

## Ohio | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Oscar Secure	Bronze Simple	Bronze Classic	Bronze Classic PCP Copay	Bronze Classic Next	Bronze HDHP
<b>The Basics</b>						
Deductible (Individual / Family)	\$8,550 / \$17,100	\$7,300 / \$14,600	\$6,000 / \$12,000	\$6,000 / \$12,000	\$0 / \$0	\$5,200 / \$10,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$5,500 / \$11,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$7,000 / \$14,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	Yes
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) <sup>1</sup>	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) <sup>1</sup>	\$50	\$35	\$50 after deductible
Specialist Office Visits	\$0 after deductible	30% after deductible	50% after deductible	\$90 after deductible	\$100	\$90 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$75	\$75 after deductible
Emergency Room	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$1,150	50% after deductible
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) <sup>1</sup>	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) <sup>1</sup>	\$50	\$35	\$50 after deductible
Labs	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$50	50% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$95	50% after deductible
MRIs & Advanced Imaging	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$375	50% after deductible
Inpatient Facility Fee	\$0 after deductible	30% 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
Outpatient Facility Fee	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$1,000	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$0 after deductible	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 after deductible
RX   Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$30 <sup>2</sup>	\$25 after deductible
RX   Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$200	\$200 after deductible
RX   Brand: Non-preferred (Tier 3)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

<sup>1</sup>Pre-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.

<sup>2</sup>Many 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](https://hioscar.com/brokers)

## Ohio | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Silver Saver 2	Silver Classic Next	Silver Classic	Silver Classic Copay	Silver Classic \$0 Ded	Gold Classic
<b>The Basics</b>						
Deductible (Individual / Family)	\$6,200 / \$12,400	\$6,000 / \$12,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$0 / \$0	\$2,500 / \$5,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$4,000 / \$8,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,000 / \$16,000	\$8,550 / \$17,100	\$8,200 / \$16,400	\$8,550 / \$17,100	\$6,000 / \$12,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$30	\$50	\$30	\$25	\$30
Specialist Office Visits	\$40	\$75 after deductible	\$80	\$75	\$80	\$55
Urgent Care	\$75	\$50	\$75	\$50	\$50	\$75
Emergency Room	50% after deductible	\$650 after deductible	50% after deductible	\$650 after deductible	\$1,000	30% after deductible
Mental Health Office Visits	\$40	\$30	\$50	\$30	\$25	\$30
Labs	\$50	\$25	\$75	\$30	\$25	\$55
X-rays & Diagnostic Imaging	50% after deductible	\$75	50% after deductible	\$75 after deductible	\$80	30% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	50% after deductible	\$200 after deductible	\$275	30% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	50% 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
Outpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	\$350 after deductible	\$1,000	30% after deductible
RX   Generics: Preferred (Tier 1a)	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$30 <sup>2</sup>
RX   Brand: Preferred (Tier 2)	\$75 after deductible	\$100	\$75	\$75	\$100	\$55
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible

<sup>1</sup>Pre-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.

<sup>2</sup>Many 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.

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

	Silver Saver 2 CSR 250	Silver Saver 2 CSR 200	Silver Saver 2 CSR 150	Silver Classic Next CSR 250	Silver Classic Next CSR 200	Silver Classic Next CSR 150
<b>The Basics</b>						
Deductible (Individual / Family)	\$3,300 / \$6,600	\$970 / \$1,940	\$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)	\$6,800 / \$13,600	\$2,800 / \$5,600	\$1,350 / \$2,700	\$6,300 / \$12,600	\$2,800 / \$5,600	\$1,750 / \$3,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$25	\$5	\$25	\$5	\$0
Specialist Office Visits	\$40	\$25	\$5	\$60	\$30	\$5
Urgent Care	\$60	\$45	\$30	\$50	\$15	\$15
Emergency Room	40% after deductible	30% after deductible	30%	\$650 after deductible	\$650	\$550
Mental Health Office Visits	\$40	\$25	\$5	\$25	\$5	\$0
Labs	\$50	\$30	\$0	\$25	\$15	\$0
X-rays & Diagnostic Imaging	40% after deductible	30% after deductible	30%	\$75	\$30	\$15
MRIs & Advanced Imaging	40% after deductible	30% after deductible	30%	40% after deductible	40%	25%
Inpatient Facility Fee	40% after deductible	30% after deductible	30%	40% after deductible	40%	25%
Outpatient Facility Fee	40% after deductible	30% after deductible	30%	40% after deductible	40%	25%
RX   Generics: Preferred (Tier 1a)	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$ <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)	\$20 <sup>2</sup>	\$10 <sup>2</sup>	\$10 <sup>2</sup>	\$10 <sup>2</sup>	\$20 <sup>2</sup>	\$7 <sup>2</sup>
RX   Brand: Preferred (Tier 2)	\$60 after deductible	\$40 after deductible	\$20	\$75	\$60	\$20
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50%	50%
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50%	50%

<sup>1</sup>Pre-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.

<sup>2</sup>Many 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.

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

	Silver Classic CSR 250	Silver Classic CSR 200	Silver Classic CSR 150	Silver Classic Copay CSR 250	Silver Classic Copay CSR 200	Silver Classic Copay CSR 150
<b>The Basics</b>						
Deductible (Individual / Family)	\$4,000 / \$8,000	\$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)	\$6,500 / \$13,000	\$2,850 / \$5,700	\$1,700 / \$3,400	\$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
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$10	\$0	\$20	\$5	\$0
Specialist Office Visits	\$60	\$40	\$5	\$50	\$25	\$15
Urgent Care	\$50	\$25	\$15	\$50	\$15	\$15
Emergency Room	50% after deductible	25%	15%	\$400 after deductible	\$200	\$200
Mental Health Office Visits	\$20	\$10	\$0	\$20	\$5	\$0
Labs	\$75	\$30	\$10	\$20	\$15	\$15
X-rays & Diagnostic Imaging	50% after deductible	25%	15%	\$50 after deductible	\$30	\$30
MRIs & Advanced Imaging	50% after deductible	25%	15%	\$125 after deductible	\$75	\$75
Inpatient Facility Fee	50% after deductible	25%	15%	\$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	50% after deductible	25%	15%	\$200 after deductible	\$200	\$200
RX   Generics: Preferred (Tier 1a)	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>	\$3 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$10 <sup>2</sup>	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$10 <sup>2</sup>
RX   Brand: Preferred (Tier 2)	\$75	\$50	\$30	\$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%

<sup>1</sup>Pre-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.

<sup>2</sup>Many 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.

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

	Silver Classic \$0 Ded CSR 250	Silver Classic \$0 Ded CSR 200	Silver Classic \$0 Ded CSR 150
<b>The Basics</b>			
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No
<b>Prices for Benefits</b>			
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 <sup>2</sup>	\$3 <sup>2</sup>	\$0 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)	\$25 <sup>2</sup>	\$25 <sup>2</sup>	\$10 <sup>2</sup>
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

<sup>1</sup>Pre-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.

<sup>2</sup>Many 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.

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## Ohio | 2021 | Individual & Family Plans | Off-Exchange Only

	Silver Classic Off-Ex	Silver HDHP	Silver \$1500 Ded
<b>The Basics</b>			
Deductible (Individual / Family)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	Yes	No
<b>Prices for Benefits</b>			
Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$30 after deductible	\$25
Specialist Office Visits	\$80	\$75 after deductible	\$75
Urgent Care	\$80	\$50 after deductible	\$50
Emergency Room	50% after deductible	40% after deductible	\$650
Mental Health Office Visits	\$50	\$30 after deductible	\$25
Labs	\$75	\$50 after deductible	\$50
X-rays & Diagnostic Imaging	50% after deductible	\$75 after deductible	\$75 after deductible
MRIs & Advanced Imaging	50% after deductible	\$100 after deductible	\$100 after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	\$500/day after deductible (copay applies for a maximum of 5 days per 1 stay)
Outpatient Facility Fee	50% after deductible	40% after deductible	\$250 after deductible
RX   Generics: Preferred (Tier 1a)	\$3 <sup>2</sup>	\$3 after deductible	\$3 <sup>2</sup>
RX   Generics: Non-preferred (Tier 1b)	\$25 <sup>2</sup>	\$25 after deductible	\$25 <sup>2</sup>
RX   Brand: Preferred (Tier 2)	\$75	\$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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<sup>2</sup>Many 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.

### 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 do 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.