



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

| | Oscar Secure | Bronze Simple | Bronze Classic | Bronze Classic PCP Copay | Bronze Classic Next | Bronze Classic Next 2 | Bronze HDHP |
|---|--|----------------------|--|--------------------------|--|--|------------------------|
| The Basics | | | | | | | |
| Deductible (Individual / Family) | \$8,550 / \$17,100 | \$7,300 / \$14,600 | \$6,000 / \$12,000 | \$6,000 / \$12,000 | \$0 / \$0 | \$0 / \$0 | \$5,200 / \$10,400 |
| Pharmacy Deductible (Individual / Family) | N/A | N/A | N/A | N/A | \$5,500 / \$11,000 | \$7,200 / \$14,400 | N/A |
| Out-of-Pocket Max (Individual / Family) | \$8,550 / \$17,100 | \$8,550 / \$17,100 | \$8,550 / \$17,100 | \$8,550 / \$17,100 | \$8,550 / \$17,100 | \$8,550 / \$17,100 | \$7,000 / \$14,000 |
| \$0 Preventive care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HSA-Compatible? | No | No | No | No | No | No | Yes |
| Prices for Benefits | | | | | | | |
| Virtual Urgent Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care Office Visits | \$0 after deductible (3 pre-deductible visits at \$0) ¹ | 30% after deductible | 50% after deductible (1 pre-deductible visit at \$50) ¹ | \$50 | \$35 | \$50 | \$50 after deductible |
| Specialist Office Visits | \$0 after deductible | 30% after deductible | 50% after deductible | \$90 after deductible | \$100 | \$50 | \$90 after deductible |
| Urgent Care | \$0 after deductible | \$75 | \$75 | \$75 | \$75 | \$75 | \$75 after deductible |
| Emergency Room | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$1,150 | \$1,150 | 50% after deductible |
| Mental Health Office Visits | \$0 after deductible (3 pre-deductible visits at \$0) ¹ | 30% after deductible | 50% after deductible (1 pre-deductible visit at \$50) ¹ | \$50 | \$35 | \$50 | \$50 after deductible |
| Labs | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$50 | \$50 | \$50 after deductible |
| X-rays & Diagnostic Imaging | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$95 | \$95 | 50% after deductible |
| MRIs & Advanced Imaging | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$375 | \$500 | 50% after deductible |
| Inpatient Facility Fee | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$3,000/day (copay applies for a maximum of 2 days per 1 stay) | \$3,000/day (copay applies for a maximum of 2 days per 1 stay) | 50% after deductible |
| Outpatient Facility Fee | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$1,000 | \$1,000 | 50% after deductible |
| RX Generics: Preferred (Tier 1a) | \$0 after deductible | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 after deductible |
| RX Generics: Non-preferred (Tier 1b) | \$0 after deductible | \$25 ² | \$25 ² | \$25 ² | \$30 ² | \$30 ² | \$25 after deductible |
| RX Brand: Preferred (Tier 2) | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | \$200 | \$250 | \$200 after deductible |
| RX Brand: Non-preferred (Tier 3) | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| RX Brand: Specialty (Tier 4) | \$0 after deductible | 30% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |

¹Pre-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.

²Many prescription 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



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

| | Silver Saver | Silver Saver 2 | Silver Classic Next | Silver Classic | Silver Classic Copay | Silver Classic \$0 Ded | Gold Classic |
|---|-----------------------|-----------------------|------------------------|----------------------|---|--|----------------------|
| The Basics | | | | | | | |
| Deductible (Individual / Family) | \$4,200 / \$8,400 | \$6,200 / \$12,400 | \$6,000 / \$12,000 | \$5,000 / \$10,000 | \$7,000 / \$14,000 | \$0 / \$0 | \$2,500 / \$5,000 |
| Pharmacy Deductible (Individual / Family) | N/A | 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 | \$8,550 / \$17,100 | \$8,200 / \$16,400 | \$8,550 / \$17,100 | \$6,000 / \$12,000 |
| \$0 Preventive care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 | \$25 | \$40 | \$30 | \$50 | \$30 | \$25 | \$30 |
| Specialist Office Visits | \$90 after deductible | \$40 | \$75 after deductible | \$80 | \$75 | \$80 | \$55 |
| Urgent Care | \$75 | \$75 | \$50 | \$75 | \$50 | \$50 | \$75 |
| Emergency Room | 50% after deductible | 50% after deductible | \$650 after deductible | 50% after deductible | \$650 after deductible | \$1,000 | 30% after deductible |
| Mental Health Office Visits | \$25 | \$40 | \$30 | \$50 | \$30 | \$25 | \$30 |
| Labs | \$50 | \$50 | \$25 | \$75 | \$30 | \$25 | \$55 |
| X-rays & Diagnostic Imaging | \$65 after deductible | 50% after deductible | \$75 | 50% after deductible | \$75 after deductible | \$80 | 30% after deductible |
| MRIs & Advanced Imaging | 50% after deductible | 50% after deductible | 40% after deductible | 50% after deductible | \$200 after deductible | \$275 | 30% after deductible |
| Inpatient Facility Fee | 50% after deductible | 50% after deductible | 40% after deductible | 50% 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 | 50% after deductible | \$350 after deductible | \$1,000 | 30% after deductible |
| RX Generics: Preferred (Tier 1a) | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 ² |
| RX Generics: Non-preferred (Tier 1b) | \$25 ² | \$25 ² | \$25 ² | \$25 ² | \$25 ² | \$25 ² | \$30 ² |
| RX Brand: Preferred (Tier 2) | \$75 after deductible | \$75 after deductible | \$100 | \$75 | \$75 | \$100 | \$55 |
| RX Brand: Non-preferred (Tier 3) | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 30% after deductible |
| RX Brand: Specialty (Tier 4) | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 30% after deductible |

¹Pre-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.

²Many prescription 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



Ohio | 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 |
|---|-----------------------|-----------------------|----------------------|------------------------|------------------------|------------------------|
| The Basics | | | | | | |
| 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 |
| \$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 | \$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) | \$3 ² | \$3 ² | \$0 ² | \$3 ² | \$3 ² | \$0 ² |
| RX Generics: Non-preferred (Tier 1b) | \$20 ² | \$10 ² | \$10 ² | \$20 ² | \$10 ² | \$10 ² |
| RX Brand: Preferred (Tier 2) | \$60 after deductible | \$40 after deductible | \$25 | \$60 after deductible | \$40 after deductible | \$20 |
| RX Brand: Non-preferred (Tier 3) | 50% after deductible | 50% after deductible | 50% | 50% after deductible | 50% after deductible | 50% |
| RX Brand: Specialty (Tier 4) | 50% after deductible | 50% after deductible | 50% | 50% after deductible | 50% after deductible | 50% |

¹Pre-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.

²Many prescription 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



Ohio | 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 CSR 250 | Silver Classic CSR 200 | Silver Classic CSR 150 |
|---|-----------------------------|-----------------------------|-----------------------------|------------------------|------------------------|------------------------|
| The Basics | | | | | | |
| Deductible (Individual / Family) | \$3,500 / \$7,000 | \$0 / \$0 | \$0 / \$0 | \$4,000 / \$8,000 | \$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 | \$6,500 / \$13,000 | \$2,850 / \$5,700 | \$1,700 / \$3,400 |
| \$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 | \$10 | \$0 |
| Specialist Office Visits | \$60 | \$30 | \$5 | \$60 | \$40 | \$5 |
| Urgent Care | \$50 | \$15 | \$15 | \$50 | \$25 | \$15 |
| Emergency Room | \$650 after deductible | \$650 | \$550 | 50% after deductible | 25% | 15% |
| Mental Health Office Visits | \$25 | \$5 | \$0 | \$20 | \$10 | \$0 |
| Labs | \$25 | \$15 | \$0 | \$75 | \$30 | \$10 |
| X-rays & Diagnostic Imaging | \$75 | \$30 | \$15 | 50% after deductible | 25% | 15% |
| MRIs & Advanced Imaging | 40% after deductible | 40% | 25% | 50% after deductible | 25% | 15% |
| Inpatient Facility Fee | 40% after deductible | 40% | 25% | 50% after deductible | 25% | 15% |
| Outpatient Facility Fee | 40% after deductible | 40% | 25% | 50% after deductible | 25% | 15% |
| RX Generics: Preferred (Tier 1a) | \$3 ² | \$3 ² | \$0 ² | \$3 ² | \$3 ² | \$3 ² |
| RX Generics: Non-preferred (Tier 1b) | \$25 ² | \$20 ² | \$7 ² | \$25 ² | \$25 ² | \$10 ² |
| RX Brand: Preferred (Tier 2) | \$75 | \$60 | \$20 | \$75 | \$50 | \$30 |
| RX Brand: Non-preferred (Tier 3) | 50% after deductible | 50% | 50% | 50% after deductible | 50% | 50% |
| RX Brand: Specialty (Tier 4) | 50% after deductible | 50% | 50% | 50% after deductible | 50% | 50% |

¹Pre-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.

²Many prescription 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



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

| | Silver Classic Copay CSR 250 | Silver Classic Copay CSR 200 | Silver Classic Copay CSR 150 | Silver Classic \$0 Ded CSR 250 | Silver Classic \$0 Ded CSR 200 | Silver Classic \$0 Ded CSR 150 |
|---|---|--|--|--|--|--|
| The Basics | | | | | | |
| Deductible (Individual / Family) | \$3,500 / \$7,000 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 |
| Pharmacy Deductible (Individual / Family) | N/A | N/A | N/A | \$3,250 / \$6,500 | \$600 / \$1,200 | \$100 / \$200 |
| Out-of-Pocket Max (Individual / Family) | \$6,400 / \$12,800 | \$2,250 / \$4,500 | \$800 / \$1,600 | \$6,500 / \$13,000 | \$2,500 / \$5,000 | \$1,000 / \$2,000 |
| \$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 | \$20 | \$5 | \$0 | \$20 | \$10 | \$5 |
| Specialist Office Visits | \$50 | \$25 | \$15 | \$60 | \$25 | \$10 |
| Urgent Care | \$50 | \$15 | \$15 | \$50 | \$15 | \$15 |
| Emergency Room | \$400 after deductible | \$200 | \$200 | \$500 | \$300 | \$200 |
| Mental Health Office Visits | \$20 | \$5 | \$0 | \$20 | \$10 | \$5 |
| Labs | \$20 | \$15 | \$15 | \$15 | \$10 | \$5 |
| X-rays & Diagnostic Imaging | \$50 after deductible | \$30 | \$30 | \$60 | \$25 | \$10 |
| MRIs & Advanced Imaging | \$125 after deductible | \$75 | \$75 | \$125 | \$75 | \$40 |
| Inpatient Facility Fee | \$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) | \$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 | \$200 after deductible | \$200 | \$200 | \$500 | \$200 | \$100 |
| RX Generics: Preferred (Tier 1a) | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$3 ² | \$0 ² |
| RX Generics: Non-preferred (Tier 1b) | \$25 ² | \$25 ² | \$10 ² | \$25 ² | \$25 ² | \$10 ² |
| RX Brand: Preferred (Tier 2) | \$75 | \$75 | \$30 | \$100 | \$60 | \$50 |
| RX Brand: Non-preferred (Tier 3) | 50% after deductible | 50% | 50% | 50% after deductible | 50% after deductible | 50% after deductible |
| RX Brand: Specialty (Tier 4) | 50% after deductible | 50% | 50% | 50% after deductible | 50% after deductible | 50% after deductible |

¹Pre-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.

²Many prescription 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



Ohio | 2021 | Individual & Family Plans | Off-Exchange Only

| | Silver Classic Off-Ex | Silver HDHP | Silver \$1500 Ded |
|---|-------------------------------------|-------------------------------------|---|
| The Basics | | | |
| Deductible (Individual / Family) | \$5,000 / \$10,000 | \$3,000 / \$6,000 | \$1,500 / \$3,000 |
| Pharmacy Deductible (Individual / Family) | N/A | N/A | N/A |
| Out-of-Pocket Max (Individual / Family) | \$8,550 / \$17,100 | \$7,000 / \$14,000 | \$8,550 / \$17,100 |
| \$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 | Yes | No |
| Prices for Benefits | | | |
| Virtual Urgent Care | \$0 | \$0 | \$0 |
| Primary Care Office Visits | \$50 | \$30 after deductible | \$25 |
| Specialist Office Visits | \$80 | \$75 after deductible | \$75 |
| Urgent Care | \$80 | \$50 after deductible | \$50 |
| Emergency Room | 50% after deductible | 40% after deductible | \$650 |
| Mental Health Office Visits | \$50 | \$30 after deductible | \$25 |
| Labs | \$75 | \$50 after deductible | \$50 |
| X-rays & Diagnostic Imaging | 50% after deductible | \$75 after deductible | \$75 after deductible |
| MRIs & Advanced Imaging | 50% after deductible | \$100 after deductible | \$100 after deductible |
| Inpatient Facility Fee | 50% after deductible | 40% after deductible | \$500/day after deductible (copay applies for a maximum of 5 days per 1 stay) |
| Outpatient Facility Fee | 50% after deductible | 40% after deductible | \$250 after deductible |
| RX Generics: Preferred (Tier 1a) | \$3 ² | \$3 after deductible | \$3 ² |
| RX Generics: Non-preferred (Tier 1b) | \$25 ² | \$25 after deductible | \$25 ² |
| RX Brand: Preferred (Tier 2) | \$75 | \$100 after deductible | \$100 |
| RX Brand: Non-preferred (Tier 3) | 50% after deductible | 40% after deductible | 50% after deductible |
| RX Brand: Specialty (Tier 4) | 50% after deductible | 40% after deductible | 50% after deductible |

¹Pre-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.

²Many prescription 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.

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.

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