



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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Individual & Family Plans

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Saver Plus CSR 150	Silver Classic Saver Plus CSR 200
The Basics					
Deductible (Individual / Family)	\$50 / \$100	\$750 / \$1,500	\$2,300 / \$4,600	None	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	\$100 / \$200	\$200 / \$400
Out-of-Pocket Max (Individual / Family)	\$1,400 / \$2,800	\$3,000 / \$6,000	\$7,500 / \$15,000	\$1,350 / \$2,700	\$3,150 / \$6,300
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$10	\$20	\$0	\$15
Specialist Office Visits	\$15	\$25	\$55	\$15	\$30
Urgent Care	\$25	\$50	\$75	\$25	\$50
Emergency Room	15% after deductible	25% after deductible	50% after deductible	20%	40%
Mental Health Office Visits	\$5	\$10	\$20	\$0	\$15
Labs	\$15	\$25	\$55	\$10	\$25
X-rays & Diagnostic Imaging	\$15	\$25	\$55	\$15	\$25
MRIs & Advanced Imaging	15% after deductible	25% after deductible	50% after deductible	\$100	\$100
Inpatient Facility Fee	15% after deductible	25% after deductible	50% after deductible	20%	40%
Outpatient Facility Fee	15% after deductible	25% after deductible	50% after deductible	\$150	\$250
RX   Generics: Preferred (Tier 1a)	\$5	\$15	\$25	\$0	\$10
RX   Generics: Non-preferred (Tier 1b)	\$5	\$15	\$25	\$0	\$10
RX   Brand: Preferred (Tier 2)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40% after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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New Jersey | 2026  
Individual & Family Plans

	Silver Classic Saver Plus CSR 250	Silver Elite Plus CSR 150	Silver Elite Plus CSR 200	Silver Elite Plus CSR 250	Silver Simple CSR 150
The Basics					
Deductible (Individual / Family)	\$500 / \$1,000	None	\$350 / \$700	\$1,600 / \$3,200	\$100 / \$200
Pharmacy Deductible (Individual / Family)	\$250 / \$500	None	\$50 / \$100	\$250 / \$500	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,850 / \$15,700	\$1,700 / \$3,400	\$3,300 / \$6,600	\$8,450 / \$16,900	\$1,400 / \$2,800
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$0	\$10	\$30	\$5 after deductible
Specialist Office Visits	\$65	\$5	\$30	\$60	10% after deductible
Urgent Care	\$75	\$25	\$50	\$70	10% after deductible
Emergency Room	50% after deductible	20%	40% after deductible	40% after deductible	10% after deductible
Mental Health Office Visits	\$25	\$0	\$10	\$30	10% after deductible
Labs	\$75	\$0	\$0	\$5	10% after deductible
X-rays & Diagnostic Imaging	\$60	\$10	\$20 after deductible	\$100 after deductible	10% after deductible
MRIs & Advanced Imaging	\$100 after deductible	\$10	\$20 after deductible	\$100 after deductible	10% after deductible
Inpatient Facility Fee	50% after deductible	\$150 (copay applies for a maximum of 3 days per 1 admit)	\$250 after deductible (copay applies for a maximum of 3 days per 1 admit)	\$500 after deductible (copay applies for a maximum of 3 days per 1 admit)	10% after deductible
Outpatient Facility Fee	\$500	\$150	\$250 after deductible	\$350 after deductible	10% after deductible
RX   Generics: Preferred (Tier 1a)	\$25	\$3	\$10	\$20	40% after deductible (cost share applies, up to \$25)
RX   Generics: Non-preferred (Tier 1b)	\$25	\$3	\$10	\$20	40% after deductible (cost share applies, up to \$25)
RX   Brand: Preferred (Tier 2)	50% after deductible	20%	50% after deductible	50% after deductible	10% after deductible (cost share applies, up to \$125)
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$150)
RX   Brand: Specialty (Tier 4)	50% after deductible	50%	50% after deductible	50% after deductible	50% after deductible (cost share applies, up to \$150)

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New Jersey | 2026  
Individual & Family Plans [1]

	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
The Basics					
Deductible (Individual / Family)	\$850 / \$1,700	\$2,700 / \$5,400	\$50 / \$100	\$850 / \$1,700	\$2,500 / \$5,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$2,800 / \$5,600	\$6,850 / \$13,700	\$1,550 / \$3,100	\$2,900 / \$5,800	\$7,550 / \$15,100
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$30 after deductible	\$40 after deductible	\$5	\$10	\$15
Specialist Office Visits	15% after deductible	25% after deductible	\$15	\$25	\$50
Urgent Care	15% after deductible	25% after deductible	\$25	\$50	\$75
Emergency Room	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Mental Health Office Visits	15% after deductible	25% after deductible	\$5	\$10	\$15
Labs	15% after deductible	25% after deductible	\$15	\$25	\$55
X-rays & Diagnostic Imaging	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
MRIs & Advanced Imaging	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Inpatient Facility Fee	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Outpatient Facility Fee	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	40% after deductible (cost share applies, up to \$25)	40% after deductible (cost share applies, up to \$25)	\$5	\$15	\$25
RX   Generics: Non-preferred (Tier 1b)	40% after deductible (cost share applies, up to \$25)	40% after deductible (cost share applies, up to \$25)	\$5	\$15	\$25
RX   Brand: Preferred (Tier 2)	15% after deductible (cost share applies, up to \$125)	25% after deductible (cost share applies, up to \$125)	15% after deductible	20% after deductible	50% after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible (cost share applies, up to \$150)	50% after deductible (cost share applies, up to \$150)	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible (cost share applies, up to \$150)	50% after deductible (cost share applies, up to \$150)	50% after deductible	50% after deductible	50% after deductible

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.

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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.