



Florida | 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            |
|---|--|-----------------------------------|--|-----------------------------------|--|--|------------------------|
| <b>The Basics</b>                         |  |                                   |  |                                   |  |  |                        |
| 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                    |
| <b>Prices for Benefits</b>                |  |                                   |  |                                   |  |  |                        |
| Virtual Urgent Care                       | \$0  | \$0                               | \$0  | \$0                               | \$0  | \$0  | \$0                    |
| Virtual Primary Care Visits <sup>1</sup>  | \$0  | \$0                               | \$0  | \$0                               | \$0  | \$0  | \$0                    |
| Primary Care Office Visits                | \$0 after deductible (3 pre-deductible visits at \$0) <sup>2</sup> | 30% after deductible              | 50% after deductible (1 pre-deductible visit at \$50) <sup>2</sup> | \$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) <sup>2</sup> | 30% after deductible              | 50% after deductible (1 pre-deductible visit at \$50) <sup>2</sup> | \$50                              | \$35   | \$50   | \$50 after deductible  |
| Labs                                      | \$0 after deductible   | 30% after deductible <sup>2</sup> | 50% after deductible <sup>2</sup>                                  | 50% after deductible <sup>2</sup> | \$50 <sup>2</sup>  | \$50 <sup>2</sup>  | \$50 after deductible  |
| X-rays & Diagnostic Imaging               | \$0 after deductible   | 30% after deductible <sup>2</sup> | 50% after deductible <sup>2</sup>                                  | 50% after deductible <sup>2</sup> | \$95 <sup>2</sup>  | \$95 <sup>2</sup>  | 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 per day (copay applies for a maximum of 2 days per 1 stay) | \$3,000 per 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 <sup>2</sup>                  | \$3 <sup>2</sup>   | \$3 <sup>2</sup>                  | \$3 <sup>2</sup>   | \$3 <sup>2</sup>   | \$3 after deductible   |
| RX   Generics: Non-preferred (Tier 1b)    | \$0 after deductible   | \$25 <sup>2</sup>                 | \$25 <sup>2</sup>  | \$25 <sup>2</sup>                 | \$30 <sup>2</sup>  | \$30 <sup>2</sup>  | \$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   |

<sup>1</sup>Oscar Virtual Primary Care is only available for plans in Miami-Dade, Broward, and Palm Beach counties. Oscar's Virtual Primary Care offerings are only available for members ages 18 and over. Oscar Virtual Primary Care visits are unlimited and always \$0.

<sup>2</sup>Many prescriptions, labs, and imaging orders may cost you \$0 if they're prescribed through Oscar Virtual Primary Care or Oscar Virtual Urgent Care. If you live outside of Miami-Dade, Broward, and Palm Beach counties, you may not be eligible for \$0 labs or imaging orders. Prescriptions, visits and services may be limited per provider discretion.

<sup>3</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.

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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Florida | 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                      |
|---|-----------------------|-----------------------------------|------------------------|-----------------------------------|---|--|-----------------------------------|
| <b>The Basics</b>                         |                       |                                   |                        |                                   |   |  |                                   |
| 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                                |
| <b>Prices for Benefits</b>                |                       |                                   |                        |                                   |   |  |                                   |
| Virtual Urgent Care                       | \$0                   | \$0                               | \$0                    | \$0                               | \$0   | \$0  | \$0                               |
| Virtual Primary Care Visits <sup>1</sup>  | \$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 <sup>2</sup>     | \$50 <sup>2</sup>                 | \$25 <sup>2</sup>      | \$75 <sup>2</sup>                 | \$30 <sup>2</sup>   | \$25 <sup>2</sup>  | \$55 <sup>2</sup>                 |
| X-rays & Diagnostic Imaging               | \$65 <sup>2</sup>     | 50% after deductible <sup>2</sup> | \$75 <sup>2</sup>      | 50% after deductible <sup>2</sup> | \$75 after deductible <sup>2</sup>  | \$80 <sup>2</sup>  | 30% after deductible <sup>2</sup> |
| 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 per day after deductible (copay applies for a maximum of 2 days per 1 stay) | \$2,500 per 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 <sup>2</sup>      | \$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)    | \$25 <sup>2</sup>     | \$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)            | \$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              |

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<sup>3</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.

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Florida | 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 | Silver Classic Next CSR 250 |
|---|-----------------------------------|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|------------------------|-----------------------------|
| <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              | \$3,500 / \$7,000           |
| Pharmacy Deductible (Individual / Family) | N/A                               | 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      | \$6,300 / \$12,600          |
| \$0 Preventive care                       | ✓                                 | ✓                                 | ✓                    | ✓                                 | ✓                                 | ✓                      | ✓                           |
| Dedicated Care Team                       | ✓                                 | ✓                                 | ✓                    | ✓                                 | ✓                                 | ✓                      | ✓                           |
| HSA-Compatible?                           | No                                | No                                | No                   | No                                | No                                | No                     | No                          |
| <b>Prices for Benefits</b>                |                                   |                                   |                      |                                   |                                   |                        |                             |
| Virtual Urgent Care                       | \$0                               | \$0                               | \$0                  | \$0                               | \$0                               | \$0                    | \$0                         |
| Virtual Primary Care Visits <sup>1</sup>  | \$0                               | \$0                               | \$0                  | \$0                               | \$0                               | \$0                    | \$0                         |
| Primary Care Office Visits                | \$25                              | \$15                              | \$0                  | \$40                              | \$25                              | \$5                    | \$25                        |
| Specialist Office Visits                  | \$45 after deductible             | \$30 after deductible             | \$10                 | \$40                              | \$25                              | \$5                    | \$60                        |
| Urgent Care                               | \$60                              | \$45                              | \$30                 | \$60                              | \$45                              | \$30                   | \$50                        |
| Emergency Room                            | 40% after deductible              | 25% after deductible              | 25%                  | 40% after deductible              | 30% after deductible              | 30%                    | \$650 after deductible      |
| Mental Health Office Visits               | \$25                              | \$15                              | \$0                  | \$40                              | \$25                              | \$5                    | \$25                        |
| Labs                                      | \$50 <sup>2</sup>                 | \$30 <sup>2</sup>                 | \$0 <sup>2</sup>     | \$50 <sup>2</sup>                 | \$30 <sup>2</sup>                 | \$0 <sup>2</sup>       | \$25 <sup>2</sup>           |
| X-rays & Diagnostic Imaging               | 50% after deductible <sup>2</sup> | 30% after deductible <sup>2</sup> | \$0 <sup>2</sup>     | 40% after deductible <sup>2</sup> | 30% after deductible <sup>2</sup> | 30% <sup>2</sup>       | \$75 <sup>2</sup>           |
| MRIs & Advanced Imaging                   | 40% after deductible              | 25% after deductible              | 25%                  | 40% after deductible              | 30% after deductible              | 30%                    | 40% after deductible        |
| Inpatient Facility Fee                    | 40% after deductible              | 25% after deductible              | 25%                  | 40% after deductible              | 30% after deductible              | 30%                    | 40% after deductible        |
| Outpatient Facility Fee                   | 40% after deductible              | 25% after deductible              | 25%                  | 40% after deductible              | 30% after deductible              | 30%                    | 40% after deductible        |
| RX   Generics: Preferred (Tier 1a)        | \$3 <sup>2</sup>                  | \$3 <sup>2</sup>                  | \$0 <sup>2</sup>     | \$3 <sup>2</sup>                  | \$3 <sup>2</sup>                  | \$0 <sup>2</sup>       | \$3 <sup>2</sup>            |
| RX   Generics: Non-preferred (Tier 1b)    | \$20 <sup>2</sup>                 | \$10 <sup>2</sup>                 | \$10 <sup>2</sup>    | \$20 <sup>2</sup>                 | \$10 <sup>2</sup>                 | \$10 <sup>2</sup>      | \$25 <sup>2</sup>           |
| RX   Brand: Preferred (Tier 2)            | \$60 after deductible             | \$40 after deductible             | \$25                 | \$60 after deductible             | \$40 after deductible             | \$20                   | \$75                        |
| RX   Brand: Non-preferred (Tier 3)        | 50% after deductible              | 50% after deductible              | 50%                  | 50% after deductible              | 50% after deductible              | 50%                    | 50% after deductible        |
| RX   Brand: Specialty (Tier 4)            | 50% after deductible              | 50% after deductible              | 50%                  | 50% after deductible              | 50% after deductible              | 50%                    | 50% after deductible        |

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<sup>3</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.

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

|   | Silver Classic Next CSR 200 | Silver Classic Next CSR 150 | Silver Classic CSR 250            | Silver Classic CSR 200 | Silver Classic CSR 150 | Silver Classic Copay CSR 250  | Silver Classic Copay CSR 200                                 |
|---|-----------------------------|-----------------------------|-----------------------------------|------------------------|------------------------|---|--|
| <b>The Basics</b>                         |                             |                             |                                   |                        |                        |   |  |
| Deductible (Individual / Family)          | \$0 / \$0                   | \$0 / \$0                   | \$4,000 / \$8,000                 | \$0 / \$0              | \$0 / \$0              | \$3,500 / \$7,000   | \$0 / \$0  |
| Pharmacy Deductible (Individual / Family) | N/A                         | N/A                         | N/A                               | N/A                    | N/A                    | N/A   | N/A  |
| Out-of-Pocket Max (Individual / Family)   | \$2,800 / \$5,600           | \$1,750 / \$3,500           | \$6,500 / \$13,000                | \$2,850 / \$5,700      | \$1,700 / \$3,400      | \$6,400 / \$12,800  | \$2,250 / \$4,500  |
| \$0 Preventive care                       | ✓                           | ✓                           | ✓                                 | ✓                      | ✓                      | ✓   | ✓  |
| Dedicated Care Team                       | ✓                           | ✓                           | ✓                                 | ✓                      | ✓                      | ✓   | ✓  |
| HSA-Compatible?                           | No                          | No                          | No                                | No                     | No                     | No  | No   |
| <b>Prices for Benefits</b>                |                             |                             |                                   |                        |                        |   |  |
| Virtual Urgent Care                       | \$0                         | \$0                         | \$0                               | \$0                    | \$0                    | \$0   | \$0  |
| Virtual Primary Care Visits <sup>1</sup>  | \$0                         | \$0                         | \$0                               | \$0                    | \$0                    | \$0   | \$0  |
| Primary Care Office Visits                | \$5                         | \$0                         | \$20                              | \$10                   | \$0                    | \$20  | \$5  |
| Specialist Office Visits                  | \$30                        | \$5                         | \$60                              | \$40                   | \$5                    | \$50  | \$25   |
| Urgent Care                               | \$15                        | \$15                        | \$50                              | \$25                   | \$15                   | \$50  | \$15   |
| Emergency Room                            | \$650                       | \$550                       | 50% after deductible              | 25%                    | 15%                    | \$400 after deductible  | \$200  |
| Mental Health Office Visits               | \$5                         | \$0                         | \$20                              | \$10                   | \$0                    | \$20  | \$5  |
| Labs                                      | \$15 <sup>2</sup>           | \$0 <sup>2</sup>            | \$75 <sup>2</sup>                 | \$30 <sup>2</sup>      | \$10 <sup>2</sup>      | \$20 <sup>2</sup>   | \$15 <sup>2</sup>  |
| X-rays & Diagnostic Imaging               | \$30 <sup>2</sup>           | \$15 <sup>2</sup>           | 50% after deductible <sup>2</sup> | 25% <sup>2</sup>       | 15% <sup>2</sup>       | \$50 after deductible <sup>2</sup>  | \$30 after deductible <sup>2</sup>                           |
| MRIs & Advanced Imaging                   | 40%                         | 25%                         | 50% after deductible              | 25%                    | 15%                    | \$125 after deductible  | \$75   |
| Inpatient Facility Fee                    | 40%                         | 25%                         | 50% after deductible              | 25%                    | 15%                    | \$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) |
| Outpatient Facility Fee                   | 40%                         | 25%                         | 50% after deductible              | 25%                    | 15%                    | \$200 after deductible  | \$200  |
| RX   Generics: Preferred (Tier 1a)        | \$3 <sup>2</sup>            | \$0 <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)    | \$20 <sup>2</sup>           | \$7 <sup>2</sup>            | \$25 <sup>2</sup>                 | \$25 <sup>2</sup>      | \$10 <sup>2</sup>      | \$25 <sup>2</sup>   | \$25 <sup>2</sup>  |
| RX   Brand: Preferred (Tier 2)            | \$60                        | \$20                        | \$75                              | \$50                   | \$30                   | \$75  | \$75   |
| RX   Brand: Non-preferred (Tier 3)        | 50%                         | 50%                         | 50% after deductible              | 50%                    | 50%                    | 50% after deductible  | 50%  |
| RX   Brand: Specialty (Tier 4)            | 50%                         | 50%                         | 50% after deductible              | 50%                    | 50%                    | 50% after deductible  | 50%  |

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<sup>3</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.

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

|   | Silver Classic Copay CSR 150                                 | Silver Classic \$0 Ded CSR 250                               | Silver Classic \$0 Ded CSR 200                               | Silver Classic \$0 Ded CSR 150                               |
|---|--|--|--|--|
| <b>The Basics</b>                         |  |  |  |  |
| Deductible (Individual / Family)          | \$0 / \$0  | \$0 / \$0  | \$0 / \$0  | \$0 / \$0  |
| Pharmacy Deductible (Individual / Family) | N/A  | \$3,250 / \$6,500  | \$600 / \$1,200  | \$100 / \$200  |
| Out-of-Pocket Max (Individual / Family)   | \$800 / \$1,600  | \$6,500 / \$13,000   | \$2,500 / \$5,000  | \$1,000 / \$2,000  |
| \$0 Preventive care                       | <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"/>                          |
| HSA-Compatible?                           | No   | No   | No   | No   |
| <b>Prices for Benefits</b>                |  |  |  |  |
| Virtual Urgent Care                       | \$0  | \$0  | \$0  | \$0  |
| Virtual Primary Care Visits <sup>1</sup>  | \$0  | \$0  | \$0  | \$0  |
| Primary Care Office Visits                | \$0  | \$20   | \$10   | \$5  |
| Specialist Office Visits                  | \$15   | \$60   | \$25   | \$10   |
| Urgent Care                               | \$15   | \$50   | \$15   | \$15   |
| Emergency Room                            | \$200  | \$500  | \$300  | \$200  |
| Mental Health Office Visits               | \$0  | \$20   | \$10   | \$5  |
| Labs                                      | \$15 <sup>2</sup>  | \$15 <sup>2</sup>  | \$10 <sup>2</sup>  | \$5 <sup>2</sup>   |
| X-rays & Diagnostic Imaging               | \$30 <sup>2</sup>  | \$60 <sup>2</sup>  | \$25 <sup>2</sup>  | \$10 <sup>2</sup>  |
| MRIs & Advanced Imaging                   | \$75   | \$125  | \$75   | \$40   |
| Inpatient Facility Fee                    | \$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  | \$500  | \$200  | \$100  |
| RX   Generics: Preferred (Tier 1a)        | \$3 <sup>2</sup>   | \$3 <sup>2</sup>   | \$3 <sup>2</sup>   | \$0 <sup>2</sup>   |
| RX   Generics: Non-preferred (Tier 1b)    | \$10 <sup>2</sup>  | \$25 <sup>2</sup>  | \$25 <sup>2</sup>  | \$10 <sup>2</sup>  |
| RX   Brand: Preferred (Tier 2)            | \$30   | \$100  | \$60   | \$50   |
| RX   Brand: Non-preferred (Tier 3)        | 50%  | 50% after deductible   | 50% after deductible   | 50% after deductible   |
| RX   Brand: Specialty (Tier 4)            | 50%  | 50% after deductible   | 50% after deductible   | 50% after deductible   |

<sup>1</sup>Oscar Virtual Primary Care is only available for plans in Miami-Dade, Broward, and Palm Beach counties. Oscar's Virtual Primary Care offerings are only available for members ages 18 and over. Oscar Virtual Primary Care visits are unlimited and always \$0.

<sup>2</sup>Many prescriptions, labs, and imaging orders may cost you \$0 if they're prescribed through Oscar Virtual Primary Care or Oscar Virtual Urgent Care. If you live outside of Miami-Dade, Broward, and Palm Beach counties, you may not be eligible for \$0 labs or imaging orders. Prescriptions, visits and services may be limited per provider discretion.

<sup>3</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.

**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)  
 To learn more about our virtual offerings, visit our website: [hioscar.com/virtual-primary-care](https://hioscar.com/virtual-primary-care)



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

|   | Silver Classic Off-Ex             | Silver HDHP            | Silver \$1500 Ded   |
|---|-----------------------------------|------------------------|---|
| <b>The Basics</b>                         |                                   |                        |   |
| 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                       | ✓                                 | ✓                      | ✓   |
| Dedicated Care Team                       | ✓                                 | ✓                      | ✓   |
| HSA-Compatible?                           | No                                | Yes                    | No  |
| <b>Prices for Benefits</b>                |                                   |                        |   |
| Virtual Urgent Care                       | \$0                               | \$0                    | \$0   |
| Virtual Primary Care Visits <sup>1</sup>  | \$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 <sup>2</sup>                 | \$50 after deductible  | \$50 <sup>2</sup>   |
| X-rays & Diagnostic Imaging               | 50% after deductible <sup>2</sup> | \$75 after deductible  | \$75 after deductible <sup>2</sup>  |
| 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 <sup>2</sup>                  | \$3                    | \$3 <sup>2</sup>  |
| RX   Generics: Non-preferred (Tier 1b)    | \$25 <sup>2</sup>                 | \$25                   | \$25 <sup>2</sup>   |
| 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  |

<sup>1</sup>Oscar Virtual Primary Care is only available for plans in Miami-Dade, Broward, and Palm Beach counties. Oscar's Virtual Primary Care offerings are only available for members ages 18 and over. Oscar Virtual Primary Care visits are unlimited and always \$0.

<sup>2</sup>Many prescriptions, labs, and imaging orders may cost you \$0 if they're prescribed through Oscar Virtual Primary Care or Oscar Virtual Urgent Care. If you live outside of Miami-Dade, Broward, and Palm Beach counties, you may not be eligible for \$0 labs or imaging orders. Prescriptions, visits and services may be limited per provider discretion.

<sup>3</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.

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](https://hioscar.com/brokers). To learn more about our virtual offerings, visit our website: [hioscar.com/virtual-primary-care](https://hioscar.com/virtual-primary-care)