



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

	Oscar Secure	Bronze Simple	Bronze Classic	Bronze Classic PCP Copay	Bronze Classic Next
The Basics					
Deductible (Individual / Family)	\$8,550 / \$17,100	\$7,300 / \$14,600	\$6,000 / \$12,000	\$6,000 / \$12,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	\$5,500 / \$11,000
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
\$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ³	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ³	\$50	\$35
Specialist Office Visits	\$0 after deductible	30% after deductible	50% after deductible	\$90 after deductible	\$100
Urgent Care	\$0 after deductible	\$75	\$75	\$75	\$75
Emergency Room	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$1,150
Mental Health Office Visits	\$0 after deductible (3 pre-deductible visits at \$0) ³	30% after deductible	50% after deductible (1 pre-deductible visit at \$50) ³	\$50	\$35
Labs	\$0 after deductible	30% after deductible ²	50% after deductible ²	50% after deductible ²	\$50 ²
X-rays & Diagnostic Imaging	\$0 after deductible	30% after deductible ²	50% after deductible ²	50% after deductible ²	\$95 ²
MRIs & Advanced Imaging	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$375
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)
Outpatient Facility Fee	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$1,000
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$3 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$25 ²	\$25 ²	\$25 ²	\$30 ²
RX Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	\$200
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	50% after RX deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	30% after deductible	50% after deductible	50% after deductible	50% after RX deductible

¹Virtual Primary Care is only available for plans in Houston, Dallas, and Austin counties. Oscar's Virtual Primary Care offerings are only available for members ages 18 and over. Oscar Virtual Primary Care visits are unlimited and always \$0.

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³Pre-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. To learn more about our virtual offerings, visit our website: hioscar.com/virtual-primary-care



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

	Bronze Classic Next 2	Bronze HDHP	Silver Saver 2	Silver Classic Next	Silver Classic
The Basics					
Deductible (Individual / Family)	\$0 / \$0	\$5,200 / \$10,400	\$6,200 / \$12,400	\$6,000 / \$12,000	\$5,000 / \$10,000
Pharmacy Deductible (Individual / Family)	\$7,200 / \$14,400	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,550 / \$17,100	\$7,000 / \$14,000	\$8,550 / \$17,100	\$8,000 / \$16,000	\$8,550 / \$17,100
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	Yes	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$50 after deductible	\$40	\$30	\$50
Specialist Office Visits	\$50	\$90 after deductible	\$40	\$75 after deductible	\$80
Urgent Care	\$75	\$75 after deductible	\$75	\$50	\$75
Emergency Room	\$1,150	50% after deductible	50% after deductible	\$650 after deductible	50% after deductible
Mental Health Office Visits	\$50	\$50 after deductible	\$40	\$30	\$50
Labs	\$50 ²	\$50 after deductible	\$50 ²	\$25 ²	\$75 ²
X-rays & Diagnostic Imaging	\$95 ²	50% after deductible	50% after deductible ²	\$75 ²	50% after deductible ²
MRIs & Advanced Imaging	\$500	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	\$3,000/day (copay applies for a maximum of 2 days per 1 stay)	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	\$1,000	50% after deductible	50% after deductible	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 after deductible	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$30 ²	\$25 after deductible	\$25 ²	\$25 ²	\$25 ²
RX Brand: Preferred (Tier 2)	\$250	\$200 after deductible	\$75 after deductible	\$100	\$75
RX Brand: Non-preferred (Tier 3)	50% after RX deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after RX deductible	50% after deductible	50% after deductible	50% after deductible	50% 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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Texas | 2021 | Individual & Family Plans | Available On & Off-Exchange

	Silver Classic Copay	Silver Classic \$0 Ded	Gold Classic
The Basics			
Deductible (Individual / Family)	\$7,000 / \$14,000	\$0 / \$0	\$2,500 / \$5,000
Pharmacy Deductible (Individual / Family)	N/A	\$4,000 / \$8,000	N/A
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400	\$8,550 / \$17,100	\$6,000 / \$12,000
\$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
Virtual Primary Care Visits ¹	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$25	\$30
Specialist Office Visits	\$75	\$80	\$55
Urgent Care	\$50	\$50	\$75
Emergency Room	\$650 after deductible	\$1,000	30% after deductible
Mental Health Office Visits	\$30	\$25	\$30
Labs	\$30 ²	\$25 ²	\$55 ²
X-rays & Diagnostic Imaging	\$75 after deductible ²	\$80 ²	30% after deductible ²
MRIs & Advanced Imaging	\$200 after deductible	\$275	30% after deductible
Inpatient Facility Fee	\$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	\$350 after deductible	\$1,000	30% after deductible
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$25 ²	\$30 ²
RX Brand: Preferred (Tier 2)	\$75	\$100	\$55
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after RX deductible	30% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after RX deductible	30% after deductible

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³Pre-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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Texas | 2021 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

	Silver Saver 2 CSR 250	Silver Saver 2 CSR 200	Silver Saver 2 CSR 150	Silver Classic Next CSR 250	Silver Classic Next CSR 200
The Basics					
Deductible (Individual / Family)	\$3,300 / \$6,600	\$970 / \$1,940	\$0 / \$0	\$3,500 / \$7,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$6,800 / \$13,600	\$2,800 / \$5,600	\$1,350 / \$2,700	\$6,300 / \$12,600	\$2,800 / \$5,600
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$25	\$5	\$25	\$5
Specialist Office Visits	\$40	\$25	\$5	\$60	\$30
Urgent Care	\$60	\$45	\$30	\$50	\$15
Emergency Room	40% after deductible	30% after deductible	30%	\$650 after deductible	\$650
Mental Health Office Visits	\$40	\$25	\$5	\$25	\$5
Labs	\$50 ²	\$30 ²	\$0 ²	\$25 ²	\$15 ²
X-rays & Diagnostic Imaging	40% after deductible ²	30% after deductible ²	30% ²	\$75 ²	\$30 ²
MRIs & Advanced Imaging	40% after deductible	30% after deductible	30%	40% after deductible	40%
Inpatient Facility Fee	40% after deductible	30% after deductible	30%	40% after deductible	40%
Outpatient Facility Fee	40% after deductible	30% after deductible	30%	40% after deductible	40%
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$20 ²	\$10 ²	\$10 ²	\$25 ²	\$20 ²
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$40 after deductible	\$20	\$75	\$60
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50%

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

	Silver Classic Next CSR 150	Silver Classic CSR 250	Silver Classic CSR 200	Silver Classic CSR 150	Silver Classic Copay CSR 250
The Basics					
Deductible (Individual / Family)	\$0 / \$0	\$4,000 / \$8,000	\$0 / \$0	\$0 / \$0	\$3,500 / \$7,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,750 / \$3,500	\$6,500 / \$13,000	\$2,850 / \$5,700	\$1,700 / \$3,400	\$6,400 / \$12,800
\$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$20	\$10	\$0	\$20
Specialist Office Visits	\$5	\$60	\$40	\$5	\$50
Urgent Care	\$15	\$50	\$25	\$15	\$50
Emergency Room	\$550	50% after deductible	25%	15%	\$400 after deductible
Mental Health Office Visits	\$0	\$20	\$10	\$0	\$20
Labs	\$0	\$75 ²	\$30 ²	\$10 ²	\$20 ²
X-rays & Diagnostic Imaging	\$15 ²	50% after deductible ²	25% ²	15% ²	\$50 after deductible ²
MRIs & Advanced Imaging	25%	50% after deductible	25%	15%	\$125 after deductible
Inpatient Facility Fee	25%	50% after deductible	25%	15%	\$450/day after deductible (copay applies for a maximum of 2 days per 1 stay)
Outpatient Facility Fee	25%	50% after deductible	25%	15%	\$200 after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3 ²	\$3 ²	\$3 ²	\$3 ²
RX Generics: Non-preferred (Tier 1b)	\$7 ²	\$25 ²	\$25 ²	\$10 ²	\$25 ²
RX Brand: Preferred (Tier 2)	\$20	\$75	\$50	\$30	\$75
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50%	50%	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50%	50%	50% after deductible

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

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)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$3,250 / \$6,500	\$600 / \$1,200	\$100 / \$200
Out-of-Pocket Max (Individual / Family)	\$2,250 / \$4,500	\$800 / \$1,600	\$6,500 / \$13,000	\$2,500 / \$5,000	\$1,000 / \$2,000
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$0	\$20	\$10	\$5
Specialist Office Visits	\$25	\$15	\$60	\$25	\$10
Urgent Care	\$15	\$15	\$50	\$15	\$15
Emergency Room	\$200	\$200	\$500	\$300	\$200
Mental Health Office Visits	\$5	\$0	\$20	\$10	\$5
Labs	\$15 ²	\$15 ²	\$15 ²	\$10 ²	\$5 ²
X-rays & Diagnostic Imaging	\$30 ²	\$30 ²	60 ²	\$325 ²	\$10 ²
MRIs & Advanced Imaging	\$75	\$75	\$125	\$75	\$40
Inpatient Facility Fee	\$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	\$200	\$500	\$200	\$100
RX Generics: Preferred (Tier 1a)	\$3 ²	\$3 ²	\$3 ²	\$3 ²	\$0 ²
RX Generics: Non-preferred (Tier 1b)	\$25 ²	\$10 ²	\$25 ²	\$25 ²	\$10 ²
RX Brand: Preferred (Tier 2)	\$75	\$30	\$100	\$60	\$50
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after RX deductible	50% after RX deductible	50% after RX deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after RX deductible	50% after RX deductible	50% after RX deductible

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Texas | 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	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	Yes	No
Prices for Benefits			
Virtual Urgent Care	\$0	\$0	\$0
Virtual Primary Care Visits ¹	\$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 ²	\$50 after deductible	\$50 ²
X-rays & Diagnostic Imaging	50% after deductible ²	\$75 after deductible	\$75 after deductible ²
MRIs & Advanced Imaging	50% after deductible	\$100 after deductible	\$100 after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	\$500 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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