



New York | 2024
Individual & Family Plans [1]

	Secure	Platinum Classic	Gold Classic	Gold Simple	Silver Classic
The Basics	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$9,450 / \$18,900	\$0 / \$0	\$600 / \$1,200	\$1,500 / \$3,000	\$2,100 / \$4,200
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900	\$2,000 / \$4,000	\$5,900 / \$11,800	\$6,300 / \$12,600	\$9,450 / \$18,900
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]	N/A	N/A	N/A	N/A	N/A
Virtual Primary Care [3]	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [4]	\$0 after deductible	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit (s) at \$0)	\$15	\$25 after deductible	\$30	\$30 after deductible (first 3 visit (s) at \$30)
Specialist Office Visits	\$0 after deductible	\$35	\$40 after deductible	20% after deductible	\$65 after deductible (first 3 visit (s) at \$65)
Urgent Care	\$0 after deductible	\$55	\$60 after deductible	20% after deductible	\$70 after deductible
Emergency Room	\$0 after deductible	\$100	\$150 after deductible	20% after deductible	\$500 after deductible
Mental Health Office Visits	\$0 after deductible	\$15	\$25 after deductible	20%	\$30 after deductible
Labs (Preferred)	\$0 after deductible	\$0	\$0	\$0 after deductible	\$0 after deductible
Labs (Non-preferred)	\$0 after deductible	\$35	\$40 after deductible	20% after deductible	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$35	\$40 after deductible	20% after deductible	\$75 after deductible
MRIs & Advanced Imaging	\$0 after deductible	\$35	\$40 after deductible	20% after deductible	\$175 after deductible
Inpatient Facility Fee	\$0 after deductible	\$500	\$1,000 after deductible	20% after deductible	\$1,500 after deductible
Outpatient Facility Fee	\$0 after deductible	\$100	\$100 after deductible	20% after deductible	\$150 after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$10	\$10	20% after deductible	\$15
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$10	\$10	20% after deductible	\$15
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$35	20% after deductible	\$40
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	\$70	20% after deductible	\$75
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$60	\$70	20% after deductible	\$75



New York | 2024
Individual & Family Plans [1]

	Silver Simple PCP Saver	Bronze Classic
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The Basics	N/A	N/A
Deductible (Individual / Family)	\$7,300 / \$14,600	\$4,600 / \$9,200
Pharmacy Deductible (Individual / Family)	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,200 / \$18,400	\$9,450 / \$18,900
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No

Prices for Benefits [2]	N/A	N/A
Virtual Primary Care [3]	\$25	\$0
Virtual Urgent Care [4]	\$0	\$0
Primary Care Office Visits	\$25	\$50 after deductible (first 3 visit (s) at \$50)
Specialist Office Visits	\$50	\$75 after deductible (first 3 visit (s) at \$75)
Urgent Care	\$75	\$75 after deductible
Emergency Room	50% after deductible	\$500 after deductible
Mental Health Office Visits	\$25	\$50 after deductible
Labs (Preferred)	\$0	\$50
Labs (Non-preferred)	\$50	\$50 after deductible
X-rays & Diagnostic Imaging	\$100 after deductible	\$75 after deductible
MRIs & Advanced Imaging	\$200 after deductible	\$175 after deductible
Inpatient Facility Fee	50% after deductible	\$1,500 after deductible
Outpatient Facility Fee	50% after deductible	\$150 after deductible
RX Generics: Preferred (Tier 1a)	\$20	\$10 after deductible
RX Generics: Non-preferred (Tier 1b)	\$20	\$10 after deductible
RX Brand: Preferred (Tier 2)	\$50	\$35 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$70 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$70 after deductible



New York | 2024
Individual & Family Plans [5]

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200
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The Basics	N/A	N/A	N/A	N/A	N/A
Deductible (Individual / Family)	\$0 / \$0	\$275 / \$550	\$1,925 / \$3,850	\$90 / \$180	\$1,650 / \$3,300
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,000 / \$2,000	\$3,150 / \$6,300	\$7,550 / \$15,100	\$1,000 / \$2,000	\$2,600 / \$5,200
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No	No

Prices for Benefits [6]	N/A	N/A	N/A	N/A	N/A
Virtual Primary Care [7]	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care [8]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$10	\$15 after deductible (first 3 visit (s) at \$15)	\$30 after deductible (first 3 visit (s) at \$30)	\$5	\$10
Specialist Office Visits	\$20	\$35 after deductible (first 3 visit (s) at \$35)	\$65 after deductible (first 3 visit (s) at \$65)	\$10	\$25
Urgent Care	\$30	\$50 after deductible	\$70 after deductible	\$25	\$50
Emergency Room	\$50	\$75 after deductible	\$275 after deductible	20% after deductible	40% after deductible
Mental Health Office Visits	\$10	\$15 after deductible	\$30 after deductible	\$5	\$10
Labs (Preferred)	\$0	\$0 after deductible	\$0 after deductible	\$0	\$0
Labs (Non-preferred)	\$20	\$35 after deductible	\$50 after deductible	\$10	\$25
X-rays & Diagnostic Imaging	\$20	\$35 after deductible	\$75 after deductible	\$25	\$50
MRIs & Advanced Imaging	\$20	\$35 after deductible	\$175 after deductible	\$80	\$100
Inpatient Facility Fee	\$100	\$250 after deductible	\$1,500 after deductible	20% after deductible	40% after deductible
Outpatient Facility Fee	\$25	\$75 after deductible	\$150 after deductible	20% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$6	\$9	\$15	\$5	\$8
RX Generics: Non-preferred (Tier 1b)	\$6	\$9	\$15	\$5	\$8
RX Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$20	\$30
RX Brand: Non-preferred (Tier 3)	\$30	\$40	\$75	20% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	\$30	\$40	\$75	20% after deductible	40% after deductible



New York | 2024
Individual & Family Plans [5]

Silver Simple PCP Saver
CSR 250

The Basics

N/A

Deductible (Individual / Family)	\$6,800 / \$13,600
Pharmacy Deductible (Individual / Family)	N/A
Out-of-Pocket Max (Individual / Family)	\$7,250 / \$14,500
\$0 Preventive care	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>
HSA-Compatible?	No

Prices for Benefits [6]

N/A

Virtual Primary Care [7]	\$0
Virtual Urgent Care [8]	\$0
Primary Care Office Visits	\$25
Specialist Office Visits	\$50
Urgent Care	\$75
Emergency Room	40% after deductible
Mental Health Office Visits	\$25
Labs (Preferred)	\$0
Labs (Non-preferred)	\$50
X-rays & Diagnostic Imaging	\$100 after deductible
MRIs & Advanced Imaging	\$200 after deductible
Inpatient Facility Fee	40% after deductible
Outpatient Facility Fee	40% after deductible
RX Generics: Preferred (Tier 1a)	\$20
RX Generics: Non-preferred (Tier 1b)	\$20
RX Brand: Preferred (Tier 2)	\$50
RX Brand: Non-preferred (Tier 3)	40% after deductible
RX Brand: Specialty (Tier 4)	40% after deductible

[1] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in New York are underwritten by Oscar Insurance Corporation located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Plans sold in New Jersey are underwritten by Oscar Garden State Insurance Corporation. Administrative Services for all plans provided by Oscar Management Corporation. Plans sold in Texas use policy form numbers OSC-TX-IVL-EOC-2024/OSC-TX-IVL-EOC-2024-HIX and associated COC forms OHIN-133765733/OHIN-133765677/OHIN-133656589/OHIN-133656586. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2024-HIX/OSC-VA-IVL-EOC-2024 with associated COC form number OHIN-133619594/OHIN-133619595.

All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs, and complete details of coverage, contact a licensed agent or Oscar sales representative.

HMO products are offered by Oscar Insurance Corporation and Oscar Buckeye State Insurance Corporation in Ohio, Oscar Health Plan, Inc. in Arizona and Illinois, Oscar Health Plan of Pennsylvania, Inc in Pennsylvania, Oscar Health Plan of Georgia in Georgia, Oscar Health Plan of North Carolina, Inc. in North Carolina, Oscar Managed Care of South Florida, Inc. in Florida, and Oscar Health Plan of New York, Inc. in New York.

[2] 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.

This health insurance policy may not cover all your health care expenses. Read your contract or member handbook carefully to determine which health care services are covered." The notice shall be followed by a telephone number to contact the insurer.

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

[3] For 2024, Oscar Primary Care is available in TX (excluding HSA, Secure, and non-elite Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), South FL (Palm Beach, Miami-Dade, and Broward, excluding HSA and Secure plans), Northern/Central FL (excluding HSA and Secure plans), AZ (excluding HSA and Secure plans), GA (excluding HSA and Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider's discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.

[4] Oscar's Virtual Urgent Care offerings are not available in US territories or internationally. If you have an HSA-compatible high-deductible health plan or a Secure plan, you won't be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.

[5] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in New York are underwritten by Oscar Insurance Corporation located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance

Company of Florida. Plans sold in New Jersey are underwritten by Oscar Garden State Insurance Corporation. Administrative Services for all plans provided by Oscar Management Corporation. Plans sold in Texas use policy form numbers OSC-TX-IVL-EOC-2024/OSC-TX-IVL-EOC-2024-HIX and associated COC forms OHIN-133765733/OHIN-133765677/OHIN-133656589/OHIN-133656586. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2024-HIX/OSC-VA-IVL-EOC-2024 with associated COC form number OHIN-133619594/OHIN-133619595.

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[6] 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.

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