

**Oscar Insurance Corporation**  
**Individual Off Exchange Health Plans and Benefits Descriptions, Includes Pediatric Dental**

	Standard Plans			Oscar Variations				
	Gold Off Exchange	Silver Off Exchange	Bronze Off Exchange	Gold Edge Off Exchange	Silver Edge Off Exchange	Silver Edge + Off Exchange	Bronze Edge Off Exchange	Bronze Edge + Off Exchange
Single/Family Deductible <sup>1</sup>	\$600/\$1,200	\$2,000/\$4,000	\$3,000/\$6,000	\$1,300/\$2,600	\$5,000/\$10,000	\$2,500/\$5,000	\$6,350/\$12,700	\$4,000/\$8,000
Deductible Also Applies to Drugs <sup>2</sup>	No	No	Yes	No	No	No	Yes	Yes
Single/Family OOP Maximum	\$4,000/\$8,000	\$5,500/\$11,000	\$6,350/\$12,700	\$4,000/\$8,000	\$6,350/\$12,700	\$5,600/\$11,200	\$6,350/\$12,700	\$6,350/\$12,700
<b>Medical Copays/Coinsurance</b>								
Primary Care Physician (PCP)	\$25	\$30	50%	\$25	\$30	\$30	0%	\$30
# PCP visits covered in full	0	0	0	2	3	2	2	1
Specialist	\$40	\$50	50%	\$40	\$50	\$50	0%	\$50
Emergency Room	\$150	\$150	50%	\$150	\$150	\$250	0%	\$150
Urgent Care	\$60	\$70	50%	\$60	\$70	\$70	0%	\$70
Ambulance Copay	\$150	\$150	50%	\$150	50%	50%	0%	\$150
Inpatient Facility <sup>3</sup>	\$1,000	\$1,500	50%	\$1,000	\$1,500	\$2,000	0%	\$1,500
Outpatient Facility - Surgery	\$100	\$100	50%	\$100	\$100	\$100	0%	\$100
PT/OT/ST	\$30	\$30	50%	\$30	\$30	\$30	0%	\$30
Pediatric Glasses	20%	30%	50%	20%	30%	30%	0%	30%
Pediatric Dental Visit	\$25	\$30	50%	\$25	\$30	\$30	0%	\$30
DME/Prosthetics	20%	30%	50%	20%	30%	30%	0%	30%
Surgeon - IP/OP Facility	\$100	\$100	50%	\$100	\$100	\$100	0%	\$100
<b>Drug Copays/Coinsurance</b>								
Generic	\$10	\$10	\$10	\$0	\$0	\$0	\$0	\$0
Preferred	\$35	\$35	\$35	\$35	\$35	\$35	\$0	\$35
Non-Preferred	\$70	\$70	\$70	\$150	\$150	\$150	\$0	\$150
<b>Off-Exchange Prices (To Age 26, Pediatric Dental)<sup>4</sup></b>								
Individual	\$501.30	\$432.01	\$350.28	\$484.32	\$397.31	\$425.63	\$340.44	\$375.29
Individual and Spouse	\$1,002.59	\$864.01	\$700.56	\$968.63	\$794.62	\$851.26	\$680.88	\$750.58
Parent and Child(ren)	\$852.20	\$734.41	\$595.48	\$823.34	\$675.43	\$723.57	\$578.75	\$638.00
Family	\$1,428.70	\$1,231.22	\$998.30	\$1,380.30	\$1,132.33	\$1,213.05	\$970.25	\$1,069.58
<b>Off-Exchange Prices (To Age 29, Pediatric Dental)<sup>4</sup></b>								
Parent and Child(ren)	\$858.31	\$739.66	\$599.72	\$829.24	\$680.25	\$728.74	\$582.87	\$642.55
Family	\$1,438.94	\$1,240.02	\$1,005.41	\$1,390.19	\$1,140.42	\$1,221.72	\$977.16	\$1,077.21

**Notes**

1. The deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.
2. All Bronze plans (including Oscar variants) have a combined medical and drug deductible. For all other plans, the deductible does not apply to drugs.
3. Applies to Medical, Surgical, Maternity, Mental Health, and Substance Abuse Inpatient Services
4. Rates are for illustration purposes only. All rates include pediatric dental, off exchange only.

\* All plans include free, unlimited Telemedicine. All doctors are U.S. board-certified (PCPs, pediatricians and internists) available 24/7/365, via phone or online video consults from wherever the member happens to be. Providers use electronic health records to diagnose, treat, and write prescriptions, when necessary.

\*\* PCP visits covered in full are for each covered life on the plan; contract holder and all dependents. i.e. Silver Edge, 3 PCP visits covered in full, Member - 3, Spouse - 3, Child(ren) - 3 each annually.

\*\*\* Free annual physical is in addition to PCP visits.