

Provider Portal

Member Profile Page Guide

This guide highlights key enhancements designed to improve navigation, display important plan details, and streamline access to member information. We walk you through the new layout, search functions, and quick-access features that simplify your workflow.

Here's what's changed:



Enhanced member & plan information

The member's plan name, deductible, maximum out-of-pocket costs, benefit limits, and referral requirements (as applicable by plan type) are now clearly displayed for quicker coverage confirmation.



Quick access to member status details

Simply hover over the status icon next to the member's status to instantly view a clear status definition (e.g., "The member is eligible for covered benefits"), making it easier to verify coverage eligibility at a glance.



Improved information hierarchy

Critical details are better organized, reducing clicks, and making it easier to access key information like plan details and coverage requirements.



Streamlined navigation

Simplified and more visible tabs allow faster switching between benefits, authorizations, and claims for a smoother workflow.



Expanded search capabilities

Network search: Quickly check a provider's in-network status by searching provider name or NPI, with a clear provider/facility toggle.

Benefits search: Easily search for specific coverage details using keywords to find relevant benefits, location-specific details, and plan requirements such as referrals.



Clean, modern layout

A simplified design reduces clutter, improves readability, and makes it easier to locate essential tools and information.

Before

The member profile page had a basic layout with limited visibility into key plan details. Critical information like plan name, deductible, out-of-pocket costs, and benefit limits were less accessible, and navigation between sections required more clicks and scrolling.

Patient Name
 ID: 05C000000X • DOB: xx/xx/xxxx • [See more](#)

Active
 for care on Jan 15, 2025
 Start date: Jan. 1, 2025
 End date: Dec. 31, 2025

Check network status for care on 1/15/2025
 Search by provider name... Select a location...
 Select a provider to check network status

Benefits & coverage | Authorizations | Claims

We've made some updates to the benefits page.
 You can now search benefits and view authorization and referral requirements. Having issues? [Access the original Benefits view here.](#)

Member cost share may be waived.
 This member is enrolled in an Oscar plan where their cost share may be \$0 for office visits, select labs, diagnostic imaging, durable medical equipment, and tier 1 / 1a / 1b drugs when referred by Oscar Care. To confirm if this member's cost has been waived, please call Oscar Provider Services at 1-855-672-2755, option #4.

Gold Simple
[See Plan Overview](#)
[See ID Card](#)
[See Benefit usage accumulators](#)

Deductible	Out of pocket max
\$0.00 / \$1,500.00	\$0.00 / \$6,300.00
\$1,500.00 remaining	\$6,300.00 remaining

Family deductible	Family out of pocket max
\$0.00 / \$3,000.00	\$0.00 / \$12,600.00

Search coverage & benefits
 Search for a coverage or service topic

General benefit overview

	Pre-deductible / Post-deductible
Primary Care	\$30 / \$30
Specialist	Full price / 20%
Urgent Care Center Visit	Full price / 20%
Emergency Room (Facility)	Full price / 20%
Emergency Room (Physician)	Full price / 20%
Freestanding Labs	Full price / 20%
Other labs	See below / See below
Generics (Tier 1)	Full price / 20%
Preferred Brands (Tier 2)	Full price / 20%
Non-Preferred Brands (Tier 3)	Full price / 20%
Specialty (Tier 4)	Full price / 20%

Out-of-network care
 Services at out-of-network providers are not covered except for some cases of emergency or urgent care (based on state requirements and plan's conditions).

Verification is only a determination of whether given health care services are a covered benefit under the health benefit plan and is not a guarantee of payment for those services.

After

Our updated member profile page features a streamlined design with an improved information hierarchy. Key plan details, including deductibles, coverage limits, and referral requirements, are now clearly displayed. Enhanced search functions and simplified navigation make it easier to access member information.

Jane Doe Active
 ID: 05C000000X • DOB: 01/01/1980 • PCP: [Name], MD 2028887 • [View more](#)

Check eligibility and benefits for care on 1/15/2025
 Search by provider name... Select a location...
 Select a provider to check network status

Active
 Start date: Jan 1, 2025
 End date: Dec 31, 2025

Oscar Easy Care (HMO)
 Current deductible: \$0 / \$0
 Current out-of-pocket max: \$0 / \$0
 \$0 spent / \$0 spent

Search coverage & benefits
 Search for a coverage or service topic

Benefit	Pre-deductible / Post-deductible
Primary care office visit	\$0 / \$0
Specialist office visit	\$0 / \$0
Urgent care	\$0 / \$0
Emergency room visit (Facility)	\$0 / \$0
Emergency room visit (Physician)	\$0 / \$0
Freestanding labs	\$0 / \$0
Other labs	\$0 / \$0
Generics (Tier 1)	\$0 / \$0
Preferred Brands (Tier 2)	\$0 / \$0
Non-Preferred Brands (Tier 3)	\$0 / \$0
Specialty (Tier 4)	\$0 / \$0

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