



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

	Oscar Secure	Bronze Simple	Bronze Classic	Bronze Classic PCP Copay	Bronze Classic Next	Bronze Classic Next 2	Bronze HDHP
The Basics							
Deductible (Individual / Family)	\$8,550 / \$17,100	\$7,300 / \$14,600	\$6,000 / \$12,000	\$6,000 / \$12,000	\$0 / \$0	\$0 / \$0	\$5,200 / \$10,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$5,500 / \$11,000	\$7,200 / \$14,400	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	\$8,550 / \$17,100	\$7,000 / \$14,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	Yes
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ¹	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ¹	\$50	\$35	\$50	\$50 after deductible
Specialist Office Visits	\$0 after deductible	30% after deductible	50% after deductible	\$90 after deductible	\$100	\$50	\$90 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$75	\$75	\$75 after deductible
Emergency Room	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$1,150	\$1,150	50% after deductible
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ¹	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ¹	\$50	\$35	\$50	\$50 after deductible
Labs	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$50	\$50	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$95	\$95	50% after deductible
MRIs & Advanced Imaging	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$375	\$500	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)	\$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	\$1,000	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 after deductible
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$25 ²	\$25 ²	\$25 ²	\$30 ²	\$30 ²	\$25 after deductible
RX Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$200	\$250	\$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	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	50% after deductible

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²Many prescription 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
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Ohio | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Silver Saver	Silver Saver 2	Silver Classic Next	Silver Classic	Silver Classic Copay	Silver Classic \$0 Ded	Gold Classic
The Basics							
Deductible (Individual / Family)	\$4,200 / \$8,400	\$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	N/A	\$4,000 / \$8,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$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	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$40	\$30	\$50	\$30	\$25	\$30
Specialist Office Visits	\$90 after deductible	\$40	\$75 after deductible	\$80	\$75	\$80	\$55
Urgent Care	\$75	\$75	\$50	\$75	\$50	\$50	\$75
Emergency Room	50% after deductible	50% after deductible	\$650 after deductible	50% after deductible	\$650 after deductible	\$1,000	30% after deductible
Mental Health Office Visits	\$25	\$40	\$30	\$50	\$30	\$25	\$30
Labs	\$50	\$50	\$25	\$75	\$30	\$25	\$55
X-rays & Diagnostic Imaging	\$65 after deductible	50% after deductible	\$75	50% after deductible	\$75 after deductible	\$80	30% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	50% after deductible	\$200 after deductible	\$275	30% after deductible
Inpatient Facility Fee	50% after deductible	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	50% after deductible	40% after deductible	50% after deductible	\$350 after deductible	\$1,000	30% after deductible
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25 ²	\$25 ²	\$25 ²	\$25 ²	\$25 ²	\$30 ²
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$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	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	50% after deductible	30% after deductible

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

	Silver Saver CSR 250	Silver Saver CSR 200	Silver Saver CSR 150	Silver Saver 2 CSR 250	Silver Saver 2 CSR 200	Silver Saver 2 CSR 150
The Basics						
Deductible (Individual / Family)	\$2,500 / \$5,000	\$825 / \$1,650	\$0 / \$0	\$3,300 / \$6,600	\$970 / \$1,940	\$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	\$1,600 / \$3,200	\$6,800 / \$13,600	\$2,800 / \$5,600	\$1,350 / \$2,700
\$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	\$25	\$15	\$0	\$40	\$25	\$5
Specialist Office Visits	\$45 after deductible	\$30 after deductible	\$10	\$40	\$25	\$5
Urgent Care	\$60	\$45	\$30	\$60	\$45	\$30
Emergency Room	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Mental Health Office Visits	\$25	\$15	\$0	\$40	\$25	\$5
Labs	\$50	\$30	\$0	\$50	\$30	\$0
X-rays & Diagnostic Imaging	\$50 after deductible	\$30 after deductible	\$15	40% after deductible	30% after deductible	30%
MRIs & Advanced Imaging	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Inpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
Outpatient Facility Fee	40% after deductible	25% after deductible	25%	40% after deductible	30% after deductible	30%
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$0 ²	\$3 ²	\$3 ²	\$0 ²
RX Generics: Non-preferred (Tier 1b)	\$20 ²	\$10 ²	\$10 ²	\$20 ²	\$10 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$40 after deductible	\$25	\$60 after deductible	\$40 after deductible	\$20
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%

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.

²Many prescription 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 Next CSR 250	Silver Classic Next CSR 200	Silver Classic Next CSR 150	Silver Classic CSR 250	Silver Classic CSR 200	Silver Classic CSR 150
The Basics						
Deductible (Individual / Family)	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0	\$4,000 / \$8,000	\$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)	\$6,300 / \$12,600	\$2,800 / \$5,600	\$1,750 / \$3,500	\$6,500 / \$13,000	\$2,850 / \$5,700	\$1,700 / \$3,400
\$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	\$25	\$5	\$0	\$20	\$10	\$0
Specialist Office Visits	\$60	\$30	\$5	\$60	\$40	\$5
Urgent Care	\$50	\$15	\$15	\$50	\$25	\$15
Emergency Room	\$650 after deductible	\$650	\$550	50% after deductible	25%	15%
Mental Health Office Visits	\$25	\$5	\$0	\$20	\$10	\$0
Labs	\$25	\$15	\$0	\$75	\$30	\$10
X-rays & Diagnostic Imaging	\$75	\$30	\$15	50% after deductible	25%	15%
MRIs & Advanced Imaging	40% after deductible	40%	25%	50% after deductible	25%	15%
Inpatient Facility Fee	40% after deductible	40%	25%	50% after deductible	25%	15%
Outpatient Facility Fee	40% after deductible	40%	25%	50% after deductible	25%	15%
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$0 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$20 ²	\$7 ²	\$25 ²	\$25 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$75	\$60	\$20	\$75	\$50	\$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%

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

	Silver Classic Copay CSR 250	Silver Classic Copay CSR 200	Silver Classic Copay CSR 150	Silver Classic \$0 Ded CSR 250	Silver Classic \$0 Ded CSR 200	Silver Classic \$0 Ded CSR 150
The Basics						
Deductible (Individual / Family)	\$3,500 / \$7,000	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$3,250 / \$6,500	\$600 / \$1,200	\$100 / \$200
Out-of-Pocket Max (Individual / Family)	\$6,400 / \$12,800	\$2,250 / \$4,500	\$800 / \$1,600	\$6,500 / \$13,000	\$2,500 / \$5,000	\$1,000 / \$2,000
\$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	\$20	\$5	\$0	\$20	\$10	\$5
Specialist Office Visits	\$50	\$25	\$15	\$60	\$25	\$10
Urgent Care	\$50	\$15	\$15	\$50	\$15	\$15
Emergency Room	\$400 after deductible	\$200	\$200	\$500	\$300	\$200
Mental Health Office Visits	\$20	\$5	\$0	\$20	\$10	\$5
Labs	\$20	\$15	\$15	\$15	\$10	\$5
X-rays & Diagnostic Imaging	\$50 after deductible	\$30	\$30	\$60	\$25	\$10
MRIs & Advanced Imaging	\$125 after deductible	\$75	\$75	\$125	\$75	\$40
Inpatient Facility Fee	\$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)	\$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	\$200 after deductible	\$200	\$200	\$500	\$200	\$100
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$0 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25 ²	\$10 ²	\$25 ²	\$25 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$75	\$75	\$30	\$100	\$60	\$50
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50%	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50%	50% after deductible	50% after deductible	50% after deductible

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

	Silver Classic Off-Ex	Silver HDHP	Silver \$1500 Ded
The Basics			
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	<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	Yes	No
Prices for Benefits			
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 ²	\$3 after deductible	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25 after deductible	\$25 ²
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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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.

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