



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
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
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ²	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ²	\$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) ²	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ²	\$50	\$35	\$50	\$50 after deductible
Labs	\$0 after deductible	30% after deductible ²	50% after deductible ²	50% after deductible ²	\$50 ²	\$50 ²	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	30% after deductible ²	50% after deductible ²	50% after deductible ²	\$95 ²	\$95 ²	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 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

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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
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
Virtual Primary Care Visits ¹	\$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 ²	\$50 ²	\$25 ²	\$75 ²	\$30 ²	\$25 ²	\$55 ²
X-rays & Diagnostic Imaging	\$65 ²	50% after deductible ²	\$75 ²	50% after deductible ²	\$75 after deductible ²	\$80 ²	30% after deductible ²
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 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

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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
The Basics							
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
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$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 ²	\$30 ²	\$0 ²	\$50 ²	\$30 ²	\$0 ²	\$25 ²
X-rays & Diagnostic Imaging	50% after deductible ²	30% after deductible ²	\$0 ²	40% after deductible ²	30% after deductible ²	30% ²	\$75 ²
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 ²	\$3 ²	\$0 ²	\$3 ²	\$3 ²	\$0 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$20 ²	\$10 ²	\$10 ²	\$20 ²	\$10 ²	\$10 ²	\$25 ²
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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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
The Basics							
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
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$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 ²	\$0 ²	\$75 ²	\$30 ²	\$10 ²	\$20 ²	\$15 ²
X-rays & Diagnostic Imaging	\$30 ²	\$15 ²	50% after deductible ²	25% ²	15% ²	\$50 after deductible ²	\$30 after deductible ²
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 ²	\$0 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$20 ²	\$7 ²	\$25 ²	\$25 ²	\$10 ²	\$25 ²	\$25 ²
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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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
The Basics				
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
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$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 ²	\$15 ²	\$10 ²	\$5 ²
X-rays & Diagnostic Imaging	\$30 ²	\$60 ²	\$25 ²	\$10 ²
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 ²	\$3 ²	\$3 ²	\$0 ²
RX Generics: Non-preferred (Tier 1b)	\$10 ²	\$25 ²	\$25 ²	\$10 ²
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

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Florida | 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	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	Yes	No
Prices for Benefits			
Virtual Urgent Care	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$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 ²	\$50 after deductible	\$50 ²
X-rays & Diagnostic Imaging	50% after deductible ²	\$75 after deductible	\$75 after deductible ²
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	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25	\$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

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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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Florida | 2021 | Individual & Family Plans | Virtual Plans

	Silver Connect ¹	Silver Connect CSR 150 ¹	Silver Connect CSR 200 ¹	Silver Connect CSR 250 ¹
The Basics				
Deductible (Individual / Family)	\$6,750 / \$13,500	\$0 / \$0	\$950 / \$1,900	\$3,750 / \$7,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$1,500 / \$3,000	\$2,800 / \$5,600	\$6,800 / \$13,600
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Visits Tier 1: Virtual and visits with preferred providers	\$0	\$0	\$0	\$0
Primary Care Visits Tier 2: All other in-network providers	\$30	\$5	\$15	\$20
Specialist Office Visits	\$75 after deductible	\$10	\$30	\$75
Urgent Care	\$75	\$30	\$45	\$60
Emergency Room	50% after deductible	25%	40% after deductible	40% after deductible
Mental Health Office Visits	\$30	\$5	\$15	\$20
Labs	\$40 / \$0 if ordered by your Oscar Virtual Care team ²	0 / \$0 if ordered by your Oscar Virtual Care team ²	\$30 / \$0 if ordered by your Oscar Virtual Care team ²	\$30 / \$0 if ordered by your Oscar Virtual Care team ²
X-rays & Diagnostic Imaging	50% after deductible / \$0 if ordered by your Oscar Virtual Care team ²	25% / \$0 if ordered by your Oscar Virtual Care team ²	40% after deductible / \$0 if ordered by your Oscar Virtual Care team ²	40% after deductible / \$0 if ordered by your Oscar Virtual Care team ²
MRIs & Advanced Imaging	50% after deductible	25%	40% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	25%	40% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	25%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$25 / \$0 if prescribed by your Oscar Virtual Care team ²	\$10 / \$0 if prescribed by your Oscar Virtual Care team ²	\$10 / \$0 if prescribed by your Oscar Virtual Care team ²	\$20 / \$0 if prescribed by your Oscar Virtual Care team ²
RX Brand: Preferred (Tier 2)	\$60	\$25	\$30	\$50
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50% after deductible	50% after deductible

¹These plans are only available in Miami-Dade.

²Many prescriptions, labs, and imaging orders will 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. These downstream benefits are only available for members ages 18 and over. Prescriptions, visits and services may be limited per provider discretion.

³Pre-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.

New plans, made for Miami-Dade.

Oscar Silver Connect is a new kind of plan for members in Miami-Dade. Access to \$0 primary care is just the start.

In-person visits with preferred providers are \$0.

We have partnerships with select in-person primary care providers near you who offer \$0 primary care visits if you're on an Oscar Silver Connect plan. Tier 1 Primary Care providers include Ambert Medical Care Center, Borinquen Health Care Center, Cano Health, Community Medical Group, Doctor's Medical Center, Fox Medical Centers, IMC Health, Las Madrinas Medical Center, Miami Beach Community Health Center, and more!

Care with no extra costs.

Your Oscar Virtual Primary Care visits have a \$0 copay every time—no exceptions. With Oscar Silver Connect, book a wellness or sick visit over video chat or by phone. Providers through Oscar Virtual Primary Care can order lab work and imaging, and get most prescriptions refilled for you for \$0.*

What does \$0 Virtual Primary Care really mean?

\$0 unlimited virtual visits. Schedule video or phone appointments with your dedicated team of high-quality providers.

\$0 drugs (Tiers 1A and 1B) when prescribed by providers through Oscar Virtual Primary Care.

\$0 labs when ordered by providers through Oscar Virtual Primary Care.

\$0 initial specialist visits when referred by providers through Oscar Virtual Primary Care.

\$0 durable medical equipment (DME) When prescribed by providers through Oscar Virtual Primary Care.

\$0 diagnostic imaging. Includes X-rays, mammograms, and ultrasounds when ordered by providers through Oscar Virtual Primary Care.

\$0 vitals monitoring kits. Book a virtual wellness visit and you'll be sent a kit to help you monitor your vitals at home.**

*Downstream cost shares are only \$0 when prescribed by a provider through Oscar Virtual Primary Care

**Vitals kits are provided by Oscar Medical Group primary care providers, when deemed appropriate.

Note: To check drugs on the formulary and the corresponding coverage tiers, go to: hioscar.com/search-documents/drug-formularies. Prescriptions, visits and services may be limited per provider discretion.