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	Secure	Gold Simple	Gold Classic- \$0 PCP	Gold Classic Rx Copay	Gold Elite- \$0 Ded	Silver Simple	Silver Simple- HSA
The Basics							
Deductible (Individual / Family)	\$8,700 / \$17,400	\$2,000 / \$4,000	\$5,000 / \$10,000	\$1,700 / \$3,400	\$0 / \$0	\$3,500 / \$7,000	\$4,500 / \$9,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$6,550 / \$13,100	\$6,750 / \$13,500	\$8,500 / \$17,000	\$8,000 / \$16,000	\$7,400 / \$14,800	\$4,500 / \$9,000
\$0 Preventive care	ightharpoons	\checkmark	\checkmark	ightharpoons	\checkmark	\checkmark	ightharpoons
Dedicated Care Team	ightharpoons	\checkmark		ightharpoons	\checkmark	\checkmark	ightharpoons
Up to \$100/year in step tracking rewards	ightharpoons	\checkmark		ightharpoons	\checkmark	\checkmark	ightharpoons
HSA-Compatible?	No	No	No	No	No	No	Yes
Prices for Benefits							
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$0 after deductible (3 pre- deductible visits at \$0)1	\$25	\$0	\$25	\$0	\$35	\$0 after deductible
Specialist Office Visits	\$0 after deductible	\$60	\$50	\$50	\$25	10%	\$0 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$50	40%	\$0 after deductible
Emergency Room	\$0 after deductible	40% after deductible	50% after deductible	20% after deductible	\$500	30% after deductible	\$0 after deductible
Mental Health Office Visits	\$0 after deductible (3 pre- deductible visits at \$0)1	\$25	\$0	\$25	\$0	10%	\$0 after deductible
Labs	\$0 after deductible	\$60	\$25	\$50	\$25	30% after deductible	\$0 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$75	\$75	20% after deductible	\$75	10%	\$0 after deductible
MRIs & Advanced Imaging	\$0 after deductible	40% after deductible	50% after deductible	20% after deductible	\$375	40% after deductible	\$0 after deductible
Inpatient Facility Fee	\$0 after deductible	40% after deductible	50% after deductible	20% after deductible	\$1,000	40% after deductible	\$0 after deductible
Outpatient Facility Fee	\$0 after deductible	40% after deductible	50% after deductible	20% after deductible	\$500	10%	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$3	\$3	\$3	\$3	\$3	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$20	\$10	\$25	\$10	\$25	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$75	\$50	\$50	\$50	30% after deductible	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	50% after deductible	\$250	\$300	\$250	30% after deductible	\$0 after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	50% after deductible	50% after deductible	\$670	\$550	40% after deductible	\$0 after deductible

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	Silver Simple- Specialist Saver	Silver Classic- \$0 Ded	Silver Classic- Low Ded	Silver Classic- PCP Saver	Silver Elite Rx Copay	Silver Elite- \$0 Ded Rx Copay (Choice)	Silver Elite- \$0 PCP Rx Copay
The Basics							
Deductible (Individual / Family)	\$6,500 / \$13,000	\$0 / \$0	\$1,500 / \$3,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$0 / \$0	\$3,500 / \$7,000
Pharmacy Deductible (Individual / Family)	N/A	\$8,700 / \$17,400	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$2,500 / \$5,000	\$8,000 / \$16,000	\$8,400 / \$16,800	\$8,500 / \$17,000	\$8,700 / \$17,400	\$7,500 / \$15,000
\$0 Preventive care	\checkmark	\checkmark		\checkmark			
Dedicated Care Team	\checkmark	\checkmark		\checkmark			
Up to \$100/year in step tracking rewards	\checkmark	\checkmark		\checkmark		ightharpoons	ightharpoons
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$25	\$65	\$25	\$30	\$40	\$0
Specialist Office Visits	\$40	\$80	\$95	\$75	\$75	\$100	\$60
Urgent Care	\$75	\$50	\$75	\$100	\$50	\$50	\$75
Emergency Room	50% after deductible	\$1,000	40% after deductible	40% after deductible	\$650 after deductible	50%	\$650 after deductible
Mental Health Office Visits	\$40	\$25	\$65	\$25	\$30	\$40	\$0
Labs	\$50	\$25	\$50	\$50	\$30	\$50	\$50
X-rays & Diagnostic Imaging	50% after deductible	\$80	\$75	40% after deductible	\$75 after deductible	\$95	\$75 after deductible
MRIs & Advanced Imaging	50% after deductible	\$275	40% after deductible	40% after deductible	\$200 after deductible	50%	\$200 after deductible
Inpatient Facility Fee	50% after deductible	\$2500/day (2 day maximum)	40% after deductible	40% after deductible	\$500/day after deductible (3 day maximum)	50%	\$500/day after deductible (3 day maximum)
Outpatient Facility Fee	50% after deductible	\$1,000	40% after deductible	40% after deductible	\$350 after deductible	50%	\$350 after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$25	\$25	\$30	\$25
RX Brand: Preferred (Tier 2)	\$20	\$100	\$100	\$75	\$75	\$100	\$75
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	40% after deductible	\$450	\$450	\$450
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	40% after deductible	\$590	\$590	\$590

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	Bronze Super Simple	Bronze Simple- HSA	Bronze Simple Rx Copay	Bronze Classic	Bronze Classic- \$3000 Ded Rx Copay	Bronze Classic- PCP Saver Rx Copay	Bronze Elite- \$0 Ded
The Basics							
Deductible (Individual / Family)	\$7,500 / \$15,000	\$5,200 / \$10,400	\$8,700 / \$17,400	\$6,500 / \$13,000	\$3,000 / \$6,000	\$6,500 / \$13,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	\$6,700 / \$13,400
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
\$0 Preventive care	\checkmark				ightharpoons	ightharpoons	
Dedicated Care Team	\checkmark				\checkmark		
Up to \$100/year in step tracking rewards	\checkmark				\checkmark		
HSA-Compatible?	No	Yes	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$75 after deductible	\$50 after deductible	\$0 after deductible	50% after deductible (2 pre- deductible visits at \$50)1	\$75	\$50	\$50
Specialist Office Visits	\$100 after deductible	\$90 after deductible	\$0 after deductible	50% after deductible	\$150	\$90 after deductible	\$125
Urgent Care	\$75	\$75 after deductible	\$100	\$75	\$75	\$75	\$75
Emergency Room	\$1,250 after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$1,500	50% after deductible	\$1,250
Mental Health Office Visits	\$75 after deductible	\$50 after deductible	\$0 after deductible	50% after deductible	\$75	\$0	\$50
Labs	\$50 after deductible	\$50 after deductible	\$0 after deductible	50% after deductible	\$65	50% after deductible	\$50
X-rays & Diagnostic Imaging	\$100 after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$150	50% after deductible	\$95
MRIs & Advanced Imaging	\$500 after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$600	50% after deductible	\$500
Inpatient Facility Fee	50% after deductible	50% after deductible	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible	50%
Outpatient Facility Fee	\$1,200 after deductible	50% after deductible	\$0 after deductible	50% after deductible	\$1,000	50% after deductible	\$1,200
RX Generics: Preferred (Tier 1a)	\$3	\$3 after deductible	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$25 after deductible	\$25	\$25	\$30	\$30	\$30
RX Brand: Preferred (Tier 2)	\$250 after deductible	\$200 after deductible	\$300	50% after deductible	\$300	\$300	\$250
RX Brand: Non-preferred (Tier 3)	\$500 after deductible	50% after deductible	\$500	50% after deductible	\$500	\$500	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$700	50% after deductible	\$700	\$700	50% after deductible

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	Bronze Elite- \$0 Ded+PCP Saver	Bronze Elite- \$1000 Ded		
The Basics				
Deductible (Individual / Family)	\$0 / \$0	\$1,000 / \$2,000		
Pharmacy Deductible (Individual / Family)	\$6,200 / \$12,400	\$6,700 / \$13,400		
Out-of-Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400		
\$0 Preventive care	ightharpoons	\checkmark		
Dedicated Care Team		ightharpoons		
Up to \$100/year in step tracking rewards		ightharpoons		
HSA-Compatible?	No	No		
Prices for Benefits				
Virtual Urgent Care	\$0	\$0		
Primary Care Office Visits	\$35	\$65		
Specialist Office Visits	\$100	\$135		
Urgent Care	\$75	\$75		
Emergency Room	\$1,350	\$1,250		
Mental Health Office Visits	\$35	\$65		
Labs	\$50	\$50		
X-rays & Diagnostic Imaging	\$95	\$100		
MRIs & Advanced Imaging	\$350	\$650		
Inpatient Facility Fee	\$3,000/day (2 day maximum)	50% after deductible		
Outpatient Facility Fee	\$1,000	\$1,250		
RX Generics: Preferred (Tier 1a)	\$3	\$3		
RX Generics: Non-preferred (Tier 1b)	\$30	\$30		
RX Brand: Preferred (Tier 2)	\$250	\$250		
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible		
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible		

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	Silver Simple Off-Ex	Silver Simple- HSA Off-		Silver Classic- \$0 Ded	Silver Classic- Low Ded	Silver Classic- PCP	Silver Classic- HSA
		Ex	Specialist Saver Off-Ex	Off-Ex	Off-Ex	Saver Off-Ex	
The Basics							
Deductible (Individual / Family)	\$3,500 / \$7,000	\$4,500 / \$9,000	\$6,500 / \$13,000	\$0 / \$0	\$1,500 / \$3,000	\$7,000 / \$14,000	\$2,600 / \$5,200
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$4,000 / \$8,000	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$7,400 / \$14,800	\$4,500 / \$9,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,000 / \$16,000	\$8,400 / \$16,800	\$7,000 / \$14,000
\$0 Preventive care	\checkmark	ightharpoons	\checkmark	\checkmark	ightharpoons	ightharpoons	\checkmark
Dedicated Care Team	\checkmark	ightharpoons	\checkmark	\checkmark	ightharpoons	ightharpoons	\checkmark
Up to \$100/year in step tracking rewards	\checkmark	ightharpoons	\checkmark	\checkmark	ightharpoons	ightharpoons	\checkmark
HSA-Compatible?	No	Yes	No	No	No	No	Yes
Prices for Benefits							
Virtual Urgent Care	\$0	\$0 after deductible	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$35	\$0 after deductible	\$40	\$25	\$65	\$25	\$30 after deductible
Specialist Office Visits	40% after deductible	\$0 after deductible	\$40	\$80	\$95	\$75	\$75 after deductible
Urgent Care	40%	\$0 after deductible	\$75	\$50	\$70	\$100	\$50 after deductible
Emergency Room	40% after deductible	\$0 after deductible	50% after deductible	\$1,000	40% after deductible	40% after deductible	35% after deductible
Mental Health Office Visits	40%	\$0 after deductible	\$40	\$25	\$65	\$25	\$30 after deductible
Labs	40% after deductible	\$0 after deductible	\$50	\$25	\$50	\$50	\$50 after deductible
X-rays & Diagnostic Imaging	40% after deductible	\$0 after deductible	50% after deductible	\$80	\$75	40% after deductible	\$75 after deductible
MRIs & Advanced Imaging	40% after deductible	\$0 after deductible	50% after deductible	\$275	40% after deductible	40% after deductible	\$100 after deductible
Inpatient Facility Fee	40% after deductible	\$0 after deductible	50% after deductible	\$2,500/day (2 day maximum)	40% after deductible	40% after deductible	35% after deductible
Outpatient Facility Fee	40% after deductible	\$0 after deductible	50% after deductible	\$300	40% after deductible	40% after deductible	35% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$0 after deductible	\$3	\$3	\$3	\$3	\$3 after deductible
RX Generics: Non-preferred (Tier 1b)	\$25	\$0 after deductible	\$25	\$25	\$25	\$25	\$25 after deductible
RX Brand: Preferred (Tier 2)	40% after deductible	\$0 after deductible	\$75 after deductible	\$100	\$100	\$75	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	40% after deductible	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	35% after deductible
RX Brand: Specialty (Tier 4)	40% after deductible	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	35% after deductible

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	Silver Elite Rx Copay Off-Ex	Silver Elite- \$0 Ded Rx Copay Off-Ex	Silver Elite- \$0 PCP Rx Copay Off-Ex	Silver Elite- \$1500 Ded		
The Basics						
Deductible (Individual / Family)	\$7,000 / \$14,000	\$0 / \$0	\$3,500 / \$7,000	\$1,500 / \$3,000	•	
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A		
Out-of-Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$8,700 / \$17,400	\$7,500 / \$15,000	\$8,550 / \$17,100		
\$0 Preventive care	\checkmark	\checkmark	\checkmark	\checkmark	Why does Oscar offer these plans?	
Dedicated Care Team	\checkmark	\checkmark	\checkmark	\checkmark	Premiums of Silver tier plans on the government	
Up to \$100/year in step tracking rewards	\checkmark	\checkmark	\checkmark	\checkmark	exchange have gone up, due to government defunding of cost-sharing reduction (CSR) subsidies.	
HSA-Compatible?	No	No	No	No	In response, Oscar has created off-exchange Silver	
Prices for Benefits					alternatives.	
Virtual Urgent Care	\$0	\$0	\$0	\$0	 	
Primary Care Office Visits	\$30	\$40	\$0	\$25		
Specialist Office Visits	\$75	\$100	\$60	\$75	What should I know about these plans?	
Urgent Care	\$50	\$50	\$75	\$50	They are only available off of the exchange.	
Emergency Room	\$650 after deductible	50%	\$650 after deductible	\$650	They have lower premiums than comparable	
Mental Health Office Visits	\$30	\$40	\$0	\$25	Silver tier plans on the exchange.	
Labs	\$30	\$50	\$50	\$50	Are these plans right for me?	
X-rays & Diagnostic Imaging	\$75 after deductible	\$95	\$75 after deductible	\$75 after deductible	If you will not qualify for subsidies on the government	
MRIs & Advanced Imaging	\$200 after deductible	50%	\$200 after deductible	\$100 after deductible	exchange at any point in 2022, and are seeking a Silver tier plan, these may be a good option for you.	
Inpatient Facility Fee	\$500/day after deductible (3 day maximum)	50%	\$500/day after deductible (3 days maximum)	\$500/day after deductible (5 days maximum)	tier plan, these may be a good option for you.	
Outpatient Facility Fee	\$350 after deductible	50%	\$350 after deductible	\$250 after deductible		
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$0	\$3		
RX Generics: Non-preferred (Tier 1b)	\$25	\$30	\$25	\$25		
RX Brand: Preferred (Tier 2)	\$75	\$100	\$75	\$100		
RX Brand: Non-preferred (Tier 3)	\$450	\$450	\$450	50% after deductible		
RX Brand: Specialty (Tier 4)	\$590	\$590	\$590	50% after deductible		

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