



Florida | 2024
Individual & Family Plans [1]

	Secure	Secure SF	Gold Classic	Gold Classic Standard	Gold Classic Standard SF	Gold Elite
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$9,450 / \$18,900	\$9,450 / \$18,900	\$3,500 / \$7,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$500 / \$1,000
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	\$9,450 / \$18,900	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$5,500 / \$11,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [3]	N/A	\$0	N/A	N/A	\$0	N/A
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$0 after deductible (first 3 visit (s) at \$0)	\$0 after deductible (first 3 visit (s) at \$0)	\$40	\$30	\$30	\$25
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [4]	\$0 after deductible	\$0 after deductible	\$40	\$30	\$0	\$25
Virtual Urgent Care [5]	\$0 after deductible	\$0 after deductible	\$0	\$0	\$0	\$0
Specialist Office Visits	\$0 after deductible	\$0 after deductible	\$40	\$60	\$60	\$50
Urgent Care	\$0 after deductible	\$0 after deductible	\$50	\$45	\$45	\$50
Emergency Room	\$0 after deductible	\$0 after deductible	\$650	25% after deductible	25% after deductible	30% after deductible
Mental Health Office Visits	\$0 after deductible	\$0 after deductible	\$40	\$30	\$30	\$50
Labs (Preferred)	\$0 after deductible	\$0	\$10	25% after deductible	\$0	\$10
Labs (Non-preferred)	\$0 after deductible	\$0 after deductible	\$50	25% after deductible	25% after deductible	\$25
X-rays & Diagnostic Imaging	\$0 after deductible	\$0 after deductible	\$40	\$30	\$30	\$25
MRIs & Advanced Imaging	\$0 after deductible	\$0 after deductible	\$40	\$60	\$60	\$50
Inpatient Facility Fee	\$0 after deductible	\$0 after deductible	30% after deductible	25% after deductible	25% after deductible	30% after deductible
Outpatient Facility Fee	\$0 after deductible	\$0 after deductible	30% after deductible	25% after deductible	25% after deductible	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$0 after deductible	\$3	\$15	\$15	\$3
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$0 after deductible	\$15	\$15	\$15	\$25
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$0 after deductible	\$50	\$30	\$30	\$75
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$0 after deductible	30% after deductible	\$60	\$60	30% after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$0 after deductible	30% after deductible	\$250	\$250	30% after deductible



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Individual & Family Plans [1]

	Gold Elite Saver Plus	Silver Classic	Silver Classic Off Exchange	Silver Classic Off Exchange SF	Silver Classic Standard	Silver Classic Standard SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$5,400 / \$10,800	\$5,400 / \$10,800	\$5,400 / \$10,800	\$5,900 / \$11,800	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	\$200 / \$400	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,650 / \$17,300	\$8,650 / \$17,300	\$8,650 / \$17,300	\$9,100 / \$18,200	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [3]	N/A	N/A	N/A	\$0	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$0	\$35	\$35	\$35	\$40	\$40
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [4]	\$0	\$35	\$35	\$0	\$40	\$0
Virtual Urgent Care [5]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$25	\$95	\$95	\$95	\$80	\$80
Urgent Care	\$50	\$100	\$100	\$80	\$60	\$60
Emergency Room	\$500	\$750 after deductible	\$750 after deductible	\$750 after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$25	\$80	\$80	\$80	\$40	\$40
Labs (Preferred)	\$0	\$10	\$10	\$0	40% after deductible	\$0
Labs (Non-preferred)	\$25	\$50	\$50	\$50	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$0	\$35	\$35	\$35	\$40	\$40
MRIs & Advanced Imaging	\$25	\$95	\$95	\$95	\$80	\$80
Inpatient Facility Fee	\$1,000 (copay applies for a maximum of 3 days per 1 plan year)	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	\$500	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$20	\$20
RX Generics: Non-preferred (Tier 1b)	\$10	\$25	\$25	\$25	\$20	\$20
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$75	\$75	\$75	\$40	\$40
RX Brand: Non-preferred (Tier 3)	\$90 after deductible	50% after deductible	50% after deductible	50% after deductible	\$80 after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	\$425 after deductible	50% after deductible	50% after deductible	50% after deductible	\$350 after deductible	\$350 after deductible



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Individual & Family Plans [1]

	Silver Elite	Silver Elite SF	Silver Elite Saver Plus SF	Silver Simple	Silver Simple PCP Saver	Silver Simple PCP Saver SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$0 / \$0	\$4,500 / \$9,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$200 / \$400	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,000 / \$16,000	\$8,400 / \$16,800	\$9,100 / \$18,200	\$9,000 / \$18,000	\$8,900 / \$17,800	\$8,900 / \$17,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [3]	N/A	\$0	\$0	N/A	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$30	\$30	\$60	\$20	\$20	\$20
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [4]	\$30	\$0	\$0	\$20	\$20	\$0
Virtual Urgent Care [5]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$75	\$75	\$100	\$80	\$80	\$80
Urgent Care	\$75	\$75	\$50	\$80	\$75	\$75
Emergency Room	\$750 after deductible	\$750 after deductible	50%	50% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$75	\$75	\$60	\$80	\$20	\$20
Labs (Preferred)	\$10	\$0	\$0	\$10	\$10	\$0
Labs (Non-preferred)	\$30	\$30	\$50	\$60	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$30	\$30	\$60	\$20	\$20	\$20
MRIs & Advanced Imaging	\$75	\$75	\$100	\$80	\$80	\$80
Inpatient Facility Fee	\$500 after deductible (copay applies for a maximum of 2 days per 1 plan year)	\$500 after deductible (copay applies for a maximum of 2 days per 1 plan year)	50%	50% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	\$350 after deductible	\$350 after deductible	50%	50% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$35	\$20	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$140 after deductible	\$75	\$100	\$100
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible



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Individual & Family Plans [1]

	Silver Simple SF	Bronze Classic 4700	Bronze Classic 4700 SF	Bronze Classic SF	Bronze Classic Standard	Bronze Classic Standard SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$4,500 / \$9,000	\$4,700 / \$9,400	\$4,700 / \$9,400	\$7,750 / \$15,500	\$7,500 / \$15,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,000 / \$18,000	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,400 / \$18,800	\$9,400 / \$18,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [3]	\$20	N/A	\$0	\$0	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$20	\$70	\$70	50% after deductible (first 1 visit(s) at \$50)	\$50	\$50
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [4]	\$0	\$70	\$0	\$0	\$50	\$0
Virtual Urgent Care [5]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$80	\$125	\$125	50% after deductible	\$100	\$100
Urgent Care	\$80	\$125	\$125	\$75	\$75	\$75
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$80	\$70	\$70	50% after deductible	\$50	\$50
Labs (Preferred)	\$0	\$25	\$0	\$0	50% after deductible	\$0
Labs (Non-preferred)	\$60	\$70	\$70	\$50 after deductible	50% after deductible	50% after deductible
X-rays & Diagnostic Imaging	\$20	\$70	\$70	50% after deductible	\$50	\$50
MRIs & Advanced Imaging	\$80	\$125	\$125	50% after deductible	\$100	\$100
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	\$1,200 after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$25	\$25
RX Generics: Non-preferred (Tier 1b)	\$20	\$30	\$30	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	50% after deductible	50% after deductible	\$250 after deductible	\$50 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	\$500 after deductible



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Individual & Family Plans [1]

	Bronze Elite + PCP Saver Plus	Bronze Elite + PCP Saver Plus SF	Bronze Elite + Specialist Saver Plus	Bronze Elite Saver Plus	Bronze Elite Saver Plus SF
The Basics	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	\$6,500 / \$13,000	\$6,500 / \$13,000	\$8,000 / \$16,000	\$6,900 / \$13,800	\$6,900 / \$13,800
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900	\$9,450 / \$18,900
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [3]	N/A	\$0	N/A	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$30	\$35	\$60	\$50	\$50
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [4]	\$30	\$0	\$60	\$50	\$0
Virtual Urgent Care [5]	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$125	\$125	\$60	\$125	\$125
Urgent Care	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$2,000	\$1,750	\$2,000	\$2,000	\$2,000
Mental Health Office Visits	\$125	\$125	\$60	\$125	\$125
Labs (Preferred)	\$25	\$0	\$25	\$25	\$0
Labs (Non-preferred)	\$50	\$50	\$50	\$50	\$70
X-rays & Diagnostic Imaging	\$30	\$35	\$60	\$50	\$50
MRIs & Advanced Imaging	\$125	\$125	\$60	\$125	\$125
Inpatient Facility Fee	\$3,000 (copay applies for a maximum of 2 days per 1 plan year)	\$3,000 (copay applies for a maximum of 2 days per 1 plan year)	\$3,000 (copay applies for a maximum of 2 days per 1 plan year)	50%	50%
Outpatient Facility Fee	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$30	\$30
RX Brand: Preferred (Tier 2)	\$100 after deductible	\$125 after deductible	\$150 after deductible	\$100 after deductible	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible



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Individual & Family Plans [6]

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Standard CSR 150	Silver Classic Standard CSR 150 SF	Silver Classic Standard CSR 200
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$4,300 / \$8,600	\$0 / \$0	\$0 / \$0	\$700 / \$1,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$2,900 / \$5,800	\$7,000 / \$14,000	\$1,800 / \$3,600	\$1,800 / \$3,600	\$3,000 / \$6,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [7]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [8]	N/A	N/A	N/A	N/A	\$0	N/A
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$0	\$10	\$35	\$0	\$0	\$20
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [9]	\$0	\$10	\$35	\$0	\$0	\$20
Virtual Urgent Care [10]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$40	\$80	\$10	\$10	\$40
Urgent Care	\$15	\$40	\$90	\$5	\$5	\$30
Emergency Room	\$500	\$750	\$750 after deductible	25%	25%	30% after deductible
Mental Health Office Visits	\$0	\$40	\$80	\$0	\$0	\$20
Labs (Preferred)	\$0	\$10	\$10	25%	\$0	30% after deductible
Labs (Non-preferred)	\$10	\$25	\$50	25%	25%	30% after deductible
X-rays & Diagnostic Imaging	\$0	\$10	\$35	\$0	\$0	\$20
MRIs & Advanced Imaging	\$5	\$40	\$80	\$10	\$10	\$40
Inpatient Facility Fee	20%	30%	40% after deductible	25%	25%	30% after deductible
Outpatient Facility Fee	20%	30%	40% after deductible	25%	25%	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$0	\$10
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$25	\$0	\$0	\$10
RX Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$15	\$15	\$20
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	\$50	\$50	\$60 after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	\$150	\$150	\$250 after deductible



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Individual & Family Plans [6]

	Silver Classic Standard CSR 200 SF	Silver Classic Standard CSR 250	Silver Classic Standard CSR 250 SF	Silver Elite CSR 150	Silver Elite CSR 150 SF	Silver Elite CSR 200
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$700 / \$1,400	\$5,700 / \$11,400	\$5,700 / \$11,400	\$0 / \$0	\$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)	\$3,000 / \$6,000	\$7,200 / \$14,400	\$7,200 / \$14,400	\$900 / \$1,800	\$900 / \$1,800	\$2,750 / \$5,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [7]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [8]	\$0	N/A	\$0	N/A	\$0	N/A
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$20	\$40	\$40	\$0	\$0	\$5
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [9]	\$0	\$40	\$0	\$0	\$0	\$5
Virtual Urgent Care [10]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$40	\$80	\$80	\$15	\$15	\$25
Urgent Care	\$30	\$60	\$60	\$15	\$15	\$30
Emergency Room	30% after deductible	40% after deductible	40% after deductible	\$250	\$250	\$400
Mental Health Office Visits	\$20	\$40	\$40	\$0	\$0	\$25
Labs (Preferred)	\$0	40% after deductible	\$0	\$0	\$0	\$10
Labs (Non-preferred)	30% after deductible	40% after deductible	40% after deductible	\$10	\$10	\$20
X-rays & Diagnostic Imaging	\$20	\$40	\$40	\$0	\$0	\$5
MRIs & Advanced Imaging	\$40	\$80	\$80	\$15	\$15	\$25
Inpatient Facility Fee	30% after deductible	40% after deductible	40% after deductible	\$250 (copay applies for a maximum of 2 days per 1 plan year)	\$250 (copay applies for a maximum of 2 days per 1 plan year)	\$250 (copay applies for a maximum of 2 days per 1 plan year)
Outpatient Facility Fee	30% after deductible	40% after deductible	40% after deductible	\$200	\$200	\$200
RX Generics: Preferred (Tier 1a)	\$10	\$20	\$20	\$0	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$20	\$10	\$10	\$25
RX Brand: Preferred (Tier 2)	\$20	\$40	\$40	\$20	\$20	\$75
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$80 after deductible	\$80 after deductible	50%	50%	50%
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$350 after deductible	\$350 after deductible	50%	50%	50%



Florida | 2024
Individual & Family Plans [6]

	Silver Elite CSR 200 SF	Silver Elite CSR 250	Silver Elite CSR 250 SF	Silver Elite Saver Plus CSR 150 SF	Silver Elite Saver Plus CSR 200 SF	Silver Elite Saver Plus CSR 250 SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$3,850 / \$7,700	\$3,850 / \$7,700	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$50 / \$100	\$100 / \$200	\$200 / \$400
Out-of-Pocket Max (Individual / Family)	\$2,750 / \$5,500	\$6,800 / \$13,600	\$7,200 / \$14,400	\$1,500 / \$3,000	\$2,800 / \$5,600	\$7,500 / \$15,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [7]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [8]	\$0	N/A	\$0	\$0	\$0	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$5	\$30	\$30	\$0	\$15	\$60
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [9]	\$0	\$30	\$0	\$0	\$0	\$0
Virtual Urgent Care [10]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$25	\$50	\$50	\$10	\$30	\$100
Urgent Care	\$30	\$50	\$50	\$15	\$15	\$50
Emergency Room	\$400	\$500 after deductible	\$500 after deductible	20%	30%	50%
Mental Health Office Visits	\$25	\$50	\$50	\$0	\$15	\$60
Labs (Preferred)	\$0	\$10	\$0	\$0	\$0	\$0
Labs (Non-preferred)	\$20	\$30	\$30	\$10	\$20	\$50
X-rays & Diagnostic Imaging	\$5	\$30	\$30	\$0	\$15	\$60
MRIs & Advanced Imaging	\$25	\$50	\$50	\$10	\$30	\$100
Inpatient Facility Fee	\$250 (copay applies for a maximum of 2 days per 1 plan year)	\$450 after deductible (copay applies for a maximum of 2 days per 1 plan year)	\$450 after deductible (copay applies for a maximum of 2 days per 1 plan year)	20%	30%	50%
Outpatient Facility Fee	\$200	\$200 after deductible	\$200 after deductible	20%	30%	50%
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$5	\$25	\$30
RX Brand: Preferred (Tier 2)	\$75	\$75	\$75	\$30	\$100 after deductible	\$140 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible



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Individual & Family Plans [6]

	Silver Simple CSR 150	Silver Simple CSR 150 SF	Silver Simple CSR 200	Silver Simple CSR 200 SF	Silver Simple CSR 250	Silver Simple CSR 250 SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$750 / \$1,500	\$750 / \$1,500	\$4,200 / \$8,400	\$4,200 / \$8,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,800 / \$3,600	\$1,800 / \$3,600	\$2,600 / \$5,200	\$2,600 / \$5,200	\$7,200 / \$14,400	\$7,200 / \$14,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [7]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [8]	N/A	\$0	N/A	\$0	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$0	\$0	\$15	\$15	\$20	\$20
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [9]	\$0	\$0	\$15	\$0	\$20	\$0
Virtual Urgent Care [10]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$10	\$10	\$40	\$40	\$80	\$80
Urgent Care	\$30	\$30	\$45	\$45	\$80	\$80
Emergency Room	20%	20%	25% after deductible	25% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$40	\$40	\$80	\$80
Labs (Preferred)	\$0	\$0	\$10	\$0	\$10	\$0
Labs (Non-preferred)	\$6	\$6	\$30	\$30	\$60	\$60
X-rays & Diagnostic Imaging	\$0	\$0	\$15	\$15	\$20	\$20
MRIs & Advanced Imaging	\$10	\$10	\$40	\$40	\$80	\$80
Inpatient Facility Fee	20%	20%	25% after deductible	25% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	20%	25% after deductible	25% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$5	\$5	\$15	\$15
RX Brand: Preferred (Tier 2)	\$15	\$15	\$75	\$75	\$75	\$75
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible



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Individual & Family Plans [6]

	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 150 SF	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 200 SF	Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver CSR 250 SF
The Basics	N/A	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$600 / \$1,200	\$600 / \$1,200	\$4,750 / \$9,500	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$1,550 / \$3,100	\$3,000 / \$6,000	\$3,000 / \$6,000	\$7,200 / \$14,400	\$7,500 / \$15,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [7]	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visits Tier 1: In-person Visits with preferred providers (Available in Miami-Dade and Broward counties only) [8]	N/A	\$0	N/A	\$0	N/A	\$0
Primary Care Visits Tier 2: All other in-network providers (Available in all of Florida)	\$5	\$5	\$10	\$10	\$20	\$20
Virtual Visits Oscar Primary Care (Available in Miami-Dade, Broward, and Palm Beach counties) [9]	\$5	\$0	\$10	\$0	\$20	\$0
Virtual Urgent Care [10]	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$10	\$10	\$40	\$40	\$80	\$80
Urgent Care	\$30	\$30	\$50	\$50	\$75	\$75
Emergency Room	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$5	\$5	\$10	\$10	\$20	\$20
Labs (Preferred)	\$0	\$0	\$10	\$0	\$10	\$0
Labs (Non-preferred)	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$5	\$5	\$10	\$10	\$20	\$20
MRIs & Advanced Imaging	\$10	\$10	\$40	\$40	\$80	\$80
Inpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$10	\$10	\$20	\$20
RX Brand: Preferred (Tier 2)	\$30	\$30	\$40	\$40	\$80	\$80
RX Brand: Non-preferred (Tier 3)	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible

[1] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Administrative Services for all plans provided by Oscar Management Corporation.

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] In Miami-Dade and Broward counties, Tier 1 Primary Care Visits includes Oscar Primary Care and in-person visits with preferred providers.

[4] In Palm-Beach county, Tier 1 Primary Care Visits are only available through Oscar's Oscar Primary Care service. These benefits are not applicable for members on a Secure/Catastrophic or HSA plan.

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.

[5] 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.

[6] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Administrative Services for all plans provided by Oscar Management Corporation.

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.

[7] 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.

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