



Nebraska | 2025
Individual & Family Plans

	Secure	Gold Classic Standard	Gold Elite	Silver Classic	Silver Classic Standard	Silver Simple Diabetes
The Basics						
Deductible (Individual / Family)	\$9,200 / \$18,400	\$1,500 / \$3,000	\$500 / \$1,000	\$5,400 / \$10,800	\$5,000 / \$10,000	\$6,450 / \$12,900
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,200 / \$18,400	\$7,800 / \$15,600	\$5,500 / \$11,000	\$8,650 / \$17,300	\$8,000 / \$16,000	\$8,550 / \$17,100
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit(s) at \$0)	\$30	\$25	\$30	\$40	\$0
Specialist Office Visits	\$0 after deductible	\$60	\$50	\$80	\$80	\$40
Urgent Care	\$0 after deductible	\$45	\$50	\$80	\$60	\$75
Emergency Room	\$0 after deductible	25% after deductible	30% after deductible	\$750 after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$0 after deductible	\$30	\$50	\$30	\$40	\$0
Labs	\$0 after deductible	25% after deductible	\$25	\$50	40% after deductible	\$65
X-rays & Diagnostic Imaging	\$0 after deductible	25% after deductible	\$75	\$70	40% after deductible	50% after deductible
MRIs & Advanced Imaging	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	\$0 after deductible	25% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$15	\$3	\$3	\$20	\$0
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$25	\$25	\$20	\$25
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$75	\$75	\$40	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	30% after deductible	50% after deductible	\$80 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$250	30% after deductible	50% after deductible	\$350 after deductible	50% after deductible



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Individual & Family Plans

	Silver Simple PCP Saver	Bronze Classic	Bronze Classic Standard	Bronze Elite + PCP Saver Plus
The Basics				
Deductible (Individual / Family)	\$5,500 / \$11,000	\$7,750 / \$15,500	\$7,500 / \$15,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$6,500 / \$13,000
Out-of-Pocket Max (Individual / Family)	\$8,600 / \$17,200	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	50% after deductible (first 1 visit(s) at \$50)	\$50	\$40
Specialist Office Visits	\$70	50% after deductible	\$100	\$125
Urgent Care	\$75	\$75	\$75	\$75
Emergency Room	40% after deductible	50% after deductible	50% after deductible	\$2,000
Mental Health Office Visits	\$20	50% after deductible	\$50	\$125
Labs	40% after deductible	\$50 after deductible	50% after deductible	\$50
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	\$125
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	\$750
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	\$3,000 (copay applies for a maximum of 2 days per 1 admit)
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	\$1,200
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$25	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$30	\$25	\$30
RX Brand: Preferred (Tier 2)	\$100	\$250 after deductible	\$50 after deductible	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	40% after deductible	50% after deductible	\$100 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	40% after deductible	50% after deductible	\$500 after deductible	50% after deductible



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Individual & Family Plans

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$4,300 / \$8,600	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,750 / \$3,500	\$2,900 / \$5,800	\$7,000 / \$14,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800
\$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	\$0	\$30	\$30	\$0	\$20	\$40
Specialist Office Visits	\$5	\$45	\$70	\$10	\$40	\$80
Urgent Care	\$15	\$40	\$80	\$5	\$30	\$60
Emergency Room	\$500	\$750	\$750 after deductible	25%	30% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$30	\$30	\$0	\$20	\$40
Labs	\$10	\$25	\$50	25%	30% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$15	\$50	\$70	25%	30% after deductible	40% after deductible
MRIs & Advanced Imaging	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible
Inpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible
Outpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$10	\$20
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$25	\$0	\$10	\$20
RX Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$15	\$20	\$40
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	\$50	\$60 after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	\$150	\$250 after deductible	\$350 after deductible



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Individual & Family Plans

	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$870 / \$1,740	\$4,200 / \$8,400	\$0 / \$0	\$600 / \$1,200	\$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)	\$1,420 / \$2,840	\$2,800 / \$5,600	\$7,250 / \$14,500	\$1,850 / \$3,700	\$3,000 / \$6,000	\$7,000 / \$14,000
\$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	\$0	\$0	\$0	\$5	\$10	\$20
Specialist Office Visits	\$5	\$25	\$40	\$10	\$35	\$65
Urgent Care	\$30	\$45	\$60	\$30	\$50	\$75
Emergency Room	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$5	\$10	\$10
Labs	\$10	\$35	\$60	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$30	\$40	\$80
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible

Disclaimers:

Benefits may be subject to deductible. Oscar has specific rates with in-network providers. Members pay 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.

The first 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.

All insurance policies and group benefit plans contain exclusions and limitations. It is essential to review your policy documents carefully to determine which health care services are covered. For information on availability, costs, and coverage details, please contact a licensed agent, an Oscar Sales representative, or reach out to Oscar directly at 855-672-2788.

Oscar Primary Care: For 2025, Oscar Primary Care is available in TX (excluding non-elite EPO Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), FL (excluding HSA and Secure plans), AZ (excluding Secure plans), GA (excluding HSA and Secure plans), OK (excluding 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.

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.

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-HMO-GOLD-0-GUIDED-CARE-EOC-2025, OSC-TX-IVL-HMO-EOC-2025-HIX/OSC-TX-IVL-HMO-EOC-2025/OSC-TX-S-IVL-EOC-2025[-HIX]/OSC-TX-S-IVL-EOC-2025/OSC-TX-IVL-EOC-2025-HIX/OSC-TX-IVL-EOC-2025 and associated filing numbers OHIN-134128360/OHIN-134079760/OHIN-134079717/OHIN-134080906/OHIN-134080911/OHIN-134128348/OHIN-134128297/OHIN-134128360. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2025/OSC-VA-IVL-EOC-2025-HIX with associated filing number OHIN-134065976.

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, Oscar Health Plan of New York, Inc. in New York, and Oscar Managed Care in Texas.