



New York | 2023 | Individual & Family Plans

	Secure	Gold Simple	Gold Classic	Silver Simple- PCP Saver	Silver Classic	Bronze Classic
The Basics						
Deductible (Individual / Family)	\$9,100 / \$18,200	\$1,500 / \$3,000	\$600 / \$1,200	\$7,300 / \$14,600	\$1,750 / \$3,500	\$4,700 / \$9,400
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$6,300 / \$12,600	\$4,750 / \$9,500	\$9,100 / \$18,200	\$9,100 / \$18,200	\$8,700 / \$17,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Oscar Primary Care Virtual Visits	\$0 after deductible	\$0	\$0	\$0	\$30 after deductible	\$50 after deductible
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible	\$30	\$25 after deductible	\$25	\$30 after deductible	\$50 after deductible
Specialist Office Visits	\$0 after deductible	20% after deductible	\$40 after deductible	\$50	\$65 after deductible	\$75 after deductible
Urgent Care	\$0 after deductible	20% after deductible	\$60 after deductible	\$75	\$70 after deductible	\$75 after deductible
Emergency Room	\$0 after deductible	50% after deductible	\$150 after deductible	50% after deductible	\$500 after deductible	\$500 after deductible
Mental Health Office Visits	\$0 after deductible	20%	\$25 after deductible	\$25	\$30 after deductible	\$50 after deductible
Labs	\$0 after deductible	20% after deductible	\$40 after deductible	\$50	\$50 after deductible	\$50 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	20% after deductible	\$40 after deductible	50%	\$75 after deductible	\$75 after deductible
MRIs & Advanced Imaging	\$0 after deductible	20% after deductible	\$40 after deductible	50%	\$175 after deductible	\$175 after deductible
Inpatient Facility Fee	\$0 after deductible	20% after deductible	\$1,000 after deductible	50% after deductible	\$1,500 after deductible	\$1,500 after deductible
Outpatient Facility Fee	\$0 after deductible	20% after deductible	\$100 after deductible	50% after deductible	\$150 after deductible	\$150 after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	20% after deductible	\$10	\$20	\$15	\$10 after deductible
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	20% after deductible	\$10	\$20	\$15	\$10 after deductible
RX Brand: Preferred (Tier 2)	\$0 after deductible	20% after deductible	\$35	\$50	\$40	\$35 after deductible
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	20% after deductible	\$70	50% after deductible	\$75	\$70 after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	20% after deductible	\$70	50% after deductible	\$75	\$70 after deductible

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



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	Silver Simple- PCP Saver CSR 150	Silver Simple- PCP Saver CSR 200	Silver Simple- PCP Saver CSR 250	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250
The Basics						
Deductible (Individual / Family)	\$90 / \$180	\$1,650 / \$3,300	\$6,800 / \$13,600	\$0 / \$0	\$250 / \$500	\$1,625 / \$3,250
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,000 / \$2,000	\$2,600 / \$5,200	\$7,250 / \$14,500	\$1,000 / \$2,000	\$2,800 / \$5,600	\$7,250 / \$14,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Oscar Primary Care Virtual Visits	\$0	\$0	\$0	\$10	\$15 after deductible	\$30 after deductible
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$10	\$25	\$10	\$15 after deductible	\$30 after deductible
Specialist Office Visits	\$10	\$25	\$50	\$20	\$35 after deductible	\$65 after deductible
Urgent Care	\$25	\$50	\$75	\$30	\$50 after deductible	\$70 after deductible
Emergency Room	50% after deductible	50% after deductible	50% after deductible	\$50	\$75 after deductible	\$275 after deductible
Mental Health Office Visits	\$5	\$10	\$25	\$10	\$15 after deductible	\$30 after deductible
Labs	\$10	\$25	\$50	\$20	\$35 after deductible	\$50 after deductible
X-rays & Diagnostic Imaging	20%	40%	40%	\$20	\$35 after deductible	\$75 after deductible
MRIs & Advanced Imaging	20%	40%	40%	\$20	\$35 after deductible	\$175 after deductible
Inpatient Facility Fee	20% after deductible	40% after deductible	40% after deductible	\$100	\$250 after deductible	\$1,500 after deductible
Outpatient Facility Fee	20% after deductible	40% after deductible	40% after deductible	\$25	\$75 after deductible	\$150 after deductible
RX Generics: Preferred (Tier 1a)	\$5	\$8	\$20	\$6	\$9	\$15
RX Generics: Non-preferred (Tier 1b)	\$5	\$8	\$20	\$6	\$9	\$15
RX Brand: Preferred (Tier 2)	\$20	\$30	\$50	\$15	\$20	\$40
RX Brand: Non-preferred (Tier 3)	20% after deductible	40% after deductible	40% after deductible	\$30	\$40	\$75
RX Brand: Specialty (Tier 4)	20% after deductible	40% after deductible	40% after deductible	\$30	\$40	\$75

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