

Virginia 2020 | Individual & Family Plans | Available On & Off-Exchange*

*Pending final certification

	Secure	ure Bronze					Gold			
	Simple	Simple	Classic	Classic Next	Saver	Simple	Classic	Classic Next	Saver	Classic
The Basics										
Deductible (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,000 / \$12,000	\$0 / \$0	\$6,000 / \$12,000	\$8,150 / \$16,300	\$6,500 / \$13,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$1,700 / \$3,400
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	\$5,500 / \$11,000	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,750 / \$13,500	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,650 / \$13,300	\$8,150 / \$16,30
Free preventive care		*	~	*	*	*	*	*	*	~
Up to \$100/year in Step Tracking rewards	*	*	~	*	~	/	*	*	~	~
Prices before you meet your deduc	ctible									
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 ²	Negotiated rate ¹	First 2 at \$50 ²	\$50	Negotiated rate ¹	\$25	\$50	\$25	First 3 at \$50 ²	\$25
Specialist Office Visits	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$90	Negotiated rate ¹	\$50	\$75	Negotiated rate ¹	Negotiated rate ¹	\$50
Urgent Care	Negotiated rate ¹	\$75	\$75	\$100	Negotiated rate ¹	\$75	\$100	\$100	Negotiated rate ¹	\$75
Emergency Room	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$1,000	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate
Mental Health Office Visits	First 3 at \$0 ²	Negotiated rate ¹	First 2 at \$50 ²	\$50	Negotiated rate ¹	\$25	\$50	40%	First 3 at \$50 ²	\$25
Labs	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$75	Negotiated rate ¹	Negotiated rate ¹	\$75	Negotiated rate ¹	Negotiated rate ¹	\$50
X-rays & Diagnostic Imaging	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$90	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate
MRIs & Advanced Imaging	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$200	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$2,500 per day (2 day max) / \$1,000	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
RX Generics: Preferred / Non-preferred	Negotiated rate ¹	\$3 / Negotiated rate ¹	\$3 / Negotiated rate ¹	\$3 / \$25	\$3 / Negotiated rate ¹	\$3 / \$20	\$3 / \$25	\$3 / \$25	\$3 / \$25	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$200 / Negotiated rate / Negotiated rate ¹	Negotiated rate ¹	\$75 / Negotiated rate / Negotiated rate ¹	\$75 / Negotiated rate / Negotiated rate¹	\$100 / Negotiated rate / Negotiated rate ¹	Negotiated rate ¹	\$50 / Negotiated rate / Negotiated rate ¹
Prices after you meet your deduct	ible									
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	Free	50%	\$50	50%	Free	\$50	\$25	40%	\$25
Specialist Office Visits	Free	Free	50%	\$90	50%	Free	\$75	\$75	40%	\$50
Urgent Care	Free	Free	\$75	\$100	50%	Free	\$100	\$100	40%	\$75
Emergency Room	Free	Free	50%	\$1,000	50%	Free	50%	40%	40%	20%
Mental Health Office Visits	Free	Free	50%	\$50	50%	Free	\$50	40%	40%	\$25
Labs	Free	Free	50%	\$75	50%	Free	\$75	40%	40%	\$50
X-rays & Diagnostic Imaging	Free	Free	50%	\$90	50%	Free	50%	40%	40%	20%
MRIs & Advanced Imaging	Free	Free	50%	\$200	50%	Free	50%	40%	40%	20%
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	50%	\$2,500 per day (2 day max) / \$1,000	50%	Free	50%	40%	40%	20%
RX Generics: Preferred / Non-preferred	Free	Free	\$3 / 50%	\$3 / \$25	\$3 / 50%	Free	\$3 / \$25	\$3 / \$25	\$3 / \$25	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	Free	Free	50%	\$200 / 50% / 50% (\$5,500 Rx Ded)	50%	Free	\$75 / 50% / 50%	\$100 / 50% / 50%	40%	\$50 / 20% / 20%

¹ Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's negotiated rate with in-network providers until reaching the plan's deductible.

² The first 2-3 non-preventive visits <u>across</u> 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. <u>Note</u>: For coinsurance, member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

Virginia 2020 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans*

*Pending final certification

Ready to sign up? Talk with your broker to get a quote.

		Silver (CSR)										
		Simple		Classic				Classic Nex	t	Saver		
	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150
The Basics												
Deductible (Individual / Family)	\$6,500 / \$13,000	\$2,200 / \$4,400	\$800 / \$1,600	\$4,500 / \$9,000	\$1,000 / \$2,000	\$250 / \$500	\$4,500 / \$9,000	\$0/\$0	\$0/\$0	\$2,200 / \$4,400	\$750 / \$1,500	\$200 / \$400
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A						
Out-of-pocket Max (Ind/Fam)	\$6,500 / \$13,000	\$2,200 / \$4,400	\$800 / \$1,600	\$6,500 / \$13,000	\$2,700 / \$5,400	\$1,700 / \$3,400	\$6,500 / \$13,000	\$2,700 / \$5,400	\$1,800 / \$3,600	\$6,100 / \$12,200	\$2,700 / \$5,400	\$1,500 / \$3,000
Free preventive care	*	~	~	*	~		*	*				
Up to \$100/year in Step Tracking rewards	/	*	*	/	/	*	/	*	*	/		
Prices before you meet your de	eductible		į.									<u>.</u>
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free						
Primary Care Office Visits	\$10	\$5	Free	\$20	Free	Free	\$25	\$5	Free	First 3 at \$50 ²	First 3 at \$25 ²	First 3 at \$10 ²
Specialist Office Visits	\$50	\$10	\$10	\$50	\$10	\$5	\$60	\$15	\$5	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
Urgent Care	\$75	\$25	\$15	\$75	\$25	\$15	\$75	\$25	\$15	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
Emergency Room	Negotiated rate ¹	40%	20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹						
Mental Health Office Visits	\$10	\$5	Free	\$20	Free	Free	40%	40%	Free	First 3 at \$50 ²	First 3 at \$25 ²	First 3 at \$10 ²
Labs	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹	\$75	\$30	\$10	Negotiated rate ¹	40%	20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
X-rays & Diagnostic Imaging	Negotiated rate ¹	40%	20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹						
MRIs & Advanced Imaging	Negotiated rate ¹	40%	20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹						
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate ¹	40%	20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹						
RX Generics: Preferred / Non-preferred	\$3 / \$20	\$3 / \$10	\$3 / \$7	\$3 / \$25	\$3 / \$20	\$3 / \$10	\$3 / \$20	\$3 / \$20	Free / \$5	\$3 / \$25	\$3 / \$20	\$3 / \$10
RX Brand: Preferred / Non-preferred / Specialty	\$50 / Negotiated rate / Negotiated rate ¹	\$15 / Negotiated rate / Negotiated rate ¹	\$15 / Negotiated rate / Negotiated rate ¹	\$75 / Negotiated rate / Negotiated rate ¹	\$40 / Negotiated rate / Negotiated rate ¹	\$20 / Negotiated rate / Negotiated rate ¹	\$100 / Negotiated rate / Negotiated rate ¹	\$75 / 40% / 40%	\$40 / 20% / 20%	Negotiated rate ¹	Negotiated rate ¹	Negotiated rate ¹
Prices after you meet your ded					······································							×
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free						
Primary Care Office Visits	Free	Free	Free	\$20	Free	Free	\$25	\$5	Free	30%	10%	10%
Specialist Office Visits	Free	Free	Free	\$50	\$10	\$5	\$60	\$15	\$5	30%	10%	10%
Urgent Care	Free	Free	Free	\$75	\$25	\$15	\$75	\$25	\$15	30%	10%	10%
Emergency Room	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
Mental Health Office Visits	Free	Free	Free	\$20	Free	Free	40%	40%	Free	30%	10%	10%
Labs	Free	Free	Free	\$75	\$30	\$10	40%	40%	20%	30%	10%	10%
X-rays & Diagnostic Imaging	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
MRIs & Advanced Imaging	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	Free	30%	20%	10%	40%	40%	20%	30%	10%	10%
RX Generics: Preferred / Non-preferred RX Brand: Preferred / Non-preferred /	Free	Free	Free	\$3 / \$25	\$3 / \$20	\$3 / \$10	\$3 / \$20	\$3 / \$20	Free / \$5	\$3 / \$25	\$3 / \$20	\$3 / \$10
Specialty	Free	Free	Free	\$75 / 40% / 40%	\$40 / 30% / 30%	\$20 / 20% / 20%	\$100 / 50% / 50%	\$75 / 40% / 40%	\$40 / 20% / 20%	30%	10%	10%

¹ Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's negotiated rate with in-network providers until reaching the plan's deductible.

Note: For coinsurance, member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

² The first 2-3 non-preventive visits <u>across</u> 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.

Ready to sign up? Talk with your broker to get a quote.

	Silver
	Classic Next
The Basics	
Deductible (Individual / Family)	\$7,000 / \$14,000
Pharmacy Deductible (Ind/Fam)	N/A
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300
Free preventive care	✓
Up to \$100/year in Step Tracking rewards	/
Prices before you meet your deductible	
Doctor on Call (Telemedicine Visits)	Free
Primary Care Office Visits	\$25
Specialist Office Visits	Negotiated rate ¹
Urgent Care	\$100
Emergency Room	Negotiated rate ¹
Mental Health Office Visits	40%
Labs	Negotiated rate ¹
X-rays & Diagnostic Imaging	Negotiated rate ¹
MRIs & Advanced Imaging	Negotiated rate ¹
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate ¹
RX Generics: Preferred / Non-preferred	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	\$105 / Negotiated rate / Negotiated rate ¹
Prices after you meet your deductible	
Doctor on Call (Telemedicine Visits)	Free
Primary Care Office Visits	\$25
Specialist Office Visits	\$75
Urgent Care	\$100
Emergency Room	40%
Mental Health Office Visits	40%
Labs	40%
X-rays & Diagnostic Imaging	40%
MRIs & Advanced Imaging	40%
Inpatient Facility Fee / Outpatient Facility Fee	40%
RX Generics: Preferred / Non-preferred	\$3 / \$25
RX Brand: Preferred / Non-preferred / Specialty	\$105 / 50% / 50%

Why does Oscar offer this plan?

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 created an off-exchange Silver alternative: the Classic Silver Off-Exchange Only Plan.

What should I know about this plan?

- It is only available off of the exchange.
- It has lower premiums than comparable Silver tier plans on the exchange.

Is this plan right for me?

• If you will not qualify for subsidies on the government exchange at any point in 2020, and are seeking a Silver tier plan, this may be a good option for you.

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