



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

	Secure	Bronze			Silver			Gold			Platinum
	Simple	Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	Classic
The Basics											
Deductible (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$4,425 / \$8,850	\$7,200 / \$14,400	\$7,800 / \$15,600	\$1,300 / \$2,600	\$2,500 / \$5,000	\$5,250 / \$10,500	\$600 / \$1,200	\$1,500 / \$3,000	\$0 / \$0
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
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$7,200 / \$14,400	\$7,800 / \$15,600	\$7,900 / \$15,800	\$6,250 / \$12,500	\$5,250 / \$10,500	\$4,000 / \$8,000	\$5,250 / \$10,500	\$2,000 / \$4,000
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible											
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 <sup>2</sup>	First 2 at \$50 <sup>2</sup>	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	\$25	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$15
Specialist Office Visits	Negotiated rate <sup>1</sup>	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>	\$40	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
Urgent Care	Negotiated rate <sup>1</sup>	\$100	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$55
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>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$100
Mental Health Office Visits	Negotiated rate <sup>1</sup>	First 2 at \$50 <sup>2</sup>	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	\$25	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$15
Labs	Negotiated rate <sup>1</sup>	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>	\$30	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$80	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$80	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>	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>	\$200	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
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> / \$500	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup> / \$500	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$500 per admission / \$100
RX   Generics	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	\$10	Negotiated rate <sup>1</sup>	\$15	\$10	Negotiated rate <sup>1</sup>	\$10
RX   Brand: Preferred / Non-preferred	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50 / Negotiated rate <sup>1</sup>	\$35 / \$70	Negotiated rate <sup>1</sup>	\$50 / Negotiated rate <sup>1</sup>	\$35 / \$70	Negotiated rate <sup>1</sup>	\$30 / \$60
Prices after you meet your deductible											
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	Free	50%	Free	Free	\$30	30%	Free	\$25	20%	\$15
Specialist Office Visits	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
Urgent Care	Free	Free	50%	Free	Free	\$70	30%	Free	\$60	20%	\$55
Emergency Room	Free	Free	50%	Free	Free	\$250	30%	Free	\$150	20%	\$100
Mental Health Office Visits	Free	Free	50%	Free	Free	\$30	30%	Free	\$25	20%	\$15
Labs	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
X-rays & Diagnostic Imaging	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
MRIs & Advanced Imaging	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	50%	Free	Free	\$1,500 per admission / \$150	30%	Free	\$1,000 per admission / \$100	20%	\$500 per admission / \$100
RX   Generics	Free	Free	\$10	Free	Free	\$10	30%	Free	\$10	20%	\$10
RX   Brand: Preferred / Non-preferred	Free	Free	\$35 / \$70	Free	Free	\$35 / \$70	30%	Free	\$35 / \$70	20%	\$30 / \$60

<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 (CSR)								
	Simple			Classic			Saver		
	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150
The Basics									
Deductible (Individual / Family)	\$6,500 / \$13,000	\$1,950 / \$3,900	\$600 / \$1,200	\$1,100 / \$2,200	\$250 / \$500	\$0 / \$0	\$2,000 / \$4,000	\$600 / \$1,200	\$100 / \$200
Pharmacy Deductible (Ind/Fam)	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	\$1,950 / \$3,900	\$600 / \$1,200	\$6,500 / \$13,000	\$2,100 / \$4,200	\$1,000 / \$2,000	\$6,000 / \$12,000	\$2,700 / \$5,400	\$950 / \$1,900
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in Step Tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices before you meet your deductible									
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	\$20	\$5	\$5	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Specialist Office Visits	\$50	\$25	\$15	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$20	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Urgent Care	\$50	\$25	\$25	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$30	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>	\$50	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Mental Health Office Visits	\$20	\$5	Free	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Labs	\$50	\$25	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$20	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
X-rays & Diagnostic Imaging	\$80	\$50	\$25	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
MRIs & Advanced Imaging	\$200	\$100	\$80	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$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> / \$500	Negotiated rate <sup>1</sup> / \$400	Negotiated rate <sup>1</sup> / \$200	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$100 / Free	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
RX   Generics	\$10	\$5	\$5	\$10	\$9	\$6	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
RX   Brand: Preferred / Non-preferred	\$50 / Negotiated rate <sup>1</sup>	\$40 / Negotiated rate <sup>1</sup>	\$20 / Negotiated rate <sup>1</sup>	\$35 / \$70	\$20 / \$40	\$15 / \$30	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>
Prices after you meet your deductible									
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	Free	Free	\$30	\$15	\$10	20%	10%	10%
Specialist Office Visits	Free	Free	Free	\$50	\$35	\$20	20%	10%	10%
Urgent Care	Free	Free	Free	\$70	\$50	\$30	20%	10%	10%
Emergency Room	Free	Free	Free	\$250	\$75	\$50	20%	10%	10%
Mental Health Office Visits	Free	Free	Free	\$30	\$15	\$10	20%	10%	10%
Labs	Free	Free	Free	\$50	\$35	\$20	20%	10%	10%
X-rays & Diagnostic Imaging	Free	Free	Free	\$50	\$35	\$20	20%	10%	10%
MRIs & Advanced Imaging	Free	Free	Free	\$50	\$35	\$20	20%	10%	10%
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	Free	\$1,500 per admission / \$150	\$250 per admission / \$75	\$100 per admission / \$25	20%	10%	10%
RX   Generics	Free	Free	Free	\$10	\$9	\$6	20%	10%	10%
RX   Brand: Preferred / Non-preferred	Free	Free	Free	\$35 / \$70	\$20 / \$40	\$15 / \$30	20%	10%	10%

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

	Secure	Bronze			Silver			Gold			Platinum
	Simple	Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	Classic
Premium											
Individual	\$191.15	\$542.53	\$565.63	\$545.44	\$715.20	\$739.91	\$656.87	\$899.99	\$934.36	\$845.73	\$1,130.48
Individual + Spouse	\$382.30	\$1,085.06	\$1,131.26	\$1,090.87	\$1,430.40	\$1,479.81	\$1,313.75	\$1,799.97	\$1,868.71	\$1,691.47	\$2,260.96
Individual + Child	\$324.95	\$922.30	\$961.57	\$927.24	\$1,215.84	\$1,257.84	\$1,116.68	\$1,529.98	\$1,588.41	\$1,437.75	\$1,921.81
Family	\$544.77	\$1,546.20	\$1,612.05	\$1,554.49	\$2,038.32	\$2,108.74	\$1,872.09	\$2,564.96	\$2,662.92	\$2,410.34	\$3,221.86
Child Only	N/A	N/A	\$233.04	N/A	N/A	\$304.84	N/A	N/A	\$384.96	N/A	\$465.76
Premium with age 29 rider											
Individual	N/A	\$545.69	\$568.79	\$548.51	\$719.30	\$744.18	\$660.61	\$905.17	\$939.65	\$850.60	\$1,137.02
Individual + Spouse	N/A	\$1,091.37	\$1,137.58	\$1,097.02	\$1,438.60	\$1,488.36	\$1,321.23	\$1,810.34	\$1,879.29	\$1,701.20	\$2,274.04
Individual + Child	N/A	\$927.67	\$966.94	\$932.47	\$1,222.81	\$1,265.11	\$1,123.04	\$1,538.79	\$1,597.40	\$1,446.02	\$1,932.93
Family	N/A	\$1,555.21	\$1,621.05	\$1,563.26	\$2,050.00	\$2,120.91	\$1,882.75	\$2,579.73	\$2,677.99	\$2,424.20	\$3,240.51

\*Secure plans are only available for people under 30 or people of any age with a hardship exemption or affordability exemption.

See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details  
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Ready to sign up? Talk with your broker to get a quote.

	Secure	Bronze			Silver			Gold			Platinum
	Simple	Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	Classic
Premium											
Individual	\$188.10	\$533.88	\$556.62	\$536.74	\$703.80	\$728.12	\$646.40	\$885.64	\$919.47	\$832.26	\$1,112.46
Individual + Spouse	\$376.20	\$1,067.76	\$1,113.24	\$1,073.49	\$1,407.60	\$1,456.23	\$1,292.81	\$1,771.29	\$1,838.93	\$1,664.51	\$2,224.93
Individual + Child	\$319.77	\$907.60	\$946.25	\$912.47	\$1,196.46	\$1,237.80	\$1,098.89	\$1,505.59	\$1,563.09	\$1,414.83	\$1,891.19
Family	\$536.09	\$1,521.56	\$1,586.36	\$1,529.72	\$2,005.83	\$2,075.13	\$1,842.25	\$2,524.09	\$2,620.48	\$2,371.93	\$3,170.52
Child Only	N/A	N/A	\$229.33	N/A	N/A	\$299.98	N/A	N/A	\$378.82	N/A	\$458.33
Premium with age 29 rider											
Individual	N/A	\$536.99	\$559.73	\$539.77	\$707.84	\$732.32	\$650.09	\$890.74	\$924.67	\$837.04	\$1,118.90
Individual + Spouse	N/A	\$1,073.98	\$1,119.45	\$1,079.54	\$1,415.67	\$1,464.64	\$1,300.17	\$1,781.49	\$1,849.34	\$1,674.09	\$2,237.80
Individual + Child	N/A	\$912.88	\$951.53	\$917.61	\$1,203.32	\$1,244.95	\$1,105.14	\$1,514.26	\$1,571.94	\$1,422.97	\$1,902.13
Family	N/A	\$1,530.42	\$1,595.22	\$1,538.35	\$2,017.33	\$2,087.12	\$1,852.74	\$2,538.62	\$2,635.31	\$2,385.57	\$3,188.87

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