



Iowa | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Oscar Secure	Bronze Classic	Bronze Classic PCP Copay	Bronze Classic Next	Bronze HDHP	Silver Saver
The Basics						
Deductible (Individual / Family)	\$8,550 / \$17,100	\$6,000 / \$12,000	\$6,000 / \$12,000	\$0 / \$0	\$5,200 / \$10,400	\$4,200 / \$8,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$5,500 / \$11,000	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes	No
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ¹	50% after deductible (1 pre-deductible visit at \$50) ¹	\$50	\$35	\$50 after deductible	\$25
Specialist Office Visits	\$0 after deductible	50% after deductible	\$90 after deductible	\$100	\$90 after deductible	\$90 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$75 after deductible	\$75
Emergency Room	\$0 after deductible	50% after deductible	50% after deductible	\$1,150	50% after deductible	50% after deductible
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ¹	50% after deductible (1 pre-deductible visit at \$50) ¹	\$50	\$35	\$50 after deductible	\$25
Labs	\$0 after deductible	50% after deductible	50% after deductible	\$50	\$50 after deductible	\$50
X-rays & Diagnostic Imaging	\$0 after deductible	50% after deductible	50% after deductible	\$95	50% after deductible	\$65 after deductible
MRIs & Advanced Imaging	\$0 after deductible	50% after deductible	50% after deductible	\$375	50% after deductible	50% after deductible
Inpatient Facility Fee	\$0 after deductible	50% after deductible	50% after deductible	\$3,000/day (copay applies for a maximum of 2 days per 1 stay)	50% after deductible	50% after deductible
Outpatient Facility Fee	\$0 after deductible	50% after deductible	50% after deductible	\$1,000	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$3 ²	\$3 ²	\$3 ²	\$3 after deductible	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$25 ²	\$25 ²	\$30 ²	\$25 after deductible	\$25 ²
RX Brand: Preferred (Tier 2)	\$0 after deductible	50% after deductible	50% after deductible	\$200	\$200 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$0 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	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

¹Pre-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.

²Many prescriptions may cost you \$0 if they're prescribed by a doctor through Oscar Virtual Urgent Care. Prescriptions, visits and services may be limited per provider discretion.

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



Iowa | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Silver Saver 2	Silver Classic Next	Silver Classic Copay	Silver Classic \$0 Ded	Gold Classic	Gold Classic 2
The Basics						
Deductible (Individual / Family)	\$6,200 / \$12,400	\$6,000 / \$12,000	\$7,000 / \$14,000	\$0 / \$0	\$2,500 / \$5,000	\$1,000 / \$2,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$4,000 / \$8,000	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,000 / \$16,000	\$8,200 / \$16,400	\$8,550 / \$17,100	\$6,000 / \$12,000	\$7,400 / \$14,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$30	\$30	\$25	\$30	\$20
Specialist Office Visits	\$40	\$75 after deductible	\$75	\$80	\$55	\$50
Urgent Care	\$75	\$50	\$50	\$50	\$75	\$30
Emergency Room	50% after deductible	\$650 after deductible	\$650 after deductible	\$1,000	30% after deductible	20% after deductible
Mental Health Office Visits	\$40	\$30	\$30	\$25	\$30	\$20
Labs	\$50	\$25	\$30	\$25	\$55	\$50
X-rays & Diagnostic Imaging	50% after deductible	\$75	\$75 after deductible	\$80	30% after deductible	20% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	\$200 after deductible	\$275	30% after deductible	20% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	\$500/day after deductible (copay applies for a maximum of 2 days per 1 stay)	\$2,500/day (copay applies for a maximum of 2 days per 1 stay)	30% after deductible	20% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	\$350 after deductible	\$1,000	30% after deductible	20% after deductible
RX Generics: Preferred (Tier 1a)	\$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	\$30 ²	\$20 ²
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$100	\$75	\$100	\$55	\$75
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible	\$250
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible	\$500

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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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Iowa | 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
The Basics						
Deductible (Individual / Family)	\$2,500 / \$5,000	\$825 / \$1,650	\$0 / \$0	\$3,300 / \$6,600	\$970 / \$1,940	\$0 / \$0
Pharmacy Deductible (Individual / Family)	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
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$15	\$0	\$40	\$25	\$5
Specialist Office Visits	\$45 after deductible	\$30 after deductible	\$10	\$40	\$25	\$5
Urgent Care	\$60	\$45	\$30	\$60	\$45	\$30
Emergency Room	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Mental Health Office Visits	\$25	\$15	\$0	\$40	\$25	\$5
Labs	\$50	\$30	\$0	\$50	\$30	\$0
X-rays & Diagnostic Imaging	\$50 after deductible	\$30 after deductible	\$15	40% after deductible	30% after deductible	30%
MRIs & Advanced Imaging	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Inpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Outpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$0 ²	\$3 ²	\$3 ²	\$0 ²
RX Generics: Non-preferred (Tier 1b)	\$20 ²	\$10 ²	\$10 ²	\$20 ²	\$10 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$40 after deductible	\$25	\$60 after deductible	\$40 after deductible	\$20
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%

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

	Silver Classic Next CSR 250	Silver Classic Next CSR 200	Silver Classic Next CSR 150	Silver Classic Copay CSR 250	Silver Classic Copay CSR 200	Silver Classic Copay CSR 150
The Basics						
Deductible (Individual / Family)	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$6,300 / \$12,600	\$2,800 / \$5,600	\$1,750 / \$3,500	\$6,400 / \$12,800	\$2,250 / \$4,500	\$800 / \$1,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$5	\$0	\$20	\$5	\$0
Specialist Office Visits	\$60	\$30	\$5	\$50	\$25	\$15
Urgent Care	\$50	\$15	\$15	\$50	\$15	\$15
Emergency Room	\$650 after deductible	\$650	\$550	\$400 after deductible	\$200	\$200
Mental Health Office Visits	\$25	\$5	\$0	\$20	\$5	\$0
Labs	\$25	\$15	\$0	\$20	\$15	\$15
X-rays & Diagnostic Imaging	\$75	\$30	\$15	\$50 after deductible	\$30	\$30
MRIs & Advanced Imaging	40% after deductible	40%	25%	\$125 after deductible	\$75	\$75
Inpatient Facility Fee	40% after deductible	40%	25%	\$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)	\$250/day (copay applies for a maximum of 2 days per 1 stay)
Outpatient Facility Fee	40% after deductible	40%	25%	\$200 after deductible	\$200	\$200
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$0 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$20 ²	\$7 ²	\$25 ²	\$25 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$75	\$60	\$20	\$75	\$75	\$30
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50%	50% after deductible	50%	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50%	50% after deductible	50%	50%



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



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Iowa | 2021 | Individual & Family Plans | Off-Exchange Only

	Silver Classic Next Off-Ex	Silver HDHP	Silver \$1500 Ded
The Basics			
Deductible (Individual / Family)	\$6,000 / \$12,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,000 / \$16,000	\$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
Primary Care Office Visits	\$30	\$30 after deductible	\$25
Specialist Office Visits	\$75 after deductible	\$75 after deductible	\$75
Urgent Care	\$55	\$50 after deductible	\$50
Emergency Room	\$650 after deductible	40% after deductible	\$650
Mental Health Office Visits	\$30	\$30 after deductible	\$25
Labs	\$25	\$50 after deductible	\$50
X-rays & Diagnostic Imaging	\$75	\$75 after deductible	\$75 after deductible
MRIs & Advanced Imaging	40% after deductible	\$100 after deductible	\$100 after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	\$500/day after deductible (copay applies for a maximum of 5 days per 1 stay)
Outpatient Facility Fee	40% after deductible	40% after deductible	\$250 after deductible
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 after deductible	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25 after deductible	\$25 ²
RX Brand: Preferred (Tier 2)	\$100	\$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 will 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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