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New Jersey | 2025
Planes Individuales y Familiares

	Secure	Gold Classic PCP Saver	Silver Classic	Silver Classic Saver Plus	Silver Simple	Silver Simple PCP Saver
Conceptos básicos						
Deducible (Individual / Familiar)	$9,200 / $18,400	$1,750 / $3,500	$2,500 / $5,000	$500 / $1,000	$2,500 / $5,000	$2,250 / $4,500
Deducible de farmacia (Individual / Familiar)	N/A	N/A	N/A	$250 / $500	N/A	N/A
Máximo desembolso directo (Individual / Familiar)	$9,200 / $18,400	$7,000 / $14,000	$8,900 / $17,800	$9,200 / $18,400	$7,200 / $14,400	$8,900 / $17,800
$0 Atención médica preventiva	✓	✓	✓	✓	✓	✓
Equipo de Atención Médica muy dedicado	✓	✓	✓	✓	✓	✓
¿Compatible con HSA?	No	No	No	No	No	No
Precios de los beneficios						
Atención de Urgencias Virtual	$0 after deductible	$0	$0	$0	$0	$0
Visitas al consultorio de atención primaria	$0 after deductible	$10	$20	$20	$50 after deductible	$25
Visitas al consultorio del especialista	$0 after deductible	$50	$60	$70	40% after deductible	$65
Atención de Urgencias	$0 after deductible	$75	$75	$75	40% after deductible	$75
Sala de Emergencias	$0 after deductible	20% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Visitas al consultorio de salud mental	$0 after deductible	$10	$20	$20	40% after deductible	$25
Laboratorios	$0 after deductible	$50	$75	$75	40% after deductible	$75
Rayos X y diagnóstico por imágenes	$0 after deductible	$50	$70	$60 after deductible	40% after deductible	50% after deductible
Resonancias magnéticas e imágenes avanzadas	$0 after deductible	20% after deductible	50% after deductible	$100 after deductible	40% after deductible	50% after deductible
Cargo del centro por pacientes hospitalizados	$0 after deductible	20% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
Cargo del centro por pacientes ambulatorios	$0 after deductible	20% after deductible	50% after deductible	$500	40% after deductible	50% after deductible
RX | Genéricos: preferidos (Nivel 1a)	$0 after deductible	$10	$25	$25 after deductible	40% after deductible (cost share applies, up to $25 per script)	$20
RX | Genéricos: no preferidos (Nivel 1b)	$0 after deductible	$10	$25	$25 after deductible	40% after deductible (cost share applies, up to $25 per script)	$20
RX | Marca: preferidos (Nivel 2)	$0 after deductible	30% after deductible (cost share applies, up to $125 per	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to $125 per script)	50% after deductible
RX | Marca: no preferidos (Nivel 3)	$0 after deductible	30% after deductible (cost share applies, up to $150 per	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to $150 per script)	50% after deductible
RX | Marca: Especialidad (Nivel 4)	$0 after deductible	30% after deductible (cost share applies, up to $150 per	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to $150 per script)	50% after deductible

Plans also available off-exchange for ICHRA enrollment
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

New Jersey | 2025
Planes Individuales y Familiares

	Bronze Classic
Conceptos básicos	
Deducible (Individual / Familiar)	$3,000 / $6,000
Deducible de farmacia (Individual / Familiar)	N/A
Máximo desembolso directo (Individual / Familiar)	$9,100 / $18,200
$0 Atención médica preventiva	☑
Equipo de Atención Médica muy dedicado	☑
¿Compatible con HSA?	No
Precios de los beneficios	
Atención de Urgencias Virtual	$0
Visitas al consultorio de atención primaria	$50 after deductible
Visitas al consultorio del especialista	$75 after deductible
Atención de Urgencias	$75 after deductible
Sala de Emergencias	50% after deductible
Visitas al consultorio de salud mental	$50 after deductible
Laboratorios	$75
Rayos X y diagnóstico por imágenes	$75 after deductible
Resonancias magnéticas e imágenes avanzada	50% after deductible
Cargo del centro por pacientes hospitalizados	50% after deductible
Cargo del centro por pacientes ambulatorios	50% after deductible
RX | Genéricos: preferidos (Nivel 1a)	$25
RX | Genéricos: no preferidos (Nivel 1b)	$25
RX | Marca: preferidos (Nivel 2)	50% after deductible (cost share applies, up to $125 per script)
RX | Marca: no preferidos (Nivel 3)	50% after deductible (cost share applies, up to $250 per script)
RX | Marca: Especialidad (Nivel 4)	50% after deductible (cost share applies, up to $250 per script)

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Planes Individuales y Familiares

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Saver Plus CSR 150	Silver Classic Saver Plus CSR 200	Silver Classic Saver Plus CSR 250	Silver Simple CSR 150
Conceptos básicos							
Deducible (Individual / Familiar)	$50 / $100	$500 / $1,000	$2,000 / $4,000	$0 / $0	$0 / $0	$250 / $500	$100 / $200
Deducible de farmacia (Individual / Familiar)	N/A	N/A	N/A	$100 / $200	$200 / $400	$250 / $500	N/A
Máximo desembolso directo (Individual / Familiar)	$1,200 / $2,400	$2,800 / $5,600	$7,250 / $14,500	$1,100 / $2,200	$2,750 / $5,500	$7,350 / $14,700	$1,600 / $3,200
$0 Atención médica preventiva	☑	☑	☐	☑	☑	☑	☑
Equipo de Atención Médica muy dedicado	☑	☑	☑	☑	☑	☑	☑
¿Compatible con HSA?	No	No	No	No	No	No	No
Precios de los beneficios							
Atención de Urgencias Virtual	$0	$0	$0	$0	$0	$0	$0
Visitas al consultorio de atención primaria	$5	$10	$15	$0	$10	$15	$10 after deductible
Visitas al consultorio del especialista	$15	$25	$55	$15	$25	$55	10% after deductible
Atención de Urgencias	$25	$50	$75	$25	$50	$75	10% after deductible
Sala de Emergencias	15% after deductible	25% after deductible	50% after deductible	20%	40%	50% after deductible	10% after deductible
Visitas al consultorio de salud mental	$5	$10	$15	$0	$10	$15	10% after deductible
Laboratorios	$15	$25	$55	$10	$25	$75	10% after deductible
Rayos X y diagnóstico por imágenes	$15	$25	$55	$15	$25	$60	10% after deductible
Resonancias magnéticas e imágenes avanzadas	15% after deductible	25% after deductible	50% after deductible	$100	$100	$100 after deductible	10% after deductible
Cargo del centro por pacientes hospitalizados	15% after deductible	25% after deductible	50% after deductible	20%	40%	50% after deductible	10% after deductible
Cargo del centro por pacientes ambulatorios	15% after deductible	25% after deductible	50% after deductible	$150	$250	$500	10% after deductible
RX | Genéricos: preferidos (Nivel 1a)	$5	$15	$25	$0	$10	$20	40% after deductible (cost share applies, up to $25 per script)
RX | Genéricos: no preferidos (Nivel 1b)	$5	$15	$25	$0	$10	$20	40% after deductible (cost share applies, up to $25 per script)
RX | Marca: preferidos (Nivel 2)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible (cost share applies, up to $125 per script)
RX | Marca: no preferidos (Nivel 3)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible (cost share applies, up to $150 per script)
RX | Marca: Especialidad (Nivel 4)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible (cost share applies, up to $150 per script)

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Planes Individuales y Familiares

	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
Conceptos básicos					
Deducible (Individual / Familiar)	$800 / $1,600	$2,400 / $4,800	$50 / $100	$750 / $1,500	$2,250 / $4,500
Deducible de farmacia (Individual / Familiar)	N/A	N/A	N/A	N/A	N/A
Máximo desembolso directo (Individual / Familiar)	$2,600 / $5,200	$6,650 / $13,300	$1,250 / $2,500	$2,750 / $5,500	$7,250 / $14,500
$0 Atención médica preventiva	✓	✓	✓	✓	✓
Equipo de Atención Médica muy dedicado	✓	✓	✓	✓	✓
¿Compatible con HSA?	No	No	No	No	No
Precios de los beneficios					
Atención de Urgencias Virtual	$0	$0	$0	$0	$0
Visitas al consultorio de atención primaria	$30 after deductible	$40 after deductible	$5	$10	$15
Visitas al consultorio del especialista	15% after deductible	25% after deductible	$15	$25	$50
Atención de Urgencias	15% after deductible	25% after deductible	$25	$50	$75
Sala de Emergencias	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Visitas al consultorio de salud mental	15% after deductible	25% after deductible	$5	$10	$15
Laboratorios	15% after deductible	25% after deductible	$15	$25	$55
Rayos X y diagnóstico por imágenes	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Resonancias magnéticas e imágenes avanzada	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Cargo del centro por pacientes hospitalizados	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
Cargo del centro por pacientes ambulatorios	15% after deductible	25% after deductible	15% after deductible	20% after deductible	50% after deductible
RX | Genéricos: preferidos (Nivel 1a)	40% after deductible (cost share applies, up to $25 per script)	40% after deductible (cost share applies, up to $25 per script)	$5	$15	$20
RX | Genéricos: no preferidos (Nivel 1b)	40% after deductible (cost share applies, up to $25 per script)	40% after deductible (cost share applies, up to $25 per script)	$5	$15	$20
RX | Marca: preferidos (Nivel 2)	15% after deductible (cost share applies, up to $125 per script)	25% after deductible (cost share applies, up to $125 per script)	15% after deductible	20% after deductible	50% after deductible
RX | Marca: no preferidos (Nivel 3)	15% after deductible (cost share applies, up to $150 per script)	25% after deductible (cost share applies, up to $150 per script)	15% after deductible	20% after deductible	50% after deductible
RX | Marca: Especialidad (Nivel 4)	15% after deductible (cost share applies, up to $150 per script)	25% after deductible (cost share applies, up to $150 per script)	15% after deductible	20% after deductible	50% after deductible

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