

The Oscar Health Plan, Inc. Bronze Classic 4700 (Select) Plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025, structured as a Health Maintenance Organization (HMO). The plan features an overall deductible of \$4,700 for individuals and \$9,400 for families, which must be satisfied before the plan pays for most services. Certain preventive services and pre- and post-natal care are exceptions, as they are covered without the need to meet the deductible, although copayments or coinsurance may still apply. The out-of-pocket limit is \$9,100 for individuals and \$18,200 for families, excluding premiums, balance billing charges, and services not covered by the plan. Utilizing network providers results in lower costs, while out-of-network services may lead to higher expenses and potential balance billing. Referrals are necessary to consult specialists.

For common medical events, the plan outlines specific costs: primary care visits incur a \$70 copayment, specialist visits cost \$125, and preventive care is provided at no charge. Diagnostic tests and imaging are subject to 50% coinsurance after the deductible is met. Prescription drug coverage includes a \$3 copayment for generic drugs and 50% coinsurance for preferred and non-preferred brand drugs, with limitations on maintenance drugs. Emergency services are covered with a 50% coinsurance for both in-network and out-of-network providers when the services are for an emergency condition.

Excluded services under the plan include adult and child dental care, routine eye care for adults, and non-emergency care while traveling outside the U.S. While the plan provides minimum essential coverage, it does not meet minimum value standards. Policyholders have the right to continue coverage and file grievances or appeals, with resources available through the Illinois Department of Insurance and Oscar Health. For additional information, policyholders can contact Oscar or visit their website.

The policy also details cost-sharing responsibilities for two individuals, Joe and Mia. For Joe, the

total example cost is \$7,700, of which he would pay \$4,900, comprising deductibles of \$4,200, copayments of \$700, and no coinsurance. There are no limits or exclusions affecting his coverage. For Mia, the total example cost is \$2,800, and she would pay \$2,700, which includes deductibles of \$2,200, copayments of \$500, and no coinsurance. Similar to Joe, there are no limits or exclusions impacting her coverage. The plan would cover the remaining costs for the example covered services for both individuals.