

	Classic											
	Platinum \$0 \$3,000 10%	Platinum \$0 \$2,000	Platinum \$0 \$3,000	Gold \$0	Gold \$500	Gold \$1,000	Gold \$2,000	Silver \$3,000	Silver \$3,500	Silver \$4,000	Silver \$4,500	Bronze
Premiums (Q1 2018)												
Individual	\$803.99	\$801.25	\$795.60	\$717.16	\$697.26	\$676.33	\$653.05	\$595.95	\$585.51	\$556.29	\$541.28	\$482.41
Couple	\$1,607.98	\$1,602.50	\$1,591.21	\$1,434.31	\$1,394.52	\$1,352.66	\$1,306.10	\$1,191.91	\$1,171.01	\$1,112.59	\$1,082.56	\$964.82
Individual + child(ren)	\$1,366.78	\$1,362.13	\$1,352.53	\$1,219.16	\$1,185.34	\$1,149.76	\$1,110.19	\$1,013.12	\$995.36	\$945.70	\$920.18	\$820.10
Family	\$2,291.37	\$2,283.56	\$2,267.47	\$2,043.89	\$1,987.19	\$1,927.54	\$1,861.20	\$1,698.47	\$1,668.69	\$1,585.44	\$1,542.65	\$1,374.87
Deductible (Ivl / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$4,000 / \$8,000
Coinsurance	10%	N/A	N/A	N/A	10%	20%	20%	30%	50%	50%	50%	50%
Max Out of Pocket (Ivl / Family)	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
Prices for benefits												
Primary Care	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%
Specialist	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Mental Health	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Physical, Occupational, and Speech Therapy	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Labs	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%	D&C 50%
Urgent Care	\$50	\$50	\$50	\$75	\$75	\$75	\$75	\$100	\$100	\$100	\$100	\$100
Emergency Room	\$200	\$200	\$200	\$500	\$500	\$500	\$500	\$500	\$500	D&C 50%	D&C 50%	D&C 50%
MRIs and Advanced Imaging	\$100	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
X-Rays and Diagnostic Imaging	\$50	\$50	\$50	\$50	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Inpatient Facility	D&C 10%	\$500	\$500	\$500	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Outpatient Facility	D&C 10%	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Prescription Drugs	\$0 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / D&C 50%	\$10 / D&C 50% / D&C 50%	D&C 50% / D&C 50%
Free 24/7 Telemedicine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center Visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Simple			Backup			
	Gold	Silver	Bronze	Gold	Silver \$3,000	Silver \$5,000	Bronze
Premiums (Q1 2018)							
Individual	\$660.02	\$571.12	\$470.26	\$641.96	\$535.78	\$532.36	\$483.80
Couple	\$1,320.03	\$1,142.24	\$940.51	\$1,283.92	\$1,071.55	\$1,064.72	\$967.60
Individual + child(ren)	\$1,122.03	\$970.90	\$799.44	\$1,091.33	\$910.82	\$905.01	\$822.46
Family	\$1,881.05	\$1,627.69	\$1,340.23	\$1,829.58	\$1,526.96	\$1,517.22	\$1,378.82
Deductible (Ivl / Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Coinsurance	N/A	N/A	N/A	20%	30%	N/A	N/A
Max Out of Pocket (Ivl / Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$4,000 / \$8,000	\$6,500 / \$13,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Prices for benefits							
Primary Care	\$10	\$10	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Specialist	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Mental Health	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Physical, Occupational, and Speech Therapy	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Labs	\$25	\$25	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Urgent Care	\$100	\$100	\$100	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Emergency Room	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
MRIs and Advanced Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
X-Rays and Diagnostic Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Inpatient Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Outpatient Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Prescription Drugs	\$10 / \$50 / Tier 3 subject to deductible	\$10 / Tier 2 and 3 subject to deductible	Subject to deductible	After deductible: \$10 / \$50 / \$100	After deductible: \$20 / \$50 / \$100	Subject to deductible	Subject to deductible
Free 24/7 Telemedicine	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center Visits	✓	✓	✓	✗	✗	✗	✗