



New Jersey | 2023 | Individual & Family Plans

	Secure	Gold Classic- PCP Saver	Silver Simple	Silver Simple- PCP Saver	Silver Classic	Silver Classic- \$0 Ded	Bronze Classic
The Basics							
Deductible (Individual / Family)	\$9,100 / \$18,200	\$1,750 / \$3,500	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$0 / \$0	\$3,000 / \$6,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	\$750 / \$1,500	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$7,000 / \$14,000	\$7,200 / \$14,400	\$8,900 / \$17,800	\$8,900 / \$17,800	\$9,100 / \$18,200	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible	\$10	\$50 after deductible	\$30	\$30	\$30	\$50 after deductible
Specialist Office Visits	\$0 after deductible	\$50	40% after deductible	\$75	\$75	\$75	\$75 after deductible
Urgent Care	\$0 after deductible	\$75	40% after deductible	\$75	\$75	\$75	\$75 after deductible
Emergency Room	\$0 after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50%	50% after deductible
Mental Health Office Visits	\$0 after deductible	\$10	40% after deductible	\$30	\$30	\$30	\$50 after deductible
Labs (Preferred)	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0
Labs (Non-preferred)	\$0 after deductible	\$50	40% after deductible	\$75	\$75	50%	\$75
X-rays & Diagnostic Imaging	\$0 after deductible	\$50	40% after deductible	50% after deductible	\$75	\$60	\$75 after deductible
MRIs & Advanced Imaging	\$0 after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50%	50% after deductible
Inpatient Facility Fee	\$0 after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	50%	50% after deductible
Outpatient Facility Fee	\$0 after deductible	20% after deductible	40% after deductible	50% after deductible	50% after deductible	\$500	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$10 (cost share applies, up to \$150 per script)	40% after deductible (cost share applies, up to \$150 per script)	\$25	\$25	\$20	\$25 (cost share applies, up to \$250 per script)
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$10 (cost share applies, up to \$150 per script)	40% after deductible (cost share applies, up to \$150 per script)	\$25	\$25	\$20	\$25 (cost share applies, up to \$250 per script)
RX Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible (cost share applies, up to \$150 per script)	40% after deductible (cost share applies, up to \$150 per script)	50% after deductible	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	30% after deductible (cost share applies, up to \$150 per script)	40% after deductible (cost share applies, up to \$150 per script)	50% after deductible	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$250 per script)
RX Brand: Specialty (Tier 4)	\$0 after deductible	30% after deductible	40% after deductible	50% after deductible	50%	50% after deductible	50% after 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



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	Silver Simple CSR 150	Silver Simple CSR 200	Silver Simple CSR 250	Silver Simple- PCP Saver CSR 150	Silver Simple- PCP Saver CSR 200	Silver Simple- PCP Saver CSR 250	Silver Classic CSR 150
The Basics							
Deductible (Individual / Family)	\$100 / \$200	\$800 / \$1,600	\$2,400 / \$4,800	\$50 / \$100	\$900 / \$1,800	\$2,250 / \$4,500	\$50 / \$100
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,700 / \$3,400	\$2,600 / \$5,200	\$7,200 / \$14,400	\$1,250 / \$2,500	\$2,750 / \$5,500	\$7,250 / \$14,500	\$1,200 / \$2,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$15 after deductible	\$30 after deductible	\$50 after deductible	\$5	\$10	\$25	\$5
Specialist Office Visits	10% after deductible	15% after deductible	20% after deductible	\$15	\$25	\$55	\$15
Urgent Care	10% after deductible	15% after deductible	20% after deductible	\$25	\$50	\$75	\$25
Emergency Room	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	15% after deductible
Mental Health Office Visits	10% after deductible	15% after deductible	20% after deductible	\$5	\$10	\$25	\$5
Labs (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Labs (Non-preferred)	10% after deductible	15% after deductible	20% after deductible	\$15	\$25	\$55	\$15
X-rays & Diagnostic Imaging	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	\$15
MRIs & Advanced Imaging	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	15% after deductible
Inpatient Facility Fee	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	15% after deductible
Outpatient Facility Fee	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	15% after deductible
RX Generics: Preferred (Tier 1a)	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	\$5	\$15	\$25	\$5
RX Generics: Non-preferred (Tier 1b)	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	\$5	\$15	\$25	\$5
RX Brand: Preferred (Tier 2)	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	15% after deductible	20% after deductible	50% after deductible	15% after deductible
RX Brand: Non-preferred (Tier 3)	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	15% after deductible	20% after deductible	50% after deductible	15% after deductible
RX Brand: Specialty (Tier 4)	10% after deductible	15% after deductible	20% after deductible	15% after deductible	20% after deductible	50% after deductible	15% after deductible

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	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic- \$0 Ded CSR 150	Silver Classic- \$0 Ded CSR 200	Silver Classic- \$0 Ded CSR 250
The Basics					
Deductible (Individual / Family)	\$500 / \$1,000	\$2,000 / \$5,000	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$100 / \$200	\$200 / \$400	\$750 / \$1,500
Out-of-Pocket Max (Individual / Family)	\$2,800 / \$5,600	\$7,250 / \$14,500	\$1,100 / \$2,200	\$2,750 / \$5,500	\$7,250 / \$14,500
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$10	\$30	\$0	\$10	\$30
Specialist Office Visits	\$25	\$75	\$15	\$25	\$75
Urgent Care	\$50	\$75	\$25	\$50	\$75
Emergency Room	25% after deductible	50% after deductible	20%	40%	50%
Mental Health Office Visits	\$10	\$30	\$0	\$10	\$25
Labs (Preferred)	\$0	\$0	\$0	\$0	\$0
Labs (Non-preferred)	\$25	\$55	20%	40%	50%
X-rays & Diagnostic Imaging	\$25	\$55	\$15	\$25	\$60
MRIs & Advanced Imaging	25% after deductible	50% after deductible	20%	40%	50%
Inpatient Facility Fee	25% after deductible	50% after deductible	20%	40%	50%
Outpatient Facility Fee	25% after deductible	50% after deductible	\$150	\$250	\$500
RX Generics: Preferred (Tier 1a)	\$15	\$25	\$0	\$10	\$20
RX Generics: Non-preferred (Tier 1b)	\$15	\$25	\$0	\$10	\$20
RX Brand: Preferred (Tier 2)	25% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
RX Brand: Non-preferred (Tier 3)	25% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	25% after deductible	50% after deductible	20% after deductible	40%	50% after 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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