# Oscar New York 2018 Individual Plans Available On & Off Exchange

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

	Classic Bronze	Silver	Gold	Platinum	Simple Secure	Bronze	Silver	Gold	Backup Bronze	Silver	Gold
The Basics											
Free 24/7 calls with doctors	<b>*</b>	•	•		<b>-</b>	-		4		<b>-</b>	<b>-</b>
Up to \$240/year in step tracking rewards	•				•	•					•
Free preventive care											
Dedicated Concierge											
Individual Deductible*	\$4,000	\$2,000	\$600	\$0	\$7,350	\$7,350	\$7,350	\$4,000	\$6,500	\$4,500	\$1,500
Individual Out-of-Pocket Max*	\$7,150	\$6,750	\$4,000	\$2,000	\$7,350	\$7,350	\$7,350	\$4,000	\$6,500	\$4,500	\$4,500
HSA compatible?	No	No	No	No	No	No	No	No	No	Ψ-1,500 No	No
Prices before you meet your deductible	110	110	140	110	110	140	IVO	IVO	110	140	110
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Primary Care / OBGYN visits	Full price	Full price	Full price	\$15	3 for \$0	Full price	\$25	\$10	Full price	Full price	Full price
Oscar Center visits	Full price	Full price	Full price	\$15	Full price	\$0	\$0	\$0	Full price	Full price	Full price
Specialist visits	Full price	Full price	Full price	\$35	Full price	Full price	\$50	\$50	Full price	Full price	Full price
Mental health office visits	Full price	Full price	Full price	\$15	Full price	Full price	\$50	\$50	Full price	Full price	Full price
Physical, Occupational, and Speech Therapy	Full price	Full price	Full price	\$25	Full price	Full price	\$50	\$50	Full price	Full price	Full price
Urgent Care	Full price	Full price	Full price	\$55	Full price	\$100	\$100	\$100	Full price	Full price	Full price
Labs	Full price	Full price	Full price	\$35	Full price	Full price	\$25	\$25	Full price	Full price	Full price
Generic Drugs	Full price	\$10	\$10	\$10	Full price	Full price	\$10	\$10	Full price	Full price	Full price
Preferred Brand Drugs	Full price	\$35	\$35	\$30	Full price	Full price	\$50	\$50	Full price	Full price	Full price
Non-Preferred Brand Drugs	Full price	\$70	\$70	\$60	Full price	Full price	Full price	Full price	Full price	Full price	Full price
Specialty Drugs	Full price	\$70	\$70	\$60	Full price	Full price	Full price	Full price	Full price	Full price	Full price
Prices after you meet your deductible											
Primary Care / OBGYN visits	50%	\$30	\$25	\$15					\$0	\$0	20%
Oscar Center visits	50%	\$30	\$25	\$15		Why aren't there copays or coinsurance amounts here?				\$0	20%
Specialist visits	50%	\$50	\$40	\$35						\$0	20%
Mental health office visits	50%	\$30	\$25	\$15	Why a					\$0	20%
Physical, Occupational, and Speech Therapy	50%	\$30	\$30	\$25	,					\$0	20%
Urgent Care	50%	\$70	\$60	\$55						\$0	20%
Labs	50%	\$50	\$40	\$35					\$0	\$0	20%
Xrays & Diagnostic Imaging	50%	\$50	\$40	\$35	With o	With our Simple plans, you pay for covered services up to your deductible.				\$0	20%
MRIs & Advanced Imaging	50%	\$50	\$40	\$35						\$0	20%
Emergency Room	50%	\$250	\$150	\$100						\$0	20%
Inpatient Hospital & Skilled Nursing Facility	50%	\$1,500	\$1,000	\$500	After th	at, Oscar pa	ys for all cov	ered services	\$0 \$0	\$0	20%
Outpatient Facility	50%	\$100	\$100	\$100		After that, Oscar pays for all covered services.				\$0	20%
Outpatient Professional	50%	\$100	\$100	\$100	N	No more copays. No coinsurance.				\$0	20%
Generic Drugs	\$10	\$10	\$10	\$10		o more cop	u/3.140 COIII.	\$0	\$0	20%	
Preferred Brand Drugs	\$35	\$35	\$35	\$30					\$0	\$0	20%
Non-Preferred Brand Drugs	\$70	\$70	\$70	\$60					\$0	\$0	20%
Specialty Drugs	\$70	\$70	\$70	\$60					\$0	\$0	20%



<sup>\*</sup> Family deductibles and maxes are simply twice the individual amounts

<sup>&</sup>quot;Full price" - Member pays Oscar's negotiated rate until reaching the plan's deductible

## Oscar New York 2018 Individual Cost Share Reduction (CSR) Plans

With the variant silver level plan designs below, qualifying on-exchange members can enjoy lower cost shares than on standard Silver plans

	Classic Silver		Simple Silver				Backup Silver		
	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150	CSR 250	CSR 200	CSR 150
The Basics									
Free 24/7 calls with doctors			<b>/</b>				<b>/</b>		
Up to \$100/year in step tracking rewards									
Free preventive care									
Dedicated Concierge									
Individual Deductible*	\$1,650	\$250	\$0	\$5,000	\$1,800	\$750	\$2,000	\$550	\$100
Individual Out-of-Pocket Max*	\$5,550	\$2,100	\$1,000	\$5,000	\$1,800	\$750	\$4,500	\$2,450	\$1,000
HSA-Compatible?	No	No	No	No	No	No	No	No	No
Prices before you meet your deductible									
Primary Care / OBGYN visits	Full price	Full price	Full price	\$10	\$0	\$0	Full price	Full price	Full price
Oscar Center visits	Full price	Full price	Full price	\$0	\$0	\$0	Full price	Full price	Full price
Specialist visits	Full price	Full price	Full price	\$50	\$25	\$25	Full price	Full price	Full price
Mental health office visits	Full price	Full price	Full price	\$50	\$25	\$25	Full price	Full price	Full price
Physical, Occupational, and Speech Therapy	Full price	Full price	Full price	\$50	\$25	\$25	Full price	Full price	Full price
Urgent Care	Full price	Full price	Full price	\$100	\$50	\$25	Full price	Full price	Full price
Labs	Full price	Full price	Full price	\$25	\$0	\$0	Full price	Full price	Full price
Generic Drugs	\$10	\$9	\$6	\$10	\$0	\$0	Full price	Full price	Full price
Preferred Brand Drugs	\$35	\$20	\$15	\$50	\$25	\$25	Full price	Full price	Full price
Non-Preferred Brand Drugs	\$70	\$40	\$30	Full price	Full price	Full price	Full price	Full price	Full price
Specialty Drugs	\$70	\$40	\$30	Full price	Full price	Full price	Full price	Full price	Full price
Prices after you meet your deductible					••••••		••••••		
Primary Care / OBGYN visits	\$30	\$15	\$10				20%	10%	10%
Oscar Center visits	\$30	\$15	\$10				20%	10%	10%
Specialist visits	\$50	\$35	\$20				20%	10%	10%
Mental health office visits	\$30	\$15	\$10	Wh	y aren't there	e copays or	20%	10%	10%
Physical, Occupational, and Speech Therapy	\$30	\$25	\$15	coir	nsurance amo	ounts here?	20%	10%	10%
Urgent Care	\$70	\$50	\$30				20%	10%	10%
Labs	\$50	\$35	\$20				20%	10%	10%
Xrays & Diagnostic Imaging	\$50	\$35	\$20	With our	With our Simple plans, you pay for covere			10%	10%
MRIs & Advanced Imaging	\$50	\$50	\$20	serv	rices up to you	r deductible.	20%	10%	10%
Emergency Room	\$250	\$75	\$50		- •		20%	10%	10%
Inpatient Hospital & Skilled Nursing Facility	\$1,500	\$250	\$100	After th	nat, Oscar pavs	for all covered	20%	10%	10%
Outpatient Facility	\$100	\$75	\$25		services		20%	10%	10%
Outpatient Professional	\$100	\$75	\$25		301 1100.		20%	10%	10%
Generic Drugs	\$10	\$9	\$6	NIa	one consule NI	a coincurance	20%	10%	10%
Preferred Brand Drugs	\$35	\$20	\$15	INO M	ore copays. No	o comsurance.	20%	10%	10%
Non-Preferred Brand Drugs	\$70	\$40	\$30				20%	10%	10%
Specialty Drugs	\$70	\$40	\$30				20%	10%	10%



<sup>\*</sup> Family deductibles and maxes are simply twice the individual amounts

### Oscar New York 2018 Rates

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

	Classic				Simple				Backup		
	Bronze	Silver	Gold	Platinum	Secure	Bronze	Silver	Gold	Bronze	Silver	Gold
Premium											
Individual	\$483.42	\$589.57	\$701.17	\$834.48	\$170.57	\$470.80	\$566.03	\$668.36	\$484.63	\$538.13	\$640.00
Individual + Spouse	\$966.83	\$1,179.14	\$1,402.34	\$1,668.97	\$341.13	\$941.59	\$1,132.06	\$1,336.72	\$969.27	\$1,076.26	\$1,280.01
Individual + Child	\$821.81	\$1,002.27	\$1,191.99	\$1,418.62	\$289.96	\$800.35	\$962.25	\$1,136.22	\$823.88	\$914.82	\$1,088.01
Family	\$1.377.73	\$1,680.28	\$1,998.34	\$2,378.28	\$486.11	\$1,341.77	\$1,613.18	\$1,904.83	\$1,381.21	\$1,533.66	\$1,824.01
Child Only	\$199.17	\$242.90	\$288.88	\$343.81	-	-	-	-	-	-	-
Premium with age 29 rider											
Individual	\$486.48	\$592.21	\$705.07	\$839.30	-	\$473.81	\$568.66	\$672.15	\$487.76	\$540.62	\$643.68
Individual + Spouse	\$972.97	\$1,184.41	\$1,410.14	\$1,678.61	-	\$947.61	\$1,137.33	\$1,344.30	\$975.51	\$1,081.24	\$1,287.36
Individual + Child	\$827.02	\$1,006.75	\$1,198.62	\$1,426.82	-	\$805.47	\$966.73	\$1,142.66	\$829.19	\$919.05	\$1,094.25
Family	\$1,386.48	\$1,687.79	\$2,009.46	\$2,392.02	-	\$1,350.35	\$1,620.69	\$1,915.63	\$1,390.11	\$1,540.76	\$1,834.49

