



New Jersey | 2024  
Individual & Family Plans [1]

	Secure	Gold Classic PCP Saver	Silver Classic	Silver Classic Saver Plus	Silver Simple
<b>The Basics</b>					
Deductible (Individual / Family)	\$9,450 / \$18,900	\$1,750 / \$3,500	\$2,500 / \$5,000	\$500 / \$1,000	\$2,500 / \$5,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$250 / \$500	N/A
Out-of-Pocket Max (Individual / Family)	\$9,450 / \$18,900	\$7,000 / \$14,000	\$8,900 / \$17,800	\$9,450 / \$18,900	\$7,200 / \$14,400
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
<b>Prices for Benefits [2]</b>					
Virtual Urgent Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit (s) at \$0)	\$10	\$30	\$30	\$50 after deductible
Specialist Office Visits	\$0 after deductible	\$50	\$75	\$75	40% after deductible
Urgent Care	\$0 after deductible	\$75	\$75	\$75	40% after deductible
Emergency Room	\$0 after deductible	20% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$10	\$30	\$30	40% after deductible
Labs (Preferred)	\$0 after deductible	\$50	\$75	\$75 after deductible	40% after deductible
Labs (Non-preferred)	\$0 after deductible	\$10	\$30	\$30	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$50	\$75	\$75	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	20% after deductible	50% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	20% after deductible	50% after deductible	\$500	40% after deductible
Outpatient Facility Fee	\$0 after deductible	\$10	\$25	\$25 after deductible	40% after deductible
RX   Generics: Preferred (Tier 1a)	\$0 after deductible	\$10	\$25	\$25 after deductible	40% after deductible
RX   Generics: Non-preferred (Tier 1b)	\$0 after deductible	30% after deductible (cost share applies, up to \$125 per script)	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to \$125 per script)
RX   Brand: Preferred (Tier 2)	\$0 after deductible	30% after deductible (cost share applies, up to \$150 per script)	50% after deductible	50% after deductible	40% after deductible (cost share applies, up to \$150 per script)
RX   Brand: Non-preferred (Tier 3)	\$0 after deductible	30% after deductible (cost share applies, up to \$150 per script)	50%	50% after deductible	40% after deductible (cost share applies, up to \$150 per script)



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Individual & Family Plans [1]

Silver Simple PCP Saver

Bronze Classic

The Basics

Deductible (Individual / Family)	\$2,250 / \$4,500	\$3,000 / \$6,000
Pharmacy Deductible (Individual / Family)	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$9,100 / \$18,200
\$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]

Virtual Urgent Care [3]	\$0	\$0
Primary Care Office Visits	\$30	\$50 after deductible
Specialist Office Visits	\$75	\$75 after deductible
Urgent Care	\$75	\$75 after deductible
Emergency Room	50% after deductible	50% after deductible
Mental Health Office Visits	\$30	\$50 after deductible
Labs (Preferred)	\$75	\$75
Labs (Non-preferred)	\$30	\$50 after deductible
X-rays & Diagnostic Imaging	\$75	\$75 after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible
Outpatient Facility Fee	\$25	\$25
RX   Generics: Preferred (Tier 1a)	\$25	\$25
RX   Generics: Non-preferred (Tier 1b)	50% after deductible	50% after deductible (cost share applies, up to \$125 per script)
RX   Brand: Preferred (Tier 2)	50% after deductible	50% after deductible (cost share applies, up to \$250 per script)
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible (cost share applies, up to \$250 per script)



New Jersey | 2024  
Individual & Family Plans [4]

	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Classic Saver Plus CSR 150	Silver Classic Saver Plus CSR 200
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**The Basics**

Deductible (Individual / Family)	\$50 / \$100	\$500 / \$1,000	\$2,000 / \$4,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$100 / \$200	\$200 / \$400
Out-of-Pocket Max (Individual / Family)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$7,250 / \$14,500	\$1,100 / \$2,200	\$2,750 / \$5,500
\$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 [5]**

Virtual Urgent Care [6]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$10	\$30	\$0	\$10
Specialist Office Visits	\$15	\$25	\$75	\$15	\$25
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	\$30	\$0	\$10
Labs (Preferred)	\$15	\$25	\$55	\$10	\$25
Labs (Non-preferred)	\$5	\$10	\$30	\$0	\$10
X-rays & Diagnostic Imaging	\$15	\$25	\$75	\$15	\$25
MRIs & Advanced Imaging	15% after deductible	25% after deductible	50% after deductible	20%	40%
Inpatient Facility Fee	15% after deductible	25% after deductible	50% after deductible	\$150	\$250
Outpatient Facility Fee	\$5	\$15	\$25	\$0	\$10
RX   Generics: Preferred (Tier 1a)	\$5	\$15	\$25	\$0	\$10
RX   Generics: Non-preferred (Tier 1b)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40% after deductible
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)	15% after deductible	25% after deductible	50% after deductible	20% after deductible	40%



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Individual & Family Plans [4]

**Silver Classic Saver Plus CSR 250**    **Silver Simple CSR 150**    **Silver Simple CSR 200**    **Silver Simple CSR 250**    **Silver Simple PCP Saver CSR 150**

**The Basics**

Deductible (Individual / Family)	\$250 / \$500	\$100 / \$200	\$800 / \$1,600	\$2,400 / \$4,800	\$50 / \$100
Pharmacy Deductible (Individual / Family)	\$250 / \$500	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$7,550 / \$15,100	\$1,700 / \$3,400	\$2,600 / \$5,200	\$7,200 / \$14,400	\$1,250 / \$2,500
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

**Prices for Benefits [5]**

Virtual Urgent Care [6]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$15 after deductible	\$30 after deductible	\$50 after deductible	\$5
Specialist Office Visits	\$75	10% after deductible	15% after deductible	25% after deductible	\$15
Urgent Care	\$75	10% after deductible	15% after deductible	25% after deductible	\$25
Emergency Room	50% after deductible	10% after deductible	15% after deductible	25% after deductible	15% after deductible
Mental Health Office Visits	\$30	10% after deductible	15% after deductible	25% after deductible	\$5
Labs (Preferred)	\$75	10% after deductible	15% after deductible	25% after deductible	\$15
Labs (Non-preferred)	\$30	\$15 after deductible	\$30 after deductible	\$50 after deductible	\$5
X-rays & Diagnostic Imaging	\$75	10% after deductible	15% after deductible	25% after deductible	\$15
MRIs & Advanced Imaging	50% after deductible	10% after deductible	15% after deductible	25% after deductible	15% after deductible
Inpatient Facility Fee	\$500	10% after deductible	15% after deductible	25% after deductible	15% after deductible
Outpatient Facility Fee	\$20	10% after deductible	15% after deductible	20% after deductible	\$5
RX   Generics: Preferred (Tier 1a)	\$20	10% after deductible	15% after deductible	20% after deductible	\$5
RX   Generics: Non-preferred (Tier 1b)	50% after deductible	10% after deductible (cost share applies, up to \$125 per script)	15% after deductible (cost share applies, up to \$125 per script)	20% after deductible (cost share applies, up to \$125 per script)	15% after deductible
RX   Brand: Preferred (Tier 2)	50% after deductible	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	15% after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	10% after deductible (cost share applies, up to \$150 per script)	15% after deductible (cost share applies, up to \$150 per script)	20% after deductible (cost share applies, up to \$150 per script)	15% after deductible



New Jersey | 2024  
Individual & Family Plans [4]

Silver Simple PCP Saver  
CSR 200      Silver Simple PCP Saver  
CSR 250

The Basics

Deductible (Individual / Family)	\$750 / \$1,500	\$2,250 / \$4,500
Pharmacy Deductible (Individual / Family)	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$2,750 / \$5,500	\$7,250 / \$14,500
\$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 [5]

Virtual Urgent Care [6]	\$0	\$0
Primary Care Office Visits	\$10	\$25
Specialist Office Visits	\$25	\$55
Urgent Care	\$50	\$75
Emergency Room	20% after deductible	50% after deductible
Mental Health Office Visits	\$10	\$25
Labs (Preferred)	\$25	\$55
Labs (Non-preferred)	\$10	\$25
X-rays & Diagnostic Imaging	\$25	\$55
MRIs & Advanced Imaging	20% after deductible	50% after deductible
Inpatient Facility Fee	20% after deductible	50% after deductible
Outpatient Facility Fee	\$15	\$25
RX   Generics: Preferred (Tier 1a)	\$15	\$25
RX   Generics: Non-preferred (Tier 1b)	20% after deductible	50% after deductible
RX   Brand: Preferred (Tier 2)	20% after deductible	50% after deductible
RX   Brand: Non-preferred (Tier 3)	20% after deductible	50% 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](https://hioscar.com/brokers)

[3] 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.

[4] 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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