



Nebraska | 2024
Individual & Family Plans [1]

	Secure	Gold Classic Standard	Gold Elite	Silver Classic	Silver Classic Standard
The Basics					
Deductible (Individual / Family)	\$9,450 / \$18,900	\$1,500 / \$3,000	\$500 / \$1,000	\$5,400 / \$10,800	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900	\$8,700 / \$17,400	\$5,500 / \$11,000	\$8,650 / \$17,300	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit(s) at \$0)	\$30	\$25	\$35	\$40
Specialist Office Visits	\$0 after deductible	\$60	\$50	\$95	\$80
Urgent Care	\$0 after deductible	\$45	\$50	\$80	\$60
Emergency Room	\$0 after deductible	25% after deductible	30% after deductible	\$750 after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$30	\$50	\$80	\$40
Labs (Preferred)	\$0 after deductible	25% after deductible	\$10	\$10	40% after deductible
Labs (Non-preferred)	\$0 after deductible	25% after deductible	\$10	\$10	40% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	25% after deductible	\$75	\$70	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$15	\$10	\$3	\$20
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$25	\$25	\$20
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$75	\$75	\$40
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	30% after deductible	50% after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$250	30% after deductible	50% after deductible	\$350 after deductible



Nebraska | 2024 Individual & Family Plans [1]

	Silver Elite Saver Plus	Silver Simple Diabetes	Silver Simple PCP Saver	Bronze Classic	Bronze Classic 4700
The Basics					
Deductible (Individual / Family)	\$0 / \$0	\$6,450 / \$12,900	\$5,500 / \$11,000	\$7,750 / \$15,500	\$4,700 / \$9,400
Pharmacy Deductible (Individual / Family)	\$200 / \$400	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$8,550 / \$17,100	\$8,900 / \$17,800	\$9,100 / \$18,200	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$60	\$0	\$20	50% after deductible (first 1 visit(s) at \$50)	\$70
Specialist Office Visits	\$100	\$40	\$80	50% after deductible	\$125
Urgent Care	\$50	\$75	\$75	\$75	\$125
Emergency Room	50%	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$60	\$0	\$20	50% after deductible	\$70
Labs (Preferred)	\$10	\$10	\$10	\$10 after deductible	\$25
Labs (Non-preferred)	\$10	\$10	\$10	\$10 after deductible	\$25
X-rays & Diagnostic Imaging	\$100	50% after deductible	40% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50%	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50%	50% after deductible	40% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$25	\$25	\$30	\$30
RX Brand: Preferred (Tier 2)	\$200 after deductible	\$75 after deductible	\$100	\$250 after deductible	50% after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible



Nebraska | 2024 Individual & Family Plans [1]

	Bronze Classic PCP Saver	Bronze Classic Standard	Bronze Elite + PCP Saver Plus
The Basics			
Deductible (Individual / Family)	\$8,500 / \$17,000	\$7,500 / \$15,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$6,500 / \$13,000
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$9,400 / \$18,800	\$9,450 / \$18,900
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	No	No
Prices for Benefits [2]			
Virtual Urgent Care [3]	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$50	\$40
Specialist Office Visits	50% after deductible	\$100	\$125
Urgent Care	\$75	\$75	\$75
Emergency Room	50% after deductible	50% after deductible	\$2,000
Mental Health Office Visits	50% after deductible	\$50	\$125
Labs (Preferred)	\$25	50% after deductible	\$25
Labs (Non-preferred)	\$75	50% after deductible	\$50
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	\$125
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50%
Inpatient Facility Fee	50% after deductible	50% after deductible	\$3,000 (copay applies for a maximum of 2 days per 1 plan)
Outpatient Facility Fee	50% after deductible	50% after deductible	\$1,200
RX Generics: Preferred (Tier 1a)	\$3	\$25	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$25	\$30
RX Brand: Preferred (Tier 2)	\$500 after deductible	\$50 after deductible	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$100 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$500 after deductible	50% after deductible



Nebraska | 2024 Individual & Family Plans [4]

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200
The Basics					
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$4,300 / \$8,600	\$0 / \$0	\$700 / \$1,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$2,900 / \$5,800	\$7,000 / \$14,000	\$1,800 / \$3,600	\$3,000 / \$6,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [5]					
Virtual Urgent Care [6]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$10	\$35	\$0	\$20
Specialist Office Visits	\$5	\$40	\$80	\$10	\$40
Urgent Care	\$15	\$40	\$80	\$5	\$30
Emergency Room	\$500	\$750	\$750 after deductible	25%	30% after deductible
Mental Health Office Visits	\$0	\$40	\$80	\$0	\$20
Labs (Preferred)	\$0	\$10	\$10	25%	30% after deductible
Labs (Non-preferred)	\$0	\$10	\$10	25%	30% after deductible
X-rays & Diagnostic Imaging	\$15	\$50	\$70	25%	30% after deductible
MRIs & Advanced Imaging	20%	30%	40% after deductible	25%	30% after deductible
Inpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible
Outpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$10
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$25	\$0	\$10
RX Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$15	\$20
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	\$50	\$60 after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	\$150	\$250 after deductible



Nebraska | 2024 Individual & Family Plans [4]

	Silver Classic Standard CSR 250	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200	Silver Elite Saver Plus CSR 250	Silver Simple Diabetes CSR 150
The Basics					
Deductible (Individual / Family)	\$5,700 / \$11,400	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	\$50 / \$100	\$100 / \$200	\$200 / \$400	N/A
Out-of-Pocket Max (Individual / Family)	\$7,200 / \$14,400	\$1,200 / \$2,400	\$2,500 / \$5,000	\$7,250 / \$14,500	\$1,200 / \$2,400
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [5]					
Virtual Urgent Care [6]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$0	\$15	\$60	\$0
Specialist Office Visits	\$80	\$10	\$30	\$100	\$5
Urgent Care	\$60	\$15	\$15	\$50	\$30
Emergency Room	40% after deductible	20%	30%	50%	30%
Mental Health Office Visits	\$40	\$0	\$15	\$60	\$0
Labs (Preferred)	40% after deductible	\$0	\$10	\$10	\$5
Labs (Non-preferred)	40% after deductible	\$0	\$10	\$10	\$5
X-rays & Diagnostic Imaging	40% after deductible	\$10	\$50	\$100	30%
MRIs & Advanced Imaging	40% after deductible	20%	30%	50%	30%
Inpatient Facility Fee	40% after deductible	20%	30%	50%	30%
Outpatient Facility Fee	40% after deductible	20%	30%	50%	30%
RX Generics: Preferred (Tier 1a)	\$20	\$0	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$5	\$25	\$30	\$5
RX Brand: Preferred (Tier 2)	\$40	\$30 after deductible	\$100 after deductible	\$200 after deductible	\$15
RX Brand: Non-preferred (Tier 3)	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50%
RX Brand: Specialty (Tier 4)	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50%



Nebraska | 2024
Individual & Family Plans [4]

	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
The Basics					
Deductible (Individual / Family)	\$870 / \$1,740	\$4,200 / \$8,400	\$0 / \$0	\$600 / \$1,200	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$2,800 / \$5,600	\$7,250 / \$14,500	\$1,550 / \$3,100	\$3,000 / \$6,000	\$7,200 / \$14,400
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [5]					
Virtual Urgent Care [6]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$5	\$10	\$20
Specialist Office Visits	\$25	\$40	\$10	\$40	\$80
Urgent Care	\$45	\$60	\$30	\$50	\$75
Emergency Room	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$5	\$10	\$20
Labs (Preferred)	\$10	\$10	\$0	\$10	\$10
Labs (Non-preferred)	\$10	\$10	\$0	\$10	\$10
X-rays & Diagnostic Imaging	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$60	\$60 after deductible	\$30	\$40	\$80
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible

[1] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in New York are underwritten by Oscar Insurance Corporation located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Plans sold in New Jersey are underwritten by Oscar Garden State Insurance Corporation. Administrative Services for all plans provided by Oscar Management Corporation. Plans sold in Texas use policy form numbers OSC-TX-IVL-EOC-2024/OSC-TX-IVL-EOC-2024-HIX and associated COC forms OHIN-133765733/OHIN-133765677/OHIN-133656589/OHIN-133656586. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2024-HIX/OSC-VA-IVL-EOC-2024 with associated COC form number OHIN-133619594/OHIN-133619595.

All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs, and complete details of coverage, contact a licensed agent or Oscar sales representative.

HMO products are offered by Oscar Insurance Corporation and Oscar Buckeye State Insurance Corporation in Ohio, Oscar Health Plan, Inc. in Arizona and Illinois, Oscar Health Plan of Pennsylvania, Inc in Pennsylvania, Oscar Health Plan of Georgia in Georgia, Oscar Health Plan of North Carolina, Inc. in North Carolina, Oscar Managed Care of South Florida, Inc. in Florida, and Oscar Health Plan of New York, Inc. in New York.

[2] The first 2-3 non-preventive visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

This health insurance policy may not cover all your health care expenses. Read your contract or member handbook carefully to determine which health care services are covered. The notice shall be followed by a telephone number to contact the insurer.

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

[3] Oscar's Virtual Urgent Care offerings are not available in US territories or internationally. If you have an HSA-compatible high-deductible health plan or a Secure plan, you won't be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.

[4] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in New York are underwritten by Oscar Insurance Corporation located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Plans sold in New Jersey are underwritten by Oscar Garden State Insurance Corporation. Administrative Services for all plans provided by Oscar Management Corporation. Plans sold in Texas use policy form numbers OSC-TX-IVL-EOC-2024/OSC-TX-IVL-EOC-2024-HIX and associated COC forms OHIN-133765733/OHIN-133765677/OHIN-133656589/OHIN-133656586. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2024-HIX/OSC-VA-IVL-EOC-2024 with associated COC form number OHIN-133619594/OHIN-133619595.

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[5] The first 2-3 non-preventive visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

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