

The Oscar Health Plan, Inc. Bronze Classic Standard (Choice) Plan offers coverage for individuals and families from January 1, 2025, to December 31, 2025, under an HMO plan structure. The plan features an overall deductible of \$7,500 for individuals and \$15,000 for families, which must be met before the plan begins to pay for most services. However, certain services, including preventive care and pre- and post-natal care, are covered prior to reaching the deductible, although copayments or coinsurance may apply. The out-of-pocket limit is \$9,200 for individuals and \$18,400 for families, encompassing the maximum annual amount the insured would pay for covered services, excluding premiums, balance billing charges, and non-covered healthcare. Utilizing network providers results in lower costs, while out-of-network services may incur higher expenses and potential balance billing. Referrals are necessary to consult specialists under this plan.

For common medical events, the plan specifies costs: primary care visits require a \$50 copayment, specialist visits cost \$100, 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 entails a \$25 copayment for generic drugs, with higher copayments for brand and specialty drugs, all subject to the deductible. Emergency services are covered with a 50% coinsurance for both network and out-of-network providers if the services are for an emergency condition. Mental health services vary in cost, with outpatient visits costing \$50 and inpatient services subject to 50% coinsurance.

Excluded services include adult and child dental care, routine eye care for adults, and various other treatments. While the plan provides minimum essential coverage, it does not meet minimum value standards. Language access services are available for speakers of Spanish, Tagalog, Chinese, and Navajo. For assistance or to file grievances, policyholders can contact the Illinois Department of Insurance or Oscar Health directly.

In illustrative examples, Joe incurs a total cost of \$5,600 for covered services, of which he is responsible for \$4,800, comprising \$4,300 in deductibles and \$500 in copayments, with no

coinsurance. Similarly, Mia has a total cost of \$2,800, and she would pay \$2,500, which includes \$2,200 in deductibles and \$300 in copayments, also with no coinsurance. The Oscar Health Plan, Inc. is responsible for covering the remaining costs associated with these covered services.