

Choose Oscar. Here's why.

Oscar Plan Brochure
2021 Individual and Family Plans



oscar

Hi, we're Oscar.

Personalized health care that meets your needs. Learn how we've built a better experience for people just like you.

OUR UNIQUE APPROACH TO HEALTH CARE - VIRTUALLY.



24/7 Virtual Urgent Care for \$0 a visit

Feeling sick or need a last-minute prescription refill? Connect with a doctor at no cost—and you may be able to get a diagnosis or a prescription—in as little as 15 minutes. It's unlimited and available 24/7.* That's one less trip to an Urgent Care and one less copay!



Your Care Team is all about you

Enjoy a team of care guides and a licensed nurse, always there to help. They'll get to know you, and your health history, over time, and they can help find a doctor that's right for you.

GETTING ACCESS TO HIGH-QUALITY HEALTH CARE SHOULD BE SIMPLE.



Finding a trusted doctor is easy

Get access to top-rated hospitals and doctors in your neighborhood.



No referrals needed to see a specialist—ever

See a specialist when you need to, without having to get a referral.

GET PAID TO WALK AND SLEEP.



Track steps and sleep from Google Fit and Apple Health. Earn \$1 toward an Amazon® Gift Card for every day you hit your step or sleep goal, up to \$100 per year.**

* Oscar's Virtual Urgent Care offerings are not available in US territories or internationally.
** If you think you might be unable to participate in this program, you might qualify for an opportunity to earn the same reward in a different way. Contact Your Customer Service team at 1-855-672-2788 and we will work with you (and, if you'd like, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

INDUSTRY-LEADING MEMBER SATISFACTION

TRUST

36

Net Promoter Score compared to an average score of -19 across the ACA.*

4.5/5

average customer service satisfaction rating by members for 2019.

FINDING CARE

30%

of all members have used Oscar Virtual Urgent Care.

40%

of members' first visit were guided by their Care Team in 2019.

ENGAGEMENT

90%

of members have an online account.

83%

have contacted their Care Team.

52%

of members downloaded our mobile app in 2019, nearly 5x the industry average.**

BY THE NUMBERS



420,000+

Total members across 18 states.



3 business lines

in Individual and Family Plans, Medicare Advantage, and Small Group. In Small Group, we offer Oscar for small businesses.



1,400+

employees across four offices working on improving access to affordable health care.



* Deft Research analysis of NPS score at the end of 2020 OE compared to consumers enrolled in ACA plans in 2019, who gave health insurance companies an average score of -12.

** Based on iOS + Android downloads in 2019 compared to membership numbers at the end of 2018 for Aetna, United, Molina, Cigna, Humana, Anthem, and Centene.

Health Insurance Plan Basics

Before you can decide which plan to choose, it's important to understand a few basic elements. Insurance plans are built around a few types of cost components that directly impact your health care spending.

HERE ARE SOME KEY TERMS TO KNOW

Premium

The fixed monthly fee you'll pay for your health insurance plan. Depending on your household income, you may qualify for an advance premium tax credit to help pay for your monthly premium costs.

Copay

A fixed dollar amount you're responsible for paying for a covered service, each time you seek that service—such as an urgent care center visit or a primary care visit.

Deductible

This is the amount you'll spend on certain covered services before your plan starts paying for care.

Out-of-pocket

These expenses include any money you'll pay toward covered health care expenses, such as copays and coinsurance.

Maximum out-of-pocket (MOOP)

This is the maximum amount you'll pay for health care during the year. After you meet this amount, your plan will pay for all covered medical expenses.



Understand How Your Plan Works

With an EPO (Exclusive Provider Organization) such as Oscar, your health insurance is activated only when you see a doctor in the network. If you get care with doctors outside the network, the visit won't be covered except in emergencies (or if there are no in-network options).

The good news is, you won't need a referral from your primary care doctor to see a specialist. That means one less copay, and one less trip to the doctor's office.

HOW DOES AN EPO WORK?

Let's say you want to see a dermatologist about a mole on your arm.



With an EPO, such as Oscar, you can make an appointment to see an in-network dermatologist directly. Since no referral is needed, you can get that mole checked out ASAP.



If you have an HMO, you'll need to see your primary care doctor for a referral before you can schedule an appointment with a dermatologist.

HMO VS. EPO VS. PPO: PROS AND CONS

EPO

- Full access to network
- No out-of-network benefits
- No referral required
- Cost-effective premiums

HMO

- Limited access to network
- No out-of-network benefits
- Referral required

PPO

- Full access to network
- No out-of-network benefits
- No referral required
- Higher premiums

Understand How Your Plan Works

OUR OFFERINGS



Bronze plan

**Low premium,
high deductible**

60% of covered health costs paid by Oscar, 40% paid by you.



Silver plan

**Moderate premium,
moderate deductible**

70% of covered health costs paid by Oscar, 30% paid by you.



Gold plan

**Higher premium,
lower deductible**

80% of covered health costs paid Oscar, 20% paid by you.



Platinum plan

**Highest premium,
lowest deductible**

90% of covered health costs paid by Oscar, 10% paid by you.

What is a Health Savings Account (HSA) plan?

An HSA is a savings account you can set up to pay for health care expenses with pre-tax contributions. HSAs can be used only with specific HSA-compatible insurance plans that typically have high annual deductibles and lower monthly premiums. These plans can help you save on premium contributions for your health coverage.

Because an HSA works alongside an insurance plan, you'll need to purchase an HSA-eligible plan to use one. You can contribute pre- or post-tax to your HSA, and use that money to pay for qualified medical expenses throughout the year. Note that if you take money out for non-qualified medical expenses before you turn 65, you'll pay a tax penalty.

*Metal tier structure varies and is subject to plan deductibles, copayments, and coinsurance

Know Your Network

If you live in Los Angeles or Orange County, you can choose between two provider networks.

Oscar Select Network*

When you enroll with Oscar through *Covered California*, you'll have access only to Oscar's Select network—one of Oscar's most affordable options. Although our Select network does not offer coverage for UCLA and Hoag providers, you'll have access to some of the top hospitals and providers in the LA/OC area.

Circle Network

When you enroll with Oscar outside of *Covered California*, or "off exchange," you'll have access to Oscar's Select Network and Oscar's Circle network—a broader network that covers UCLA and Hoag providers, in addition to the providers covered as part of Oscar's Select Network. Oscar's Circle Network is only available off exchange. If you're interested in the Circle Network, visit our website at hioscar.com/individuals and choose a plan with "Circle" in the plan name.

Why dual network options?

Both networks offer access to quality health systems within our markets, so you'll enjoy peace of mind knowing that you and your family are covered.



Visit hioscar.com/search to find in-network providers and prescription drugs.

*If you live in San Francisco, you will only have access to Oscar's Select Network. You may enroll for a Select plan through Covered California or Oscar's website at hioscar.com/individuals.

Know Your Network

We provide high-quality care in Southern California and the Bay Area with systems like Providence Health Network, UCLA, USC, St. Joseph Heritage Health, St. Jude, Fountain Valley, UCSF Health, Hill Physicians Medical Group, and Dignity Health.

Oscar's California service area includes Southern California* (Los Angeles County and Orange County) and the Bay Area (San Francisco and San Mateo counties).

In the Bay Area, we offer Oscar's Select Network. In Southern California, we have a dual network:

- **Oscar Circle Network** (available off exchange in Silver and Bronze tiers only)
- **Oscar Select Network** (available on and off exchange across all metal tiers)

Southern California



- Available in Select and/or Circle networks
- Available in Circle network only

Bay Area



Know Your Network

Our 2021 Participating Hospital List

Los Angeles	Circle	Select
Beverly Hospital	✓	✓
Cedars-Sinai Medical Center	✓	
Children's Hospital Los Angeles	✓	✓
Emanate Health Inter-Community Hospital	✓	✓
Emanate Health Foothill Presbyterian Hospital	✓	✓
Emanate Health Queen of the Valley Hospital	✓	✓
Good Samaritan Hospital	✓	✓
Henry Mayo Newhall Memorial Hospital	✓	✓
Huntington Hospital	✓	✓
Keck Hospital of USC	✓	✓
Lakewood Regional Medical Center	✓	✓
Providence Holy Cross Medical Center	✓	✓
Providence Little Company of Mary Medical Center - San Pedro	✓	✓
Providence Little Company of Mary Medical Center - Torrance	✓	✓
Providence Saint John's Health Center	✓	✓
Providence Saint Joseph Medical Center	✓	✓
Providence Tarzana Medical Center	✓	✓
UCLA Medical Center - Ronald Reagan	✓	
UCLA Medical Center - Santa Monica	✓	
USC Verdugo Hills Hospital	✓	✓

Know Your Network

Orange County	Circle	Select
Fountain Valley Regional Hospital	✓	✓
Hoag Memorial Hospital Presbyterian - Irvine	✓	
Hoag Memorial Hospital Presbyterian - Newport Beach	✓	
Hoag Orthopedic Institute	✓	
Los Alamitos Medical Center	✓	✓
Mission Hospital Regional Medical Center - Laguna Beach	✓	✓
Mission Hospital Regional Medical Center - Main	✓	✓
Placentia Linda Hospital	✓	✓
St. Joseph Hospital	✓	✓
St. Jude Medical Center	✓	✓
San Bernardino	Circle	Select
San Antonio Regional Hospital	✓	✓
San Francisco	San Mateo	
Saint Francis Memorial Hospital	Sequoia Hospital	
St. Mary's Medical Center Sequoia Hospital	Seton Medical Center	
UCSF Benioff Children's Hospital San Francisco	Seton Medical Center - Coastside	
UCSF Medical Center - Mission Bay		
UCSF Medical Center - Mount Zion		
UCSF Medical Center - Parnassus		

Know Your Plans

Los Angeles / Orange County | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Secure Minimum Coverage Select EPO	Bronze 60 Select EPO	Bronze 60 HDHP Select EPO	Silver 70 Select EPO	Gold 80 Select EPO	Platinum 90 Select EPO
Deductible (Individual / Family)	\$8,550 / \$17,100	\$6,300 / \$12,600	\$7,000 / \$14,000	\$4,000 / \$8,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	\$500 / \$1,000	N/A	\$300 / \$600	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,200 / \$16,400	\$7,000 / \$14,000	\$8,200 / \$16,400	\$8,200 / \$16,400	\$4,500 / \$9,000
\$0 Preventive Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	Yes	No	No	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) ²	\$65 after deductible (3 pre-deductible visits at \$65) ²	\$0 after deductible	\$40	\$35	\$15
Specialist Office Visits	\$0 after deductible	\$65 after deductible (3 pre-deductible visits at \$95) ²	\$0 after deductible	\$80	\$65	\$30
Urgent Care	\$0 after deductible (3 pre-deductible visits at \$0) ²	\$65 after deductible (3 pre-deductible visits at \$65) ²	\$0 after deductible	\$40	\$35	\$15
Emergency Room	\$0 after deductible	40% after deductible	\$0 after deductible	\$400	\$350	\$150
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ²	\$65 (3 pre-deductible visits at \$65) ²	\$0 after deductible	\$40	\$35	\$15
Labs	\$0 after deductible	\$40	\$0 after deductible	\$40	\$40	\$15
X-rays & Diagnostic Imaging	\$0 after deductible	40% after deductible	\$0 after deductible	\$85	\$75	\$30
MRIs & Advanced Imaging	\$0 after deductible	40% after deductible	\$0 after deductible	\$325	\$150	\$75
Inpatient Facility Fee	\$0 after deductible	40% after deductible	\$0 after deductible	20% after deductible	\$600/day (copay applies for a maximum of 5 days per 1 stay)	\$250/day (copay applies for a maximum of 5 days per 1 stay)
Outpatient Facility Fee	\$0 after deductible	40% after deductible	\$0 after deductible	20%	\$300	\$100
RX Generics: Preferred (Tier 1)	\$0 after deductible	\$18 after deductible	\$0 after deductible	\$16 after deductible	\$15	\$5
RX Brand: Preferred (Tier 2)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	\$60 after deductible	\$55	\$15
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	\$90 after deductible	\$80	\$25
RX Brand: Specialty (Tier 4)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	20% after deductible (cost share applies, up to \$250 per script)	20% (cost share applies, up to \$250 per script)	10% (cost share applies, up to \$250 per script)

²Pre-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.

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: <https://oscar.com/brokers>

Know Your Plans

Los Angeles / Orange County | 2021 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

	Silver (CSR) 73 Select EPO	Silver (CSR) 87 Select EPO	Silver (CSR) 94 Select EPO
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The Basics

Deductible (Individual / Family)	\$3,700 / \$7,400	\$1,400 / \$2,800	\$75 / \$150
Pharmacy Deductible (Individual / Family)	\$275 / \$550	\$100 / \$200	N/A
Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$2,850 / \$5,700	\$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

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$35	\$15	\$5
Specialist Office Visits	\$75	\$25	\$8
Urgent Care	\$35	\$15	\$5
Emergency Room	\$400	\$150	\$50
Mental Health Office Visits	\$35	\$15	\$5
Labs	\$40	\$20	\$8
X-rays & Diagnostic Imaging	\$85	\$40	\$8
MRIs & Advanced Imaging	\$325	\$100	\$50
Inpatient Facility Fee	20% after deductible	15% after deductible	10% after deductible
Outpatient Facility Fee	20%	15%	10%
RX Generics: Preferred (Tier 1)	\$16 after deductible	\$5	\$3
RX Brand: Preferred (Tier 2)	\$55 after deductible	\$25 after deductible	\$10
RX Brand: Non-preferred (Tier 3)	\$85 after deductible	\$45 after deductible	\$15
RX Brand: Specialty (Tier 4)	20% after deductible (cost share applies, up to \$250 per script)	15% after deductible (cost share applies, up to \$150 per script)	10% (cost share applies, up to \$150 per script)

*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.
 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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Know Your Plans

Los Angeles / Orange County | 2021 | Individual & Family Plans | Off-Exchange Only

	Bronze Simple Select EPO	Bronze 60 Select EPO / 60 Circle EPO	Silver 70 Select EPO Off-Exchange	Silver 70 Select EPO / 70 Circle EPO	Silver Classic Select EPO / Classic Circle EPO	Silver Simple Select EPO
Deductible (Individual / Family)	\$7,150 / \$14,300	\$6,300 / \$12,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$1,950 / \$3,900	\$3,500 / \$7,000
Pharmacy Deductible (Individual / Family)	N/A	\$500 / \$1,000	\$300 / \$600	\$300 / \$600	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,200 / \$16,400	\$8,200 / \$16,400	\$8,200 / \$16,400	\$8,250 / \$16,500	\$8,550 / \$17,100
\$0 Preventive Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	50% after deductible (1 pre-deductible visit at \$50) ¹	\$65 after deductible (3 pre-deductible visits at \$65) ²	\$40	\$40	\$40	\$30
Specialist Office Visits	50% after deductible	\$65 after deductible (3 pre-deductible visits at \$95) ²	\$80	\$80	\$80	\$75
Urgent Care	\$75	\$65 after deductible (3 pre-deductible visits at \$65) ²	\$40	\$40	\$75	\$75
Emergency Room	50% after deductible	40% after deductible	\$400	\$400	35% after deductible	50% after deductible
Mental Health Office Visits	50% after deductible (1 pre-deductible visit at \$50) ¹	\$65 (3 pre-deductible visits at \$65) ²	\$40	\$40	\$40	\$30
Labs	50% after deductible	\$40	\$40	\$40	35% after deductible	\$50
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible	\$85	\$85	35% after deductible	\$50
MRIs & Advanced Imaging	50% after deductible	40% after deductible	\$325	\$325	35% after deductible	\$300
Inpatient Facility Fee	50% after deductible	40% after deductible	20% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	20%	20%	35% after deductible	50% after deductible
RX Generics: Preferred (Tier 1)	\$15	\$18 after deductible	\$16 after deductible	\$16 after deductible	\$17	\$15
RX Brand: Preferred (Tier 2)	50% after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$60 after deductible	\$60 after deductible	\$85 after deductible	\$50
RX Brand: Non-preferred (Tier 3)	50% after deductible (cost share applies, up to \$250 per share)	40% after deductible (cost share applies, up to \$500 per script)	\$90 after deductible	\$90 after deductible	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Specialty (Tier 4)	50% after deductible (cost share applies, up to \$250 per share)	40% after deductible (cost share applies, up to \$500 per script)	20% after deductible (cost share applies, up to \$250 per script)	20% after deductible (cost share applies, up to \$250 per script)	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)

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.
²Note: 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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Know Your Plans

Bay Area | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Secure Minimum Coverage Select EPO	Bronze 60 Select EPO	Bronze 60 HDHP Select EPO	Silver 70 Select EPO	Gold 80 Select EPO	Platinum 90 Select EPO
Deductible (Individual / Family)	\$8,550 / \$17,100	\$6,300 / \$12,600	\$7,000 / \$14,000	\$4,000 / \$8,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	\$500 / \$1,000	N/A	\$300 / \$600	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,200 / \$16,400	\$7,000 / \$14,000	\$8,200 / \$16,400	\$8,200 / \$16,400	\$4,500 / \$9,000
\$0 Preventive Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	Yes	No	No	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	\$65 after deductible (3 pre-deductible visits at \$65) ¹	\$0 after deductible	\$40	\$35	\$15
Specialist Office Visits	\$0 after deductible	\$95 after deductible (3 pre-deductible visits at \$95) ¹	\$0 after deductible	\$80	\$65	\$30
Urgent Care	\$0 after deductible (3 pre-deductible visits at \$0) ¹	\$65 after deductible (3 pre-deductible visits at \$65) ¹	\$0 after deductible	\$40	\$35	\$15
Emergency Room	\$0 after deductible	40% after deductible	\$0 after deductible	\$400	\$350	\$150
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ¹	\$65 (3 pre-deductible visits at \$65) ¹	\$0 after deductible	\$40	\$35	\$15
Labs	\$0 after deductible	\$40	\$0 after deductible	\$40	\$40	\$15
X-rays & Diagnostic Imaging	\$0 after deductible	40% after deductible	\$0 after deductible	\$85	\$75	\$30
MRIs & Advanced Imaging	\$0 after deductible	40% after deductible	\$0 after deductible	\$325	\$150	\$75
Inpatient Facility Fee	\$0 after deductible	40% after deductible	\$0 after deductible	20% after deductible	\$600/day (copay applies for a maximum of 5 days per 1 stay)	\$250/day (copay applies for a maximum of 5 days per 1 stay)
Outpatient Facility Fee	\$0 after deductible	40% after deductible	\$0 after deductible	20%	\$300	\$100
RX Generics: Preferred (Tier 1)	\$0 after deductible	\$18 after deductible	\$0 after deductible	\$16 after deductible	\$15	\$5
RX Brand: Preferred (Tier 2)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	\$60 after deductible	\$55	\$15
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	\$90 after deductible	\$80	\$25
RX Brand: Specialty (Tier 4)	\$0 after deductible	40% after deductible (cost share applies, up to \$500 per script)	\$0 after deductible	20% after deductible (cost share applies, up to \$250 per script)	20% (cost share applies, up to \$250 per script)	10% (cost share applies, up to \$250 per script)

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.

Note: Benefits may be subject to deductible. Oscar has specific in-network 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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Know Your Plans

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

Silver (CSR) 73 Select EPO Silver (CSR) 87 Select EPO Silver (CSR) 94 Select EPO

The Basics

Deductible (Individual / Family)	\$3,700 / \$7,400	\$1,400 / \$2,800	\$75 / \$150
Pharmacy Deductible (Individual / Family)	\$275 / \$550	\$100 / \$200	N/A
Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$2,850 / \$5,700	\$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

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$35	\$15	\$5
Specialist Office Visits	\$75	\$25	\$8
Urgent Care	\$35	\$15	\$5
Emergency Room	\$400	\$150	\$50
Mental Health Office Visits	\$35	\$15	\$5
Labs	\$40	\$20	\$8
X-rays & Diagnostic Imaging	\$85	\$40	\$8
MRIs & Advanced Imaging	\$325	\$100	\$50
Inpatient Facility Fee	20% after deductible	15% after deductible	10% after deductible
Outpatient Facility Fee	20%	15%	10%
RX Generics: Preferred (Tier 1)	\$16 after deductible	\$5	\$3
RX Brand: Preferred (Tier 2)	\$55 after deductible	\$25 after deductible	\$10
RX Brand: Non-preferred (Tier 3)	\$85 after deductible	\$45 after deductible	\$15
RX Brand: Specialty (Tier 4)	20% after deductible (cost share applies, up to \$250 per script)	15% after deductible (cost share applies, up to \$150 per script)	10% (cost share applies, up to \$150 per script)

*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.
 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



Know Your Plans

Bay Area | 2021 | Individual & Family Plans | Off-Exchange Only

	Bronze Simple Select EPO	Silver 70 Select EPO Off-Exchange	Silver Classic Select EPO	Silver Simple Select EPO
Deductible (Individual / Family)	\$7,150 / \$14,300	\$4,000 / \$8,000	\$1,950 / \$3,900	\$3,500 / \$7,000
Pharmacy Deductible (Individual / Family)	N/A	\$300 / \$600	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$8,200 / \$16,400	\$8,250 / \$16,500	\$8,550 / \$17,100
\$0 Preventive Care	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	50% after deductible (1 pre-deductible visit at \$50) ¹	\$40	\$40	\$30
Specialist Office Visits	50% after deductible	\$80	\$80	\$75
Urgent Care	\$75	\$40	\$75	\$75
Emergency Room	50% after deductible	\$400	35% after deductible	50% after deductible
Mental Health Office Visits	50% after deductible (1 pre-deductible visit at \$50) ¹	\$40	\$40	\$30
Labs	50% after deductible	\$40	35% after deductible	\$50
X-rays & Diagnostic Imaging	50% after deductible	\$85	35% after deductible	\$50
MRIs & Advanced Imaging	50% after deductible	\$325	35% after deductible	\$300
Inpatient Facility Fee	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	20%	35% after deductible	50% after deductible
RX Generics: Preferred (Tier 1)	\$15	\$16 after deductible	\$17	\$15
RX Brand: Preferred (Tier 2)	50% after deductible	\$60 after deductible	\$85 after deductible	\$50
RX Brand: Non-preferred (Tier 3)	50% after deductible (cost share applies, up to \$250 per script)	\$90 after deductible	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Specialty (Tier 4)	50% after deductible (cost share applies, up to \$250 per script)	20% after deductible (cost share applies, up to \$250 per script)	35% after deductible (cost share applies, up to \$250 per script)	50% after deductible (cost share applies, up to \$250 per script)

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*Oscar Virtual Urgent Care offerings are not available in US territories or internationally.



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