## New York Q2 2018 Small Group Plans

All plans are available with out-of-area coverage for an additional cost. Backup plans are not HSA-compatible. D&C stands for deductible and coinsurance.

### Prices for Benefits

<table>
<thead>
<tr>
<th></th>
<th>Classic Platinum $0</th>
<th>Classic Platinum $0</th>
<th>Classic Platinum $0</th>
<th>Classic Gold $0</th>
<th>Classic Gold $500</th>
<th>Classic Gold $1,000</th>
<th>Classic Gold $2,000</th>
<th>Classic Silver $3,000</th>
<th>Classic Silver $3,500</th>
<th>Classic Silver $4,000</th>
<th>Classic Silver $4,500</th>
<th>Classic Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium (Q1 2018)</strong></td>
<td>$820.07</td>
<td>$1,640.14</td>
<td>$1,394.12</td>
<td>$3,084.77</td>
<td>$817.28</td>
<td>$1,634.55</td>
<td>$1,389.37</td>
<td>$811.52</td>
<td>$1,623.03</td>
<td>$731.50</td>
<td>$1,463.00</td>
<td>$984.12</td>
</tr>
<tr>
<td><strong>Deductible (Individual / Family)</strong></td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>10%</td>
<td>N/A</td>
<td>N/A</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Individual Out-of-Pocket Max (Ivl / Family)</strong></td>
<td>$3,000 / $6,000</td>
<td>$2,000 / $4,000</td>
<td>$3,000 / $6,000</td>
<td>$5,000 / $10,000</td>
<td>$5,000 / $10,000</td>
<td>$5,000 / $10,000</td>
<td>$7,000 / $14,000</td>
<td>$7,350 / $14,700</td>
<td>$7,350 / $14,700</td>
<td>$7,350 / $14,700</td>
<td>$7,350 / $14,700</td>
<td>$7,350 / $14,700</td>
</tr>
</tbody>
</table>

### Additional Information:

- **Deductible:** The amount the insured must pay out-of-pocket before insurance coverage begins.
- **Coinsurance:** The percentage of allowable charges that the insured is responsible for paying after the deductible has been met.
- **Out-of-Pocket Max:** The maximum amount the insured and dependents will pay out-of-pocket for covered benefits in a calendar year.

All this information and more can be found on our Broker Resources Page: [HiOscar.com/brokers](http://HiOscar.com/brokers)
# Backup Plans

## Table: New York Q2 2018 Small Group Plans

<table>
<thead>
<tr>
<th>Premium (Q1 2018)</th>
<th>Simple</th>
<th>Backup</th>
<th>Simple</th>
<th>Backup</th>
<th>Simple</th>
<th>Backup</th>
<th>Simple</th>
<th>Backup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>$673.22</td>
<td>$654.80</td>
<td>$564.49</td>
<td>$543.01</td>
<td>$493.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td>$582.54</td>
<td>$599.32</td>
<td>$1,092.98</td>
<td>$1,086.01</td>
<td>$986.95</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bronze</td>
<td>$479.66</td>
<td>$1,113.16</td>
<td>$929.04</td>
<td>$923.11</td>
<td>$838.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold</td>
<td>$654.80</td>
<td>$1,866.18</td>
<td>$1,557.50</td>
<td>$1,547.56</td>
<td>$1,406.40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td>$599.32</td>
<td>$1,113.16</td>
<td>$929.04</td>
<td>$923.11</td>
<td>$838.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronze</td>
<td>$479.66</td>
<td>$1,367.04</td>
<td>$1,066.18</td>
<td>$1,047.56</td>
<td>$1,006.40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Deductible (Individual / 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              | 20%              | 30%              | N/A              | N/A              | N/A              |
| Individual Out-of-Pocket Max (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 / OBGYN:**
  - Gold: $10
  - Silver: $10
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Specialist:**
  - Gold: $50
  - Silver: $50
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Mental Health Office:**
  - Gold: $50
  - Silver: $50
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Physical, Occupational, and Speech Therapy:**
  - Gold: $50
  - Silver: $50
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Labs:**
  - Gold: $25
  - Silver: $25
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Emergency Room:**
  - Gold: $100
  - Silver: $100
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Urgent Care:**
  - Gold: $100
  - Silver: $100
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **MRIs & Advanced Imaging:**
  - Gold: Subject to deductible
  - Silver: Subject to deductible
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **X-rays & Diagnostic Imaging:**
  - Gold: Subject to deductible
  - Silver: Subject to deductible
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Inpatient Hospital & Skilled Nursing Facility:**
  - Gold: Subject to deductible
  - Silver: Subject to deductible
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Outpatient Facility:**
  - Gold: Subject to deductible
  - Silver: Subject to deductible
  - Bronze: Subject to deductible
  - Gold: D&C 20%
  - Silver: D&C 30%
  - Bronze: Subject to deductible

- **Prescription Drugs:**
  - Gold: $10 / $50 / Tier 3 subject to deductible
  - Silver: $10 / Tier 2 and 3 subject to deductible
  - Bronze: Subject to deductible
  - Gold: After deductible: $10 / $50 / $100
  - Silver: After deductible: $10 / $50 / $100
  - Bronze: Subject to deductible

- **Free 24/7 calls with doctors:**
  - Gold: ✓
  - Silver: ✓
  - Bronze: ✓

- **Free Oscar Center visits:**
  - Gold: ✓
  - Silver: ✓
  - Bronze: ✓

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