

New Jersey 2020 | Individual & Family Plans | Available On & Off-Exchange

	Secure	Bronze	Silver		Gold	
	Simple	Classic	Classic	Saver	Option 1	Option 2
The Basics						
Deductible (Individual / Family)	\$8,150 / \$16,300	\$3,000 / \$6,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,300 / \$4,600	\$1,500 / \$3,000
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$7,400/ \$14,800	\$2,500 / \$5,000	\$6,650 / \$13,300
Free preventive care	✓	~	*	~	~	~
Up to \$100/year in Step Tracking rewards	✓	✓	*	*	~	*
Prices before you meet your deductible			·			
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	First 3 at \$0 ²	Allowed amount ¹	\$50	Allowed amount ¹	\$25	\$10
Specialist Office Visits	Allowed amount ¹	Allowed amount ¹	\$75	Allowed amount ¹	\$75	\$50
Urgent Care	Allowed amount ¹	\$75	\$75	Allowed amount ¹	\$75	\$75
Emergency Room	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹
Mental Health Office Visits	First 3 at \$0 ²	Allowed amount ¹	\$50	Allowed amount ¹	\$25	\$10
Labs	Allowed amount ¹	\$75 (non-Quest) / Free (Quest)	\$75 (non-Quest) / Free (Quest)	Allowed amount ¹	\$75 (non-Quest) / Free (Quest)	\$50 (non-Quest) / Free (Quest
X-rays & Diagnostic Imaging	Allowed amount ¹	Allowed amount ¹	\$75	Allowed amount ¹	Allowed amount ¹	\$50
MRIs & Advanced Imaging	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹
Inpatient Facility Fee / Outpatient Facility Fee	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹
RX Generics	Allowed amount ¹	\$25	\$25	Allowed amount ¹	\$25	\$10
RX Brand: Preferred / Non-preferred / Specialty	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹
Prices after you meet your deductible			<u>i</u>			.i
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free
Primary Care Office Visits	Free	\$50	\$50	40%	\$25	\$10
Specialist Office Visits	Free	\$75	\$75	40%	\$75	\$50
Urgent Care	Free	\$75	\$75	40%	\$75	\$75
Emergency Room	Free	50%	50%	40%	50%	20%
Mental Health Office Visits	Free	\$50	\$50	40%	\$25	\$10
Labs	Free	\$75 (non-Quest) / Free (Quest)	\$75 (non-Quest) / Free (Quest)	40% (non-Quest) / Free (Quest)	\$75 (non-Quest) / Free (Quest)	\$50 (non-Quest) / Free (Quest
X-rays & Diagnostic Imaging	Free	\$50	\$75	40%	\$75	\$50
MRIs & Advanced Imaging	Free	50%	50%	40%	50%	20%
Inpatient Facility Fee / Outpatient Facility Fee	Free	50%	50%	40%	50%	20%
RX Generics	Free	\$25	\$25	40%	\$25	\$10
RX Brand: Preferred / Non-preferred / Specialty	Free	50%	50%	40%	30% / 50% / 50%	20%

¹ Allowed amount: Oscar has specific rates with in-network providers. Member pays Oscar's rate with in-network providers until reaching the plan's deductible.

Note: For coinsurance, member pays coinsurance percentage (of allowed amount) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

² The first 2-3 non-preventive visits <u>across</u> these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of allowed amount until member meets the plan's deductible.



New Jersey 2020 | Individual & Family Plans | On-Exchange Only | Silver CSR Plans

Ready to sign up? Talk with your broker to get a quote.

	Silver (CSR)						
	Classic			Saver			
	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	
The Basics							
Deductible (Individual / Family)	\$2,450 / \$4,900	\$750 / \$1,500	\$150 / \$300	\$2,400 / \$4,800	\$850 / \$1,700	\$100 / \$200	
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A	
Out-of-pocket Max (Ind/Fam)	\$6,500 / \$13,000	\$2,300 / \$4,600	\$1,000 / \$2,000	\$6,500 / \$13,000	\$2,700 / \$5,400	\$2,250 / \$4,500	
Free preventive care	✓	✓	~	~	~	~	
Up to \$100/year in Step Tracking rewards	✓	~	/	~	~	~	
Prices before you meet your deductible							
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	
Primary Care Office Visits	\$25	\$10	\$5	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Specialist Office Visits	\$75	\$25	\$15	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Urgent Care	\$75	\$50	\$25	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Emergency Room	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Mental Health Office Visits	\$25	\$10	\$5	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Labs	\$75 (non-Quest) / Free (Quest)	\$25 (non-Quest) / Free (Quest)	\$15 (non-Quest) / Free (Quest)	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
X-rays & Diagnostic Imaging	\$75	\$25	\$15	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
MRIs & Advanced Imaging	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Inpatient Facility Fee / Outpatient Facility Fee	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
RX Generics	\$25	\$15	\$5	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
RX Brand: Preferred / Non-preferred / Specialty	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	Allowed amount ¹	
Prices after you meet your deductible						ė	
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	
Primary Care Office Visits	\$25	\$10	\$5	20%	10%	10%	
Specialist Office Visits	\$75	\$25	\$15	20%	10%	10%	
Urgent Care	\$75	\$50	\$25	20%	10%	10%	
Emergency Room	30%	20%	10%	20%	10%	10%	
Mental Health Office Visits	\$25	\$10	\$5	20%	10%	10%	
Labs	\$75 (non-Quest) / Free (Quest)	\$25 (non-Quest) / Free (Quest)	\$15 (non-Quest) / Free (Quest)	20% (non-Quest) / Free (Quest)	10% (non-Quest) / Free (Quest)	10% (non-Quest) / Free (Que	
X-rays & Diagnostic Imaging	\$75	\$25	\$15	20%	10%	10%	
MRIs & Advanced Imaging	30%	20%	10%	20%	10%	10%	
Inpatient Facility Fee / Outpatient Facility Fee	30%	20%	10%	20%	10%	10%	
RX Generics	\$25	\$15	\$5	20%	10%	10%	
RX Brand: Preferred / Non-preferred / Specialty	30%	20%	10%	20%	10%	10%	

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² The first 2-3 non-preventive visits <u>across</u> these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of allowed amount until member meets the plan's deductible. <u>Note</u>: For coinsurance, member pays coinsurance percentage (of allowed amount) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter. See the plan's Schedule of Benefits & Covera



New Jersey 2020 | Individual & Family Plans | Off-Exchange Only | Classic Silver Off-Exchange Only Plan

Ready to sign up? Talk with your broker to get a quote.

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	Silver			
	Classic			
The Basics				
Deductible (Individual / Family)	\$2,500 / \$5,000			
Pharmacy Deductible (Ind/Fam)	N/A			
Out-of-pocket Max (Ind/Fam)	\$8,150 / \$16,300			
Free preventive care	✓			
Up to \$100/year in Step Tracking rewards	~			
Prices before you meet your deductible				
Doctor on Call (Telemedicine Visits)	Free			
Primary Care Office Visits	\$50			
Specialist Office Visits	\$75			
Urgent Care	\$75			
Emergency Room	Allowed amount ¹			
Mental Health Office Visits	\$50			
Labs	\$75 (non-Quest) / Free (Quest)			
X-rays & Diagnostic Imaging	\$75			
MRIs & Advanced Imaging	Allowed amount ¹			
Inpatient Facility Fee / Outpatient Facility Fee	Allowed amount ¹			
RX Generics: Preferred / Non-preferred	\$25			
RX Brand: Preferred / Non-preferred / Specialty	Allowed amount ¹			
Prices after you meet your deductible				
Doctor on Call (Telemedicine Visits)	Free			
Primary Care Office Visits	\$50			
Specialist Office Visits	\$75			
Urgent Care	\$75			
Emergency Room	50%			
Mental Health Office Visits	\$50			
Labs	\$75 (non-Quest) / Free (Quest)			
X-rays & Diagnostic Imaging	\$75			
MRIs & Advanced Imaging	50%			
Inpatient Facility Fee / Outpatient Facility Fee	50%			
RX Generics: Preferred / Non-preferred	\$25			
RX Brand: Preferred / Non-preferred / Specialty	50%			

Why does Oscar offer this plan?

Premiums of Silver tier plans on the government exchange have gone up, due to government defunding of cost-sharing reduction (CSR) subsidies.

In response, Oscar created an off-exchange Silver alternative: the Classic Silver Off-Exchange Only Plan.

What should I know about this plan?

- It is only available off of the exchange.
- It has lower premiums than comparable Silver tier plans on the exchange.

Is this plan right for me?

• If you will not qualify for subsidies on the government exchange at any point in 2020, and are seeking a Silver tier plan, this may be a good option for you.

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