Bronze 60 HDHP EPO
The Basics					
Deductible (Individual / Family)	\$800 / \$1,600	\$75 / \$150	\$7,150 / \$14,300	\$6,300 / \$12,600	\$7,000 / \$14,000
Pharmacy Deductible (Individual / Family)	\$25 / \$50	N/A	N/A	\$500 / \$1,000	N/A
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$900 / \$1,800	\$9,100 / \$18,200	\$8,200 / \$16,400	\$7,000 / \$14,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$15	\$5	50% after deductible	\$65 after deductible	\$0 after deductible
Specialist Office Visits	\$25	\$8	50% after deductible	\$95 after deductible	\$0 after deductible
Urgent Care	\$15	\$5	\$75	\$65 after deductible	\$0 after deductible
Emergency Room	\$150	\$50	50% after deductible	40% after deductible	\$0 after deductible
Mental Health Office Visits	\$15	\$5	50% after deductible	\$65 after deductible	\$0 after deductible
Labs (Preferred)	\$20	\$8	\$10 after deductible	\$40	\$0 after deductible
Labs (Non-preferred)	\$20	\$8	50% after deductible	\$40	\$0 after deductible
X-rays & Diagnostic Imaging	\$40	\$8	50% after deductible	40% after deductible	\$0 after deductible
MRIs & Advanced Imaging	\$100	\$50	50% after deductible	40% after deductible	\$0 after deductible
Inpatient Facility Fee	25% after deductible	10% after deductible	50% after deductible	40% after deductible	\$0 after deductible
Outpatient Facility Fee	15%	10%	50% after deductible	40% after deductible	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$5 after deductible	\$3	\$15	\$18 after deductible	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$5 after deductible	\$3	\$15	\$18 after deductible	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$25 after deductible	\$10	50% after deductible	40% after deductible	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	\$45 after deductible	\$15	50% after deductible	40% after deductible	\$0 after deductible
RX Brand: Specialty (Tier 4)	15% after deductible	10%	50% after deductible	40% after deductible	\$0 after deductible

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