

Oscar Insurance Corporation
2015 NJ Individual Health Plans and Benefits Descriptions

	Traditional	Traditional with Copays				Share			
	Oscar Secure	Oscar Bronze Tiered	Oscar Silver Tiered	Oscar Gold Tiered	Oscar Silver Share Tiered				
Single/Family Deductible 1	\$6,600/\$13,200	\$2,500/\$5,000	\$2,000/\$4,000	\$1,000/\$2,000	\$0/\$0				
Deductible Also Applies to Drugs	Yes	Yes	Yes	Yes	Yes				
Generics Subject to Deductible	Yes	Yes	No	No	Yes				
Single/Family OOP Maximum	\$6,600/\$13,200	\$6,600/\$13,200	\$6,000/\$12,000	\$2,500/\$5,000	\$6,600/\$13,200				
Medical Copays/Coinsurance									
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited				
Labs (Quest Only)	Not subject to deductible, no copay	Not subject to deductible, no copay	Not subject to deductible, no copay	Not subject to deductible, no copay	Not subject to deductible, no copay				
Labs (All Other)	-	\$50	\$50	\$50	50%				
Primary Care Physician (PCP)	-	\$25	\$25	\$25	50%				
# PCP visits covered in full 2	3	0	2	2	1				
Specialist	-	\$50	\$50	\$50	50%				
Emergency Room	-	50%	50%	50%	50%				
Urgent Care	-	50%	30%	20%	50%				
Ambulance Copay	-	50%	30%	20%	50%				
Inpatient Facility 3 4	-	35%/50%	30%/50%	20%/50%	35%/50%				
Outpatient Facility - Surgery 4	-	35%/50%	30%/50%	20%/50%	35%/50%				
PT/OT/ST	-	50%	30%	20%	50%				
Pediatric Glasses	-	50%	30%	20%	50%				
DME/Prosthetics	-	50%	30%	20%	50%				
Surgeon - IP/OP Facility	-	50%	30%	20%	50%				
Drug Copays/Coinsurance									
Generic	-	50%	\$0	\$0	50%				
Preferred	-	50%	30%	20%	50%				
Non-Preferred	-	50%	30%	20%	50%				
Age 5	No Pediatric Dental	No Pediatric Dental	Pediatric Dental	No Pediatric Dental	Pediatric Dental	No Pediatric Dental	Pediatric Dental		
0-20	\$113.98	\$162.50	\$162.79	\$177.50	\$177.80	\$222.39	\$222.71	\$188.75	\$189.24
21	\$179.50	\$255.90	\$256.36	\$279.52	\$279.99	\$350.23	\$350.73	\$297.24	\$298.02
22	\$179.50	\$255.90	\$256.36	\$279.52	\$279.99	\$350.23	\$350.73	\$297.24	\$298.02
23	\$179.50	\$255.90	\$256.36	\$279.52	\$279.99	\$350.23	\$350.73	\$297.24	\$298.02
24	\$179.50	\$255.90	\$256.36	\$279.52	\$279.99	\$350.23	\$350.73	\$297.24	\$298.02
25	\$180.21	\$256.92	\$257.38	\$280.64	\$281.11	\$351.63	\$352.13	\$298.43	\$299.21
26	\$183.80	\$262.04	\$262.51	\$286.23	\$286.71	\$358.63	\$359.15	\$304.37	\$305.17
27	\$188.11	\$268.18	\$268.66	\$292.94	\$293.43	\$367.04	\$367.57	\$311.51	\$312.32
28	\$195.11	\$278.16	\$278.66	\$303.84	\$304.35	\$380.70	\$381.25	\$323.10	\$323.94
29	\$200.86	\$286.35	\$286.86	\$312.79	\$313.31	\$391.90	\$392.47	\$332.61	\$333.48
30	\$203.73	\$290.45	\$290.97	\$317.26	\$317.79	\$397.51	\$398.08	\$337.37	\$338.25
31	\$208.04	\$296.59	\$297.12	\$323.97	\$324.51	\$405.91	\$406.50	\$344.50	\$345.40
32	\$212.34	\$302.73	\$303.27	\$330.68	\$331.23	\$414.32	\$414.92	\$351.63	\$352.55
33	\$215.04	\$306.57	\$307.12	\$334.87	\$335.43	\$419.57	\$420.18	\$356.09	\$357.02
34	\$217.91	\$310.66	\$311.22	\$339.34	\$339.91	\$425.17	\$425.79	\$360.85	\$361.79
35	\$219.34	\$312.71	\$313.27	\$341.58	\$342.15	\$427.98	\$428.59	\$363.23	\$364.18
36	\$220.78	\$314.76	\$315.32	\$343.82	\$344.39	\$430.78	\$431.40	\$365.61	\$366.56
37	\$222.22	\$316.80	\$317.37	\$346.05	\$346.63	\$433.58	\$434.21	\$367.98	\$368.94
38	\$223.65	\$318.85	\$319.42	\$348.29	\$348.87	\$436.38	\$437.01	\$370.36	\$371.33
39	\$226.52	\$322.95	\$323.52	\$352.76	\$353.35	\$441.99	\$442.62	\$375.12	\$376.10
40	\$229.40	\$327.04	\$327.62	\$357.23	\$357.83	\$447.59	\$448.24	\$379.87	\$380.87
41	\$233.70	\$333.18	\$333.78	\$363.94	\$364.55	\$455.99	\$456.65	\$387.01	\$388.02
42	\$237.83	\$339.07	\$339.67	\$370.37	\$370.99	\$464.05	\$464.72	\$393.84	\$394.87
43	\$243.58	\$347.26	\$347.88	\$379.31	\$379.95	\$475.26	\$475.94	\$403.35	\$404.41
44	\$250.76	\$357.49	\$358.13	\$390.50	\$391.15	\$489.27	\$489.97	\$415.24	\$416.33
45	\$259.19	\$369.52	\$370.18	\$403.63	\$404.31	\$505.73	\$506.46	\$429.21	\$430.34
46	\$269.24	\$383.85	\$384.54	\$419.29	\$419.99	\$525.34	\$526.10	\$445.86	\$447.02
47	\$280.55	\$399.97	\$400.69	\$436.90	\$437.63	\$547.40	\$548.19	\$464.59	\$465.80
48	\$293.48	\$418.40	\$419.14	\$457.02	\$457.79	\$572.62	\$573.45	\$485.99	\$487.26
49	\$306.22	\$436.56	\$437.35	\$476.87	\$477.67	\$597.49	\$598.35	\$507.09	\$508.42
50	\$320.58	\$457.04	\$457.85	\$499.23	\$500.07	\$625.50	\$626.41	\$530.87	\$532.26
51	\$334.76	\$477.25	\$478.11	\$521.31	\$522.19	\$653.17	\$654.12	\$554.35	\$555.80
52	\$350.38	\$499.52	\$500.41	\$545.63	\$546.55	\$683.64	\$684.63	\$580.21	\$581.73
53	\$366.17	\$522.04	\$522.97	\$570.23	\$571.19	\$714.46	\$715.49	\$606.37	\$607.95
54	\$383.22	\$546.35	\$547.32	\$596.78	\$597.79	\$747.73	\$748.81	\$634.61	\$636.27
55	\$400.27	\$570.66	\$571.68	\$623.34	\$624.38	\$781.00	\$782.13	\$662.84	\$664.58
56	\$418.76	\$597.01	\$598.08	\$652.13	\$653.22	\$817.08	\$818.26	\$693.46	\$695.27
57	\$437.43	\$623.63	\$624.74	\$681.20	\$682.34	\$853.50	\$854.73	\$724.37	\$726.27
58	\$457.35	\$652.03	\$653.20	\$712.23	\$713.42	\$892.38	\$893.67	\$757.37	\$759.35
59	\$467.23	\$666.11	\$667.30	\$727.60	\$728.82	\$911.64	\$912.96	\$773.72	\$775.74
60	\$487.15	\$694.51	\$695.75	\$758.63	\$759.90	\$950.51	\$951.89	\$806.71	\$808.82
61	\$504.38	\$719.08	\$720.36	\$785.46	\$786.78	\$984.14	\$985.56	\$835.24	\$837.43
62	\$515.69	\$735.20	\$736.51	\$803.07	\$804.42	\$1,006.20	\$1,007.65	\$853.97	\$856.20
63	\$529.87	\$755.42	\$756.77	\$825.16	\$826.54	\$1,033.87	\$1,035.36	\$877.45	\$879.74
64	\$538.49	\$767.70	\$769.07	\$838.56	\$839.97	\$1,050.68	\$1,052.19	\$891.72	\$894.05
65 and over	\$538.49	\$767.70	\$769.07	\$838.56	\$839.97	\$1,050.68	\$1,052.19	\$891.72	\$894.05

To find your monthly rate as an individual:

1. Find the name of the plan you're interested in and scan the column down until you find the rate that matches the row with your age.

To find your monthly rate as a family:

- Follow step 1 above for each person in your family.
- Add the rates together. Need to cover more than 3 children under age 21? You pay only for the first 3.

Notes

- The deductible must be met first, and then the cost sharing copay or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached.
- PCP visits covered in full are for each covered life on the plan; contract holder and all dependents.
i.e. Silver Tiered, 2 PCP visits covered in full, Member - 2, Spouse - 2, Child(ren) - 2 each annually.
- Applies to Medical, Surgical, Maternity, Mental Health, and Substance Abuse Inpatient Services.
- Tier 1/Tier 2 Hospitals.
- Rates are for illustration purposes only.

* All plans include free, unlimited Telemedicine. All doctors are U.S. board-certified (PCPs, pediatricians and internists) available 24/7/365, via phone or online video consults from wherever the member happens to be. Providers use electronic health records to diagnose, treat, and write prescriptions, when necessary.

** Free annual physical is in addition to PCP visits.