



# Georgia 2020 | Individual & Family Plans | Available On & Off-Exchange

	Secure	Bronze				Silver				Gold
	Simple	Simple	Classic	Classic Next	Saver	Simple	Classic	Classic Next	Saver	Classic
<b>The Basics</b>										
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 / \$16,300
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Prices before you meet your deductible</b>										
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	First 2 at \$50 <sup>2</sup>	\$50	Negotiated rate <sup>1</sup>	\$25	\$50	\$25	First 3 at \$50 <sup>2</sup>	\$25
Specialist Office Visits	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$90	Negotiated rate <sup>1</sup>	\$50	\$75	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50
Urgent Care	Negotiated rate <sup>1</sup>	\$75	\$75	\$100	Negotiated rate <sup>1</sup>	\$75	\$100	\$100	Negotiated rate <sup>1</sup>	\$75
Emergency Room	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$1,000	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Mental Health Office Visits	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	First 2 at \$50 <sup>2</sup>	\$50	Negotiated rate <sup>1</sup>	\$25	\$50	40%	First 3 at \$50 <sup>2</sup>	\$25
Labs	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$90	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$200	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$3,000 per day (2 day max) / \$1,000	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
RX   Generics: Preferred / Non-preferred	Negotiated rate <sup>1</sup>	\$3 / Negotiated rate <sup>1</sup>	\$3 / Negotiated rate <sup>1</sup>	\$3 / \$25	\$3 / Negotiated rate <sup>1</sup>	\$3 / \$20	\$3 / \$25	\$3 / \$25	\$3 / \$25	\$3 / \$25
RX   Brand: Preferred / Non-preferred / Specialty	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$200 / Negotiated rate / Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75 / Negotiated rate / Negotiated rate <sup>1</sup>	\$75 / Negotiated rate / Negotiated rate <sup>1</sup>	\$100 / Negotiated rate / Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50 / Negotiated rate / Negotiated rate <sup>1</sup>
<b>Prices after you meet your deductible</b>										
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%	\$50	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%	\$3,000 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%

<sup>1</sup> 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.

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

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



# Georgia 2020 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

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

	Silver (CSR)											
	Simple			Classic			Classic Next			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
<b>The Basics</b>												
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	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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Prices before you meet your deductible</b>												
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	\$10	\$5	Free	\$20	Free	Free	\$25	\$5	Free	First 3 at \$50 <sup>2</sup>	First 3 at \$25 <sup>2</sup>	First 3 at \$10 <sup>2</sup>
Specialist Office Visits	\$50	\$10	\$10	\$50	\$10	\$5	\$60	\$15	\$5	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Urgent Care	\$75	\$25	\$15	\$75	\$25	\$15	\$75	\$25	\$15	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Emergency Room	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	40%	20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Mental Health Office Visits	\$10	\$5	Free	\$20	Free	Free	40%	40%	Free	First 3 at \$50 <sup>2</sup>	First 3 at \$25 <sup>2</sup>	First 3 at \$10 <sup>2</sup>
Labs	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	\$30	\$10	Negotiated rate <sup>1</sup>	40%	20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	40%	20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	40%	20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	40%	20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
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 <sup>1</sup>	\$15 / Negotiated rate / Negotiated rate <sup>1</sup>	\$15 / Negotiated rate / Negotiated rate <sup>1</sup>	\$75 / Negotiated rate / Negotiated rate <sup>1</sup>	\$40 / Negotiated rate / Negotiated rate <sup>1</sup>	\$20 / Negotiated rate / Negotiated rate <sup>1</sup>	\$100 / Negotiated rate / Negotiated rate <sup>1</sup>	\$75 / 40% / 40%	\$40 / 20% / 20%	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
<b>Prices after you meet your deductible</b>												
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	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	Free	Free	Free	\$3 / \$25	\$3 / \$20	\$3 / \$10	\$3 / \$20	\$3 / \$20	Free / \$5	\$3 / \$25	\$3 / \$20	\$3 / \$10
RX   Brand: Preferred / Non-preferred / 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%

<sup>1</sup> 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.

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

**Note:** For coinsurance, member pays coinsurance percentage (of negotiated 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](https://hioscar.com/brokers)

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

	Silver
	Classic Next
<b>The Basics</b>	
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	✓
<b>Prices before you meet your deductible</b>	
Doctor on Call (Telemedicine Visits)	Free
Primary Care Office Visits	\$25
Specialist Office Visits	Negotiated rate <sup>1</sup>
Urgent Care	\$100
Emergency Room	Negotiated rate <sup>1</sup>
Mental Health Office Visits	40%
Labs	Negotiated rate <sup>1</sup>
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate <sup>1</sup>
RX   Generics: Preferred / Non-preferred	\$3 / \$25
RX   Brand: Preferred / Non-preferred / Specialty	\$105 / Negotiated rate / Negotiated rate <sup>1</sup>
<b>Prices after you meet your deductible</b>	
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 Next 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.

<sup>1</sup> 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.

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

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