



Virginia 2020 | Individual & Family Plans | Available On & Off-Exchange

	Secure	Bronze				Silver				Gold
	Simple	Simple	Classic	Classic Next	Saver	Simple	Classic	Classic Next	Saver	Classic
The Basics										
Deductible (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,000 / \$12,000	\$0 / \$0	\$6,000 / \$12,000	\$8,150 / \$16,300	\$6,500 / \$13,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$1,700 / \$3,400
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	\$5,500 / \$11,000	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,750 / \$13,500	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,650 / \$13,300	\$8,150 / \$16,300
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible										
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 ²	Subject to ded ¹	First 2 at \$50 ²	\$50	Subject to ded ¹	\$25	\$50	\$25	First 3 at \$50 ²	\$25
Specialist Office Visits	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$90	Subject to ded ¹	\$50	\$75	Subject to ded ¹	Subject to ded ¹	\$50
Urgent Care	Subject to ded ¹	\$75	\$75	\$100	Subject to ded ¹	\$75	\$100	\$100	Subject to ded ¹	\$75
Emergency Room	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$1,000	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Mental Health Office Visits	First 3 at \$0 ²	Subject to ded ¹	First 2 at \$50 ²	\$50	Subject to ded ¹	\$25	\$50	40%	First 3 at \$50 ²	\$25
Labs	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$75	Subject to ded ¹	Subject to ded ¹	\$75	Subject to ded ¹	Subject to ded ¹	\$50
X-rays & Diagnostic Imaging	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$90	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
MRIs & Advanced Imaging	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$200	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Inpatient Facility Fee / Outpatient Facility Fee	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$2,500 per day (2 day max) / \$1,000	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
RX Generics: Preferred / Non-preferred	Subject to ded ¹	\$3 / Subject to ded ¹	\$3 / Subject to ded ¹	\$3 / \$25	\$3 / Subject to ded ¹	\$3 / \$20	\$3 / \$25	\$3 / \$25	\$3 / \$25	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$200 / Subject to ded / Subject to ded ¹	Subject to ded ¹	\$75 / Subject to ded / Subject to ded ¹	\$75 / Subject to ded / Subject to ded ¹	\$100 / Subject to ded / Subject to ded ¹	Subject to ded ¹	\$50 / Subject to ded / Subject to ded ¹
Prices after you meet your deductible										
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	Free	50%	\$50	50%	Free	\$50	\$25	40%	\$25
Specialist Office Visits	Free	Free	50%	\$90	50%	Free	\$75	\$75	40%	\$50
Urgent Care	Free	Free	\$75	\$100	50%	Free	\$100	\$100	40%	\$75
Emergency Room	Free	Free	50%	\$1,000	50%	Free	50%	40%	40%	20%
Mental Health Office Visits	Free	Free	50%	\$50	50%	Free	\$50	40%	40%	\$25
Labs	Free	Free	50%	\$75	50%	Free	\$75	40%	40%	\$50
X-rays & Diagnostic Imaging	Free	Free	50%	\$90	50%	Free	50%	40%	40%	20%
MRIs & Advanced Imaging	Free	Free	50%	\$200	50%	Free	50%	40%	40%	20%
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	50%	\$2,500 per day (2 day max) / \$1,000	50%	Free	50%	40%	40%	20%
RX Generics: Preferred / Non-preferred	Free	Free	\$3 / 50%	\$3 / \$25	\$3 / 50%	Free	\$3 / \$25	\$3 / \$25	\$3 / \$25	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	Free	Free	50%	\$200 / 50% / 50% (\$5,500 Rx Ded)	50%	Free	\$75 / 50% / 50%	\$100 / 50% / 50%	40%	\$50 / 20% / 20%

¹ Subject to ded: We've negotiated lower rates with in-network providers. Member pays Oscar's rate with in-network providers until reaching the plan's deductible.

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

Note: For coinsurance, member pays coinsurance percentage of the rate until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

Ready to sign up? Talk with your broker to get a quote.

	Silver (CSR)											
	Simple			Classic			Classic Next			Saver		
	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150
The Basics												
Deductible (Individual / Family)	\$6,500 / \$13,000	\$2,200 / \$4,400	\$800 / \$1,600	\$4,500 / \$9,000	\$1,000 / \$2,000	\$250 / \$500	\$4,500 / \$9,000	\$0 / \$0	\$0 / \$0	\$2,200 / \$4,400	\$750 / \$1,500	\$200 / \$400
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-pocket Max (Ind/Fam)	\$6,500 / \$13,000	\$2,200 / \$4,400	\$800 / \$1,600	\$6,500 / \$13,000	\$2,700 / \$5,400	\$1,700 / \$3,400	\$6,500 / \$13,000	\$2,700 / \$5,400	\$1,800 / \$3,600	\$6,100 / \$12,200	\$2,700 / \$5,400	\$1,500 / \$3,000
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible												
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	\$10	\$5	Free	\$20	Free	Free	\$25	\$5	Free	First 3 at \$50 ²	First 3 at \$25 ²	First 3 at \$10 ²
Specialist Office Visits	\$50	\$10	\$10	\$50	\$10	\$5	\$60	\$15	\$5	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Urgent Care	\$75	\$25	\$15	\$75	\$25	\$15	\$75	\$25	\$15	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Emergency Room	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	40%	20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Mental Health Office Visits	\$10	\$5	Free	\$20	Free	Free	40%	40%	Free	First 3 at \$50 ²	First 3 at \$25 ²	First 3 at \$10 ²
Labs	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	\$75	\$30	\$10	Subject to ded ¹	40%	20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
X-rays & Diagnostic Imaging	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	40%	20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
MRIs & Advanced Imaging	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	40%	20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Inpatient Facility Fee / Outpatient Facility Fee	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹	40%	20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
RX Generics: Preferred / Non-preferred	\$3 / \$20	\$3 / \$10	\$3 / \$7	\$3 / \$25	\$3 / \$20	\$3 / \$10	\$3 / \$20	\$3 / \$20	Free / \$5	\$3 / \$25	\$3 / \$20	\$3 / \$10
RX Brand: Preferred / Non-preferred / Specialty	\$50 / Subject to ded / Subject to ded ¹	\$15 / Subject to ded / Subject to ded ¹	\$15 / Subject to ded / Subject to ded ¹	\$75 / Subject to ded / Subject to ded ¹	\$40 / Subject to ded / Subject to ded ¹	\$20 / Subject to ded / Subject to ded ¹	\$100 / Subject to ded / Subject to ded ¹	\$75 / 40% / 40%	\$40 / 20% / 20%	Subject to ded ¹	Subject to ded ¹	Subject to ded ¹
Prices after you meet your deductible												
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	Free	Free	\$20	Free	Free	\$25	\$5	Free	30%	10%	10%
Specialist Office Visits	Free	Free	Free	\$50	\$10	\$5	\$60	\$15	\$5	30%	10%	10%
Urgent Care	Free	Free	Free	\$75	\$25	\$15	\$75	\$25	\$15	30%	10%	10%
Emergency Room	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
Mental Health Office Visits	Free	Free	Free	\$20	Free	Free	40%	40%	Free	30%	10%	10%
Labs	Free	Free	Free	\$75	\$30	\$10	40%	40%	20%	30%	10%	10%
X-rays & Diagnostic Imaging	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
MRIs & Advanced Imaging	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
RX Generics: Preferred / Non-preferred	Free	Free	Free	\$3 / \$25	\$3 / \$20	\$3 / \$10	\$3 / \$20	\$3 / \$20	Free / \$5	\$3 / \$25	\$3 / \$20	\$3 / \$10
RX Brand: Preferred / Non-preferred / Specialty	Free	Free	Free	\$75 / 40% / 40%	\$40 / 30% / 30%	\$20 / 20% / 20%	\$100 / 50% / 50%	\$75 / 40% / 40%	\$40 / 20% / 20%	30%	10%	10%

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

Note: For coinsurance, member pays coinsurance percentage of the rate until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

Ready to sign up? Talk with your broker to get a quote.

	Silver
	Classic Next
The Basics	
Deductible (Individual / Family)	\$7,000 / \$14,000
Pharmacy Deductible (Ind/Fam)	N/A
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300
Free preventive care	✓
Up to \$100/year in Step Tracking rewards	✓
Prices before you meet your deductible	
Doctor on Call (Telemedicine Visits)	Free
Primary Care Office Visits	\$25
Specialist Office Visits	Subject to ded ¹
Urgent Care	\$100
Emergency Room	Subject to ded ¹
Mental Health Office Visits	40%
Labs	Subject to ded ¹
X-rays & Diagnostic Imaging	Subject to ded ¹
MRIs & Advanced Imaging	Subject to ded ¹
Inpatient Facility Fee / Outpatient Facility Fee	Subject to ded ¹
RX Generics: Preferred / Non-preferred	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	\$105 / Subject to ded / Subject to ded ¹
Prices after you meet your deductible	
Doctor on Call (Telemedicine Visits)	Free
Primary Care Office Visits	\$25
Specialist Office Visits	\$75
Urgent Care	\$100
Emergency Room	40%
Mental Health Office Visits	40%
Labs	40%
X-rays & Diagnostic Imaging	40%
MRIs & Advanced Imaging	40%
Inpatient Facility Fee / Outpatient Facility Fee	40%
RX Generics: Preferred / Non-preferred	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	\$105 / 50% / 50%

Why does Oscar offer this plan?

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 created an off-exchange Silver alternative: the Classic Next Silver Off-Exchange Only Plan.

What should I know about this plan?

- It is only available off of the exchange.
- It has lower premiums than comparable Silver tier plans on the exchange.

Is this plan right for me?

- If you will not qualify for subsidies on the government exchange at any point in 2020, and are seeking a Silver tier plan, this may be a good option for you.

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