



Arizona | 2024
Individual & Family Plans [1]

	Secure	Gold Classic	Gold Classic Standard	Silver Simple PCP Saver	Silver Classic	Silver Classic Standard
The Basics						
Deductible (Individual / Family)	\$9,450 / \$18,900	\$3,500 / \$7,000	\$1,500 / \$3,000	\$5,750 / \$11,500	\$5,250 / \$10,500	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,900 / \$17,800	\$8,000 / \$16,000	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]						
Virtual Primary Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [4]	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit(s) at \$0)	\$40	\$30	\$20	\$35	\$40
Specialist Office Visits	\$0 after deductible	\$40	\$60	\$80	\$50	\$80
Urgent Care	\$0 after deductible	\$50	\$45	\$75	\$80	\$60
Emergency Room	\$0 after deductible	\$650	25% after deductible	40% after deductible	\$750 after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$40	\$30	\$20	\$50	\$40
Labs (Preferred)	\$0 after deductible	\$10	25% after deductible	\$10	\$10	40% after deductible
Labs (Non-preferred)	\$0 after deductible	\$50	25% after deductible	40% after deductible	\$50	40% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$75	25% after deductible	40% after deductible	\$70	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	\$375	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	\$0 after deductible	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$3	\$15	\$3	\$3	\$20
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$15	\$25	\$25	\$20
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$50	\$30	\$100	\$75 after deductible	\$40
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	30% after deductible	\$60	40% after deductible	50% after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	30% after deductible	\$250	40% after deductible	50% after deductible	\$350 after deductible



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Individual & Family Plans [1]

	Silver Elite Saver Plus	Silver Simple Specialist Saver with COPD	Bronze Classic	Bronze Classic 4700	Bronze Classic PCP Saver	Bronze Classic Standard
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$6,500 / \$13,000	\$7,750 / \$15,500	\$4,700 / \$9,400	\$7,750 / \$15,500	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	\$200 / \$400	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$9,000 / \$18,000	\$9,450 / \$18,900	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,400 / \$18,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]						
Virtual Primary Care [3]	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [4]	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$60	\$40	\$50	\$70	\$35	\$50
Specialist Office Visits	\$100	\$40	\$125	\$125	\$90 after deductible	\$100
Urgent Care	\$50	\$75	\$75	\$80	\$75	\$75
Emergency Room	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$60	\$40	\$50	\$70	\$35	\$50
Labs (Preferred)	\$10	\$10	\$10 after deductible	\$25	\$10 after deductible	50% after deductible
Labs (Non-preferred)	\$50	\$60	\$50 after deductible	\$70	\$50 after deductible	50% after deductible
X-rays & Diagnostic Imaging	\$100	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50%	50% after deductible	\$1,200 after deductible	50% after deductible	\$1,200 after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$25
RX Generics: Non-preferred (Tier 1b)	\$35	\$25	\$30	\$30	\$30	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$75	\$250 after deductible	50% after deductible	\$250 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible



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Individual & Family Plans [1]

**Bronze Elite + PCP
Saver Plus**

The Basics

Deductible (Individual / Family)	\$0 / \$0
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900
\$0 Preventive care	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>
HSA-Compatible?	No

Prices for Benefits [2]

Virtual Primary Care [3]	\$0
Virtual Urgent Care [4]	\$0
Primary Care Office Visits	\$50
Specialist Office Visits	\$125
Urgent Care	\$75
Emergency Room	\$2,500
Mental Health Office Visits	\$125
Labs (Preferred)	\$25
Labs (Non-preferred)	\$50
X-rays & Diagnostic Imaging	\$125
MRIs & Advanced Imaging	\$750
Inpatient Facility Fee	\$3,000 (copay applies for a maximum of 2 days per 1 plan year)
Outpatient Facility Fee	\$1,200
RX Generics: Preferred (Tier 1a)	\$3
RX Generics: Non-preferred (Tier 1b)	\$30
RX Brand: Preferred (Tier 2)	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible



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Individual & Family Plans [5]

	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250	Silver Simple Specialist Saver with COPD CSR 150	Silver Simple Specialist Saver with COPD CSR 200
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$600 / \$1,200	\$4,750 / \$9,500	\$0 / \$0	\$970 / \$1,940
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$3,000 / \$6,000	\$7,200 / \$14,400	\$1,100 / \$2,200	\$2,500 / \$5,000
\$0 Preventive care	<input checked="" type="checkbox"/>				
Dedicated Care Team	<input checked="" type="checkbox"/>				
HSA-Compatible?	No	No	No	No	No

Prices for Benefits [6]

Virtual Primary Care [7]	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [8]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$10	\$20	\$5	\$25
Specialist Office Visits	\$10	\$40	\$80	\$5	\$25
Urgent Care	\$30	\$50	\$75	\$30	\$45
Emergency Room	20%	40% after deductible	40% after deductible	25%	25% after deductible
Mental Health Office Visits	\$5	\$10	\$20	\$5	\$25
Labs (Preferred)	\$0	\$10	\$10	\$0	\$10
Labs (Non-preferred)	20%	40% after deductible	40% after deductible	\$5	\$30
X-rays & Diagnostic Imaging	20%	40% after deductible	40% after deductible	25%	25% after deductible
MRIs & Advanced Imaging	20%	40% after deductible	40% after deductible	25%	25% after deductible
Inpatient Facility Fee	20%	40% after deductible	40% after deductible	25%	25% after deductible
Outpatient Facility Fee	20%	40% after deductible	40% after deductible	25%	25% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$5	\$6
RX Brand: Preferred (Tier 2)	\$30	\$40	\$80	\$20	\$40
RX Brand: Non-preferred (Tier 3)	20%	40% after deductible	40% after deductible	50%	50% after deductible
RX Brand: Specialty (Tier 4)	20%	40% after deductible	40% after deductible	50%	50% after deductible



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Individual & Family Plans [5]

Silver Simple Specialist Saver with COPD CSR 250 **Silver Classic CSR 150** **Silver Classic CSR 200** **Silver Classic CSR 250** **Silver Classic Standard CSR 150**

The Basics

Deductible (Individual / Family)	\$4,500 / \$9,000	\$0 / \$0	\$0 / \$0	\$4,300 / \$8,600	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$7,200 / \$14,400	\$1,550 / \$3,100	\$2,900 / \$5,800	\$7,100 / \$14,200	\$1,800 / \$3,600
\$0 Preventive care	<input checked="" type="checkbox"/>				
Dedicated Care Team	<input checked="" type="checkbox"/>				
HSA-Compatible?	No	No	No	No	No

Prices for Benefits [6]

Virtual Primary Care [7]	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [8]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$0	\$10	\$35	\$0
Specialist Office Visits	\$40	\$5	\$40	\$50	\$10
Urgent Care	\$60	\$15	\$40	\$80	\$5
Emergency Room	50% after deductible	\$500	\$750	\$750 after deductible	25%
Mental Health Office Visits	\$40	\$0	\$40	\$50	\$0
Labs (Preferred)	\$10	\$0	\$10	\$10	25%
Labs (Non-preferred)	\$60	\$10	\$25	\$50	25%
X-rays & Diagnostic Imaging	50% after deductible	\$15	\$50	\$70	25%
MRIs & Advanced Imaging	50% after deductible	20% after deductible	30% after deductible	40% after deductible	25%
Inpatient Facility Fee	50% after deductible	20%	30%	40% after deductible	25%
Outpatient Facility Fee	50% after deductible	20%	30%	40% after deductible	25%
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$25	\$5	\$20	\$25	\$0
RX Brand: Preferred (Tier 2)	\$75	\$15	\$75	\$75	\$15
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50%	50% after deductible	\$50
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50%	50% after deductible	\$150



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Individual & Family Plans [5]

Silver Classic Standard CSR 200 **Silver Classic Standard CSR 250** **Silver Elite Saver Plus CSR 150** **Silver Elite Saver Plus CSR 200** **Silver Elite Saver Plus CSR 250**

The Basics

Deductible (Individual / Family)	\$700 / \$1,400	\$5,700 / \$11,400	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$50 / \$100	\$100 / \$200	\$200 / \$400
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$7,200 / \$14,400	\$1,200 / \$2,400	\$2,500 / \$5,000	\$7,250 / \$14,500
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits [6]

Virtual Primary Care [7]	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [8]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$40	\$0	\$15	\$60
Specialist Office Visits	\$40	\$80	\$10	\$30	\$100
Urgent Care	\$30	\$60	\$15	\$15	\$50
Emergency Room	30% after deductible	40% after deductible	20%	30%	50%
Mental Health Office Visits	\$20	\$40	\$0	\$15	\$60
Labs (Preferred)	30% after deductible	40% after deductible	\$0	\$10	\$10
Labs (Non-preferred)	30% after deductible	40% after deductible	\$10	\$20	\$50
X-rays & Diagnostic Imaging	30% after deductible	40% after deductible	\$10	\$50	\$100
MRIs & Advanced Imaging	30% after deductible	40% after deductible	20%	30%	50%
Inpatient Facility Fee	30% after deductible	40% after deductible	20%	30%	50%
Outpatient Facility Fee	30% after deductible	40% after deductible	20%	30%	50%
RX Generics: Preferred (Tier 1a)	\$10	\$20	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$3	\$25	\$35
RX Brand: Preferred (Tier 2)	\$20	\$40	\$30 after deductible	\$100 after deductible	\$125 after deductible
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% 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] For 2024, Oscar Primary Care is available in TX (excluding HSA, Secure, and non-elite Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), South FL (Palm Beach, Miami-Dade, and Broward, excluding HSA and Secure plans), Northern/Central FL (excluding HSA and Secure plans), AZ (excluding HSA and Secure plans), GA (excluding HSA and Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider's discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.

[4] 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.

[5] 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.

[6] 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

[7] For 2024, Oscar Primary Care is available in TX (excluding HSA, Secure, and non-elite Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), South FL (Palm Beach, Miami-Dade, and Broward, excluding HSA and Secure plans), Northern/Central FL (excluding HSA and Secure plans), AZ (excluding HSA and Secure plans), GA (excluding HSA and Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider's discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.

[8] 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.