



New Jersey | 2026  
Individual & Family Plans

	Secure	Gold Classic PCP Saver	Silver Classic Saver Plus	Silver Elite Plus	Silver Simple PCP Saver	Silver Classic	Silver Simple	Bronze Classic
The Basics								
Deductible (Individual / Family)	\$10,600 / \$21,200	\$2,000 / \$4,000	\$500 / \$1,000	\$1,600 / \$3,200	\$2,500 / \$5,000	\$2,700 / \$5,400	\$2,800 / \$5,600	\$3,300 / \$6,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	\$250 / \$500	\$250 / \$500	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$7,300 / \$14,600	\$9,600 / \$19,200	\$10,600 / \$21,200	\$9,300 / \$18,600	\$9,200 / \$18,400	\$7,400 / \$14,800	\$9,300 / \$18,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	No	No	No	No	No	No	Yes
Prices for Benefits								
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit (s) at \$0)	\$15	\$25	\$30	\$25	\$20	\$50 after deductible	\$50 after deductible
Specialist Office Visits	\$0 after deductible	\$50	\$70	\$60	\$65	\$60	40% after deductible	\$75 after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$70	\$75	\$75	40% after deductible	\$75 after deductible
Emergency Room	\$0 after deductible	20% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$0 after deductible	\$15	\$25	\$30	\$25	\$20	40% after deductible	\$50 after deductible
Labs	\$0 after deductible	\$50	\$75	\$5	\$75	\$75	40% after deductible	\$75
X-rays & Diagnostic Imaging	\$0 after deductible	\$50	\$60 after deductible	\$100 after deductible	50% after deductible	\$70	40% after deductible	\$75 after deductible
MRIs & Advanced Imaging	\$0 after deductible	20% after deductible	\$100 after deductible	\$100 after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	\$0 after deductible	20% after deductible	50% after deductible	\$500 after deductible (copay applies for a maximum of 3 days per 1 admit)	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	\$0 after deductible	20% after deductible	\$500	\$350 after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$0 after deductible	\$10	\$30 after deductible	\$20	\$25	\$25	40% after deductible (cost share applies, up to \$25)	\$25
RX   Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$10	\$30 after deductible	\$20	\$25	\$25	40% after deductible (cost share applies, up to \$25)	\$25
RX   Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible (cost share applies, up to \$125)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to \$125)	50% after deductible (cost share applies, up to \$125)
RX   Brand: Non-preferred (Tier 3)	\$0 after deductible	50% after deductible (cost share applies, up to \$150)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$150)	50% after deductible (cost share applies, up to \$250)
RX   Brand: Specialty (Tier 4)	\$0 after deductible	50% after deductible (cost share applies, up to \$150)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$150)	50% after deductible (cost share applies, up to \$250)

\*All benefits subject to plan approval.

\*\*Condition specific plans have additional \$0 benefits available. 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)



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	Gold 1500 Chronic Care CKM Off Exchange	Silver 1750 Off Exchange	Silver 2500 HSA Off Exchange	Silver 2500 Off Exchange	Bronze 3000 Off Exchange	Bronze 6000 HSA Off Exchange
The Basics						
Deductible (Individual / Family)	\$1,500 / \$3,000	\$1,750 / \$3,500	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	\$250 / \$500	Integrated with Medical	Integrated with Medical	\$250 / \$500	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,500 / \$19,000	\$9,700 / \$19,400	\$8,300 / \$16,600	\$9,700 / \$19,400	\$10,600 / \$21,200	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	Yes	No	No	Yes
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0 after deductible	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$10	\$35	30% after deductible	\$50	\$50 after deductible	\$0 after deductible
Specialist Office Visits	\$50	\$70	30% after deductible	\$75	\$75 after deductible	\$0 after deductible
Urgent Care	\$50	\$75	30% after deductible	\$75	\$100	\$0 after deductible
Emergency Room	30% after deductible	50% after deductible	30% after deductible	20% after deductible	50% after deductible	30% after deductible
Mental Health Office Visits	\$10	\$35	30% after deductible	\$50	\$50 after deductible	\$0 after deductible
Labs	\$15	\$35	30% after deductible	\$25	50% after deductible	\$0 after deductible
X-rays & Diagnostic Imaging	30% after deductible	50% after deductible	30% after deductible	20% after deductible	50% after deductible	\$0 after deductible
MRIs & Advanced Imaging	\$100	50% after deductible	30% after deductible	20% after deductible	50% after deductible	\$0 after deductible
Inpatient Facility Fee	30% after deductible	50% after deductible	30% after deductible	20% after deductible	50% after deductible	\$0 after deductible
Outpatient Facility Fee	30% after deductible	50% after deductible	30% after deductible	20% after deductible	50% after deductible	\$0 after deductible
RX   Generics: Preferred (Tier 1a)	\$10	\$25	\$25 after deductible	\$25	\$25	30% after deductible
RX   Generics: Non-preferred (Tier 1b)	\$10	\$25	\$25 after deductible	\$25	\$25	30% after deductible
RX   Brand: Preferred (Tier 2)	\$50	50% after deductible (cost share applies, up to \$125)	50% after deductible	50% after deductible (cost share applies, up to \$125)	50% after deductible (cost share applies, up to \$250)	30% after deductible
RX   Brand: Non-preferred (Tier 3)	\$75	50% after deductible (cost share applies, up to \$125)	50% after deductible	50% after deductible (cost share applies, up to \$125)	50% after deductible (cost share applies, up to \$250)	30% after deductible
RX   Brand: Specialty (Tier 4)	\$75	50% after deductible (cost share applies, up to \$125)	50% after deductible	50% after deductible (cost share applies, up to \$125)	50% after deductible (cost share applies, up to \$250)	30% after deductible

\*All benefits subject to plan approval.

\*\*Condition specific plans have additional \$0 benefits available. 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)

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 and associated COC form numbers OSC-TX-IVL-HMO-EOC-2026-HIX OHIN-134128348; OSC-TX-IVL-HMO-EOC-2026 OHIN-134128297; GUIDED OSC-TX-IVL-HMO-GOLD-0-GUIDED-CARE-EOC-2026 OHIN-134128360; OSC-TX-IVL-EOC-2026 OHIN-134080911; OSC-TX-IVL-EOC-2026-HIX OHIN-134080906; OSC-TX-IVL-EOC-2026-HIX OHIN-134079760; OSC-TX-S-IVL-EOC-2026 OHIN-134079760. Plans sold in Virginia use policy and associated form numbers VA ON OSC-VA-IVL-EOC-2026-HIX OHIN-134065976; VA OFF OSC-VA-IVL-EOC-2026 OHIN-134065976.

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 Health Maintenance Organization of Florida and Managed Care of South Florida, Inc. in Florida, and Oscar Managed Care in Texas.

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.

All insurance policies and group benefit plans contain exclusions and limitations. It is essential to review your policy documents carefully to determine which health care services are covered. For information on availability, costs, and coverage details, please contact a licensed agent, an Oscar Sales representative, or reach out to Oscar directly at 855-672-2788.

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.