



Oklahoma | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Oscar Secure	Bronze Classic	Bronze Classic PCP Copay	Bronze Classic Next	Bronze HDHP
<b>The Basics</b>					
Deductible (Individual / Family)	\$8,550 / \$17,100	\$6,000 / \$12,000	\$6,000 / \$12,000	\$0 / \$0	\$5,200 / \$10,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$5,500 / \$11,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$7,000 / \$14,000
Out-of-Network Deductible	\$25,650	\$18,000	\$18,000	\$500	\$15,600
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No	Yes
<b>Prices for Benefits</b>					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) <sup>1</sup>	50% after deductible (1 pre-deductible visit at \$50) <sup>1</sup>	\$50	\$35	\$50 after deductible
Specialist Office Visits	\$0 after deductible	50% after deductible	\$90 after deductible	\$100	\$90 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$75 after deductible
Emergency Room	\$0 after deductible	50% after deductible	50% after deductible	\$1,150	50% after deductible
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) <sup>1</sup>	50% after deductible (1 pre-deductible visit at \$50) <sup>1</sup>	\$50	\$35	\$50 after deductible
Labs	\$0 after deductible	50% after deductible	50% after deductible	\$50	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	50% after deductible	50% after deductible	\$95	50% after deductible
MRIs & Advanced Imaging	\$0 after deductible	50% after deductible	50% after deductible	\$375	50% after deductible
Inpatient Facility Fee	\$0 after deductible	50% after deductible	50% after deductible	\$3,000/day (copay applies for a maximum of 2 days per 1 stay)	50% after deductible
Outpatient Facility Fee	\$0 after deductible	50% after deductible	50% after deductible	\$1,000	50% after deductible
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$0 after deductible	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 after deductible
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$0 after deductible	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$30 <sup>2</sup>	\$25 after deductible
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$0 after deductible	50% after deductible	50% after deductible	\$200	\$200 after deductible
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

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](https://hioscar.com/brokers)



Oklahoma | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Silver Saver	Silver Saver 2	Silver Classic Next	Silver Classic Copay	Silver Classic \$0 Ded	Gold Classic
<b>The Basics</b>						
Deductible (Individual / Family)	\$4,200 / \$8,400	\$6,200 / \$12,400	\$6,000 / \$12,000	\$7,000 / \$14,000	\$0 / \$0	\$2,500 / \$5,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$4,000 / \$8,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,000 / \$16,000	\$8,200 / \$16,400	\$8,550 / \$17,100	\$6,000 / \$12,000
Out-of-Network Deductible	\$12,600	\$18,600	\$18,000	\$21,000	\$500	\$7,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$40	\$30	\$30	\$25	\$30
Specialist Office Visits	\$90 after deductible	\$40	\$75 after deductible	\$75	\$80	\$55
Urgent Care	\$75	\$75	\$50	\$50	\$50	\$75
Emergency Room	50% after deductible	50% after deductible	\$650 after deductible	\$650 after deductible	\$1,000	30% after deductible
Mental Health Office Visits	\$25	\$40	\$30	\$30	\$25	\$30
Labs	\$50	\$50	\$25	\$30	\$25	\$55
X-rays & Diagnostic Imaging	\$65 after deductible	50% after deductible	\$75	\$75 after deductible	\$80	30% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	\$200 after deductible	\$275	30% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	\$500/day after deductible (copay applies for a maximum of 2 days per 1 stay)	\$2,500/day (copay applies for a maximum of 2 days per 1 stay)	30% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	\$350 after deductible	\$1,000	30% after deductible
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$30 <sup>2</sup>
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$75 after deductible	\$75 after deductible	\$100	\$75	\$100	\$55
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

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.

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Oklahoma | 2021 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

	Silver Saver CSR 250	Silver Saver CSR 200	Silver Saver CSR 150	Silver Saver 2 CSR 250	Silver Saver 2 CSR 200	Silver Saver 2 CSR 150
<b>The Basics</b>						
Deductible (Individual / Family)	\$2,500 / \$5,000	\$825 / \$1,650	\$0 / \$0	\$3,300 / \$6,600	\$970 / \$1,940	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$6,800 / \$13,600	\$2,800 / \$5,600	\$1,600 / \$3,200	\$6,800 / \$13,600	\$2,800 / \$5,600	\$1,350 / \$2,700
Out-of-Network Deductible	\$7,500	\$2,475	\$500	\$9,900	\$2,910	\$500
\$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$15	\$0	\$40	\$25	\$5
Specialist Office Visits	\$45 after deductible	\$30 after deductible	\$10	\$40	\$25	\$5
Urgent Care	\$60	\$45	\$30	\$60	\$45	\$30
Emergency Room	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Mental Health Office Visits	\$25	\$15	\$0	\$40	\$25	\$5
Labs	\$50	\$30	\$0	\$50	\$30	\$0
X-rays & Diagnostic Imaging	\$50 after deductible	\$30 after deductible	\$15	40% after deductible	30% after deductible	30%
MRIs & Advanced Imaging	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Inpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Outpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$20 <sup>2</sup>	\$10 <sup>2</sup>	\$10 <sup>2</sup>	\$20 <sup>2</sup>	\$10 <sup>2</sup>	\$10 <sup>2</sup>
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$60 after deductible	\$40 after deductible	\$25	\$60 after deductible	\$40 after deductible	\$20
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

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.

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Oklahoma | 2021 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

Silver Classic Next CSR 250   Silver Classic Next CSR 200   Silver Classic Next CSR 150   Silver Classic Copay CSR 250   Silver Classic Copay CSR 200   Silver Classic Copay CSR 150

**The Basics**

Deductible (Individual / Family)	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$6,300 / \$12,600	\$2,800 / \$5,600	\$1,750 / \$3,500	\$6,400 / \$12,800	\$2,250 / \$4,500	\$800 / \$1,600
Out-of-Network Deductible	\$10,500	\$500	\$500	\$10,500	\$500	\$500
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No

**Prices for Benefits**

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$5	\$0	\$20	\$5	\$0
Specialist Office Visits	\$60	\$30	\$5	\$50	\$25	\$15
Urgent Care	\$50	\$15	\$15	\$50	\$15	\$15
Emergency Room	\$650 after deductible	\$650	\$550	\$400 after deductible	\$200	\$200
Mental Health Office Visits	\$25	\$5	\$0	\$20	\$5	\$0
Labs	\$25	\$15	\$0	\$20	\$15	\$15
X-rays & Diagnostic Imaging	\$75	\$30	\$15	\$50 after deductible	\$30	\$30
MRIs & Advanced Imaging	40% after deductible	40%	25%	\$125 after deductible	\$75	\$75
Inpatient Facility Fee	40% after deductible	40%	25%	\$450/day after deductible (copay applies for a maximum of 2 days per 1 stay)	\$250/day (copay applies for a maximum of 2 days per 1 stay)	\$250/day (copay applies for a maximum of 2 days per 1 stay)
Outpatient Facility Fee	40% after deductible	40%	25%	\$200 after deductible	\$200	\$200
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$25 <sup>2</sup>	\$20 <sup>2</sup>	\$7 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$10 <sup>2</sup>
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$75	\$60	\$20	\$75	\$75	\$30
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	50% after deductible	50%	50%	50% after deductible	50%	50%
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	50% after deductible	50%	50%	50% after deductible	50%	50%

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

**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.

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## Oklahoma | 2021 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

Silver Classic \$0 Ded CSR 250   Silver Classic \$0 Ded CSR 200   Silver Classic \$0 Ded CSR 150

### The Basics

Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	\$3,250 / \$6,500	\$600 / \$1,200	\$100 / \$200
Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$2,500 / \$5,000	\$1,000 / \$2,000
Out-of-Network Deductible	\$500	\$500	\$500
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No

### Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$10	\$5
Specialist Office Visits	\$60	\$25	\$10
Urgent Care	\$50	\$15	\$15
Emergency Room	\$500	\$300	\$200
Mental Health Office Visits	\$20	\$10	\$5
Labs	\$15	\$10	\$5
X-rays & Diagnostic Imaging	\$60	\$25	\$10
MRIs & Advanced Imaging	\$125	\$75	\$40
Inpatient Facility Fee	\$650/day (copay applies for a maximum of 2 days per 1 stay)	\$300/day (copay applies for a maximum of 2 days per 1 stay)	\$200/day (copay applies for a maximum of 2 days per 1 stay)
Outpatient Facility Fee	\$500	\$200	\$100
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$10 <sup>2</sup>
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$100	\$60	\$50
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	50% after deductible	50% after deductible	50% after deductible

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

**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.

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## Oklahoma | 2021 | Individual & Family Plans | Off-Exchange Only

	Silver Classic Next Off-Ex	Silver HDHP	Silver \$1500 Ded
<b>The Basics</b>			
Deductible (Individual / Family)	\$6,000 / \$12,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,000 / \$16,000	\$7,000 / \$14,000	\$8,550 / \$17,100
Out-of-Network Deductible	\$18,000	\$9,000	\$4,500
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	Yes	No
<b>Prices for Benefits</b>			
Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$30 after deductible	\$25
Specialist Office Visits	\$75 after deductible	\$75 after deductible	\$75
Urgent Care	\$55	\$50 after deductible	\$50
Emergency Room	\$650 after deductible	40% after deductible	\$650
Mental Health Office Visits	\$30	\$30 after deductible	\$25
Labs	\$25	\$50 after deductible	\$50
X-rays & Diagnostic Imaging	\$75	\$75 after deductible	\$75 after deductible
MRIs & Advanced Imaging	40% after deductible	\$100 after deductible	\$100 after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	\$500/day after deductible (copay applies for a maximum of 5 days per 1 stay)
Outpatient Facility Fee	40% after deductible	40% after deductible	\$250 after deductible
RX   Generics: Preferred (Tier 1a)   No out-of-network coverage	\$3 <sup>2</sup>	\$3 after deductible	\$3
RX   Generics: Non-preferred (Tier 1b)   No out-of-network coverage	\$25 <sup>2</sup>	\$25 after deductible	\$25 <sup>2</sup>
RX   Brand: Preferred (Tier 2)   No out-of-network coverage	\$100	\$100 after deductible	\$100
RX   Brand: Non-preferred (Tier 3)   No out-of-network coverage	50% after deductible	40% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)   No out-of-network coverage	50% after deductible	40% after deductible	50% after deductible

<sup>1</sup>Pre-deductible benefits are eligible for non-preventive visits across these categories and are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

<sup>2</sup>Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

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### Why does Oscar offer these plans?

Premiums of Silver tier plans on the government exchange have gone up, due to government defunding of cost-sharing reduction (CSR) subsidies.

In response, Oscar has created off-exchange Silver alternatives.

### What should I know about these plans?

They are only available off of the exchange.

They have lower premiums than comparable Silver tier plans on the exchange.

### Are these plans right for me?

If you do not qualify for subsidies on the government exchange at any point in 2021, and are seeking a Silver tier plan, these may be a good option for you.

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