



HealthPass/Oscar 1/1/2019 Special Open Enrollment

Rates for Effective Date - 11/1/2018 & 12/1/2018

Four Tier - Manhattan, Brooklyn, Queens, Staten Island, Bronx, Nassau, Suffolk, Westchester & Rockland Counties

Platinum		BENEFIT HIGHLIGHTS*	Employee	Emp/Spouse	Emp/Child(ren)	Family
		IN=In Network; OON=Out of Network; OOP=Out of Pocket				
Oscar Circle Platinum	PCP/Specialist: \$10/\$25 (EPO) Deductible, Coinsurance: \$0, 0%		\$839.12	\$1,673.30	\$1,423.05	\$2,382.34
Oscar Circle Plus Platinum	Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75		\$933.16	\$1,861.37	\$1,582.90	\$2,650.34
Gold		BENEFIT HIGHLIGHTS*	Employee	Emp/Spouse	Emp/Child(ren)	Family
		IN=In Network; OON=Out of Network; OOP=Out of Pocket				
Oscar Circle Gold	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$0, 0%		\$749.10	\$1,493.24	\$1,270.00	\$2,125.77
Oscar Circle Plus Gold	Max OOP: \$5,000/\$10,000 Rx: \$10/\$25/\$100		\$835.44	\$1,665.91	\$1,416.77	\$2,371.82
Oscar Circle Gold 750	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$750/\$1,500, 20%		\$704.58	\$1,404.20	\$1,194.32	\$1,998.88
Oscar Circle Plus Gold 750	Max OOP: \$7,500/\$15,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)		\$785.47	\$1,565.98	\$1,331.84	\$2,229.43
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$2,000/\$4,000, 20%		\$682.48	\$1,360.03	\$1,156.76	\$1,935.93
Oscar Circle Plus Gold 2000	Max OOP: \$7,000/\$14,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)		\$761.61	\$1,518.28	\$1,291.27	\$2,161.44
Silver			Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Circle Silver	PCP/Specialist: \$50/\$75 (EPO) Deductible, Coinsurance: \$0, 0%		\$647.51	\$1,290.06	\$1,097.30	\$1,836.23
Oscar Circle Plus Silver	Max OOP: \$7,900/\$15,800 Rx: \$20/\$50/Ded then 50% (Rx ded \$100/\$200)		\$726.02	\$1,447.09	\$1,230.77	\$2,060.00
Oscar Circle Silver 2700	PCP/Specialist: \$40/\$70 (EPO) Deductible, Coinsurance: \$2,700/\$5,400, 30%		\$624.38	\$1,243.80	\$1,057.98	\$1,770.32
Oscar Circle Plus Silver 2700	Max OOP: \$7,900/\$15,800 Rx: \$20/\$50/\$100		\$698.29	\$1,391.63	\$1,183.63	\$1,980.97
Oscar Circle Silver 4500	PCP/Specialist: \$25/\$75 (EPO) Deductible, Coinsurance: \$4,500/\$9,000, 50%		\$579.96	\$1,154.95	\$982.45	\$1,643.70
Oscar Circle Plus Silver 4500	Max OOP: \$7,000/\$14,000 Rx: \$10/Ded then 50%/Ded then 50%		\$655.39	\$1,305.83	\$1,110.70	\$1,858.71
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 20% coinsurance (EPO) Deductible, Coinsurance: \$3,000/\$6,000, 20%		\$588.43	\$1,171.92	\$996.88	\$1,667.88
Oscar Circle Plus Silver HSA 3000	Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%		\$662.47	\$1,320.00	\$1,122.74	\$1,878.89
Bronze		BENEFIT HIGHLIGHTS*	Employee	Emp/Spouse	Emp/Child(ren)	Family
		IN=In Network; OON=Out of Network; OOP=Out of Pocket				
Oscar Circle Bronze 4000	PCP/Specialist: Deductible then 50% coinsurance (EPO) Deductible, Coinsurance: \$4,000/\$8,000, 50%		\$506.26	\$1,007.56	\$857.17	\$1,433.67
Oscar Circle Plus Bronze 4000	Max OOP: \$7,900/\$15,800 Rx: Ded then \$20/\$50/\$100		\$572.30	\$1,139.66	\$969.45	\$1,621.91
Oscar Circle Bronze 7900	PCP/Specialist: Deductible then \$0 copay (EPO) Deductible, Coinsurance: \$7,900/\$15,800, 0%		\$482.08	\$959.20	\$816.07	\$1,364.76
Oscar Circle Plus Bronze 7900	Max OOP: \$7,900/\$15,800 Rx: Ded then \$0/\$0/\$0		\$548.41	\$1,091.87	\$928.83	\$1,553.81
Oscar Circle Bronze HSA 6650	PCP/Specialist: Deductible then \$0 coinsurance (EPO) Deductible, Coinsurance: \$6,650/\$13,300, 0%		\$507.25	\$1,009.53	\$858.85	\$1,436.48
Oscar Circle Plus Bronze HSA 6650	Max OOP: \$6,650/\$13,300 Rx: Ded then \$0/\$0/\$0		\$575.14	\$1,145.33	\$974.27	\$1,629.99

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.
 All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.
 Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.
 * These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.
 All plans are SHOP certified