

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

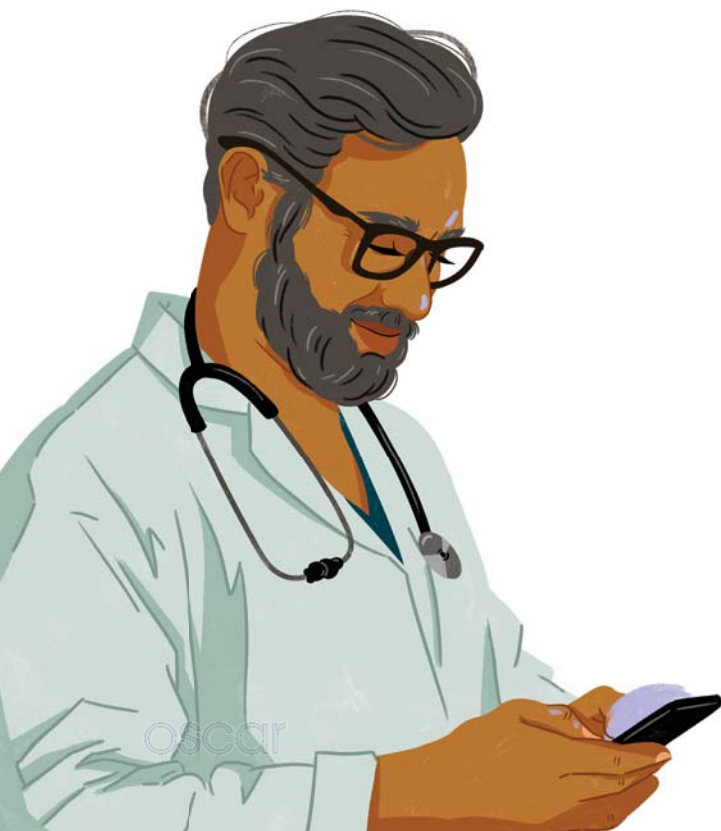
This is the amount you'll spend on certain covered services before your plan starts paying for care.

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 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 |
|---|--|--|---------------------------|---|--|--|
| The Basics | | | | | | |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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) |

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 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

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 |
|---|---|---|--|
| 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 | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ |
| 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) |

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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 |
|---|--|--|---|---|---|---|
| The Basics | | | | | | |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 | 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 script) | 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 script) | 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) |

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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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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 |
|---|--|--|---------------------------|---|--|--|
| The Basics | | | | | | |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 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) |

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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 |
|---|--|---|---|---|
| The Basics | | | | |
| 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 | ✓ | ✓ | ✓ | ✓ |
| Dedicated Care Team | ✓ | ✓ | ✓ | ✓ |
| 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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