

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

	Secure		Bronze			Silver			Gold		Platinum
	Simple	Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	Classic
The Basics											Clussic
Deductible (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$4,425 / \$8,850	\$7,200 / \$14,400	\$7,800 / \$15,600	\$1,300 / \$2,600	\$2,500 / \$5,000	\$5,250 / \$10,500	\$600/ \$1,200	\$1,500 / \$3,000	\$0 / \$0
Pharmacy Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	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	\$7,200 / \$14,400	\$7,800 / \$15,600	\$7,900 / \$15,800	\$6,250 / \$12,500			\$5,250 / \$10,500	
Free preventive care	<b>1</b>	<b>V</b>	<b>*</b>	1	1	<b>V</b>	_		<b>√</b>	45,250,410,500	\$2,000 / \$4,000
Up to \$100/year in Step Tracking rewards	<b>V</b>	<b>V</b>		<b>V</b>							
Prices before you meet your dedu	ctible					No.					•
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	F	_
Oscar Center	First 3 at \$0 <sup>2</sup>	Free	First 3 at \$0 <sup>2</sup>	Free	Free	Negotiated rate1	Free	Free	Negotiated rate <sup>1</sup>	Free Free	Free \$15
Primary Care Office Visits	First 3 at \$0 <sup>2</sup>	First 2 at \$50 2	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	\$25	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10			
Specialist Office Visits	Negotiated rate1	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$40	Negotiated rate <sup>1</sup> Negotiated rate <sup>1</sup>	Negotiated rate1	\$15
Urgent Care	Negotiated rate	\$100	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$75	Negotiated rate <sup>1</sup>		· · · · · · · · · · · · · · · · · · ·	·	Negotiated rate1	\$35
Emergency Room	Negotiated rate <sup>1</sup>	Negotiated rate1	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup> Negotiated rate <sup>1</sup>	\$75 Negotiated rate <sup>1</sup>	Negotiated rate	Negotiated rate <sup>1</sup>	\$55
Mental Health Office Visits	Negotiated rate <sup>1</sup>	Negotiated rate1	First 3 at \$0 <sup>2</sup>	Negotiated rate <sup>1</sup>	\$25	÷	·		Negotiated rate1	Negotiated rate1	\$100
Labs	Negotiated rate	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50	Negotiated rate1	Negotiated rate1	\$10	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$15
X-rays & Diagnostic Imaging	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>			Negotiated rate	Negotiated rate <sup>1</sup>	\$30	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
MRIs & Advanced Imaging	Negotiated rate <sup>1</sup>			Negotiated rate <sup>1</sup>	\$80	Negotiated rate1	Negotiated rate <sup>1</sup>	\$80	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
		Negotiated rate1	Negotiated rate1	Negotiated rate1	\$200	Negotiated rate1	Negotiated rate1	\$200	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$35
Inpatient Facility Fee / Outpatient Facility Fee	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate1	Negotiated rate1	Negotiated rate <sup>1</sup> / \$500	Negotiated rate1	Negotiated rate1	Negotiated rate <sup>1</sup> , \$500	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$500 per admission / \$100
RX   Generics	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$10	\$10	Negotiated rate1	\$15	\$10	Negotiated rate <sup>1</sup>	\$10
RX   Brand: Preferred / Non-preferred	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	Negotiated rate <sup>1</sup>	\$50 / Negotiated rate <sup>1</sup>	\$35 / \$70	Negotiated rate <sup>1</sup>	\$50 / Negotiated rate <sup>1</sup>	\$35 / \$70	Negotiated rate <sup>1</sup>	\$30 / \$60
Prices after you meet your deduct	ible									1	
Doctor on Call (Telemedicine Visits)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Oscar Center	Free	Free	50%	Free	Free	\$30	Free	Free	\$25	Free	\$15
Primary Care Office Visits	Free	Free	50%	Free	Free	\$30	30%	Free	\$25	20%	\$15
Specialist Office Visits	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
Urgent Care	Free	Free	50%	Free	Free	\$70	30%	Free	\$60	20%	\$55
Emergency Room	Free	Free	50%	Free	Free	\$250	30%	Free	\$150	20%	\$100
Mental Health Office Visits	Free	Free	50%	Free	Free	\$30	30%	Free	\$25	20%	\$15
abs	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
X-rays & Diagnostic Imaging	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
MRIs & Advanced Imaging	Free	Free	50%	Free	Free	\$50	30%	Free	\$40	20%	\$35
Inpatient Facility Fee / Outpatient Facility Fee	Free	Free	50%	Free	Free	\$1,500 per admission / \$150	30%	Free	\$1,000 per admission / \$100	20%	\$500 per
RX   Generics	Free	Free	\$10	Free	Free	\$10	30%	Free	\$10	20%	admission / \$100
RX   Brand: Preferred / Non-preferred	Free	Free	\$35 / \$70	Free	Free	\$35 / \$70	30%	Free	\$35 / \$70	20%	\$30 / \$60

<sup>1</sup> Negotiated rate: We've negotiated lower rates with in-network providers. Member pays Oscar's negotiated rate with in-network providers until reaching the plan's deductible.

<sup>&</sup>lt;sup>2</sup> 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 negotiated rate until member meets the plan's deductible. <u>Note</u>: For coinsurance, member pays coinsurance percentage (of negotiated rate) until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.



## New York 2020 | Individual & Family Plans | Rating Area 4 | Rates | Off-Exchange Only

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

Rating Area 4 includes Queens, Richmond, Rockland, New York, Kings, Bronx, Westchester counties.

	Secure Simple		Bronze			Silver	100		Gold		Platinum Classic
		Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	
Premium											Classic
Individual	\$191.15	\$542.53	\$565.63	\$545.44	\$715.20	\$739.91	\$656.87	\$899.99	\$934.36	\$845.73	\$1,130.48
Individual + Spouse	\$382.30	\$1,085.06	\$1,131.26	\$1,090.87	\$1,430.40	\$1,479.81	\$1,313.75	\$1,799.97	\$1,868.71	\$1,691.47	\$2,260.96
Individual + Child	\$324.95	\$922.30	\$961.57	\$927.24	\$1,215.84	\$1,257.84	\$1,116.68	\$1,529.98	\$1,588.41	\$1,437.75	\$1,921.81
Family	\$544.77	\$1,546.20	\$1,612.05	\$1,554.49	\$2,038.32	\$2,108.74	\$1,872.09	\$2,564.96	\$2,662.92	\$2,410.34	\$3,221.86
Child Only	N/A	N/A	\$233.04	N/A	N/A	\$304.84	N/A	N/A	\$384.96	N/A	\$465.76
Premium with age 29 rider											
ndividual	N/A	\$545.69	\$568.79	\$548.51	\$719.30	\$744.18	\$660.61	\$905.17	\$939.65	\$850.60	\$1,137.02
ndividual + Spouse	N/A	\$1,091.37	\$1,137.58	\$1,097.02	\$1,438.60	\$1,488.36	\$1,321.23	\$1,810.34	\$1,879.29	\$1,701.20	\$2,274.04
ndividual + Child	N/A	\$927.67	\$966.94	\$932.47	\$1,222.81	\$1,265.11	\$1,123.04	\$1,538.79	\$1,597.40	\$1,446.02	\$1,932.93
Family	N/A	\$1,555.21	\$1,621.05	\$1,563.26	\$2,050.00	\$2,120.91	\$1,882.75	\$2,579.73	\$2,677.99	\$2,424.20	\$3,240.51

<sup>\*</sup>Secure plans are only available for people under 30 or people of any age with a hardship exemption or affordability exemption.



## New York 2020 | Individual & Family Plans | Rating Area 8 | Rates | Off-Exchange Only

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

Rating Area 8 includes Nassau and Suffolk counties.

	Secure		Bronze			Silver			Gold		Platinum
MANDETOS TO CONTRATOR TO SOME AND TO SOME	Simple	Simple	Classic	Saver	Simple	Classic	Saver	Simple	Classic	Saver	Classic
Premium											Classic
Individual	\$188.10	\$533.88	\$556.62	\$536.74	\$703.80	\$728.12	\$646.40	\$885.64	\$919.47	\$832.26	\$1,112.46
Individual + Spouse	\$376.20	\$1,067.76	\$1,113.24	\$1,073.49	\$1,407.60	\$1,456.23	\$1,292.81	\$1,771.29	\$1,838.93	\$1,664.51	\$2,224.93
Individual + Child	\$319.77	\$907.60	\$946.25	\$912.47	\$1,196.46	\$1,237.80	\$1,098.89	\$1,505.59	\$1,563.09	\$1,414.83	\$1,891.19
Family	\$536.09	\$1,521.56	\$1,586.36	\$1,529.72	\$2,005.83	\$2,075.13	\$1,842.25	\$2,524.09	\$2,620.48	\$2,371.93	\$3,170.52
Child Only	N/A	N/A	\$229.33	N/A	N/A	\$299.98	N/A	N/A	\$378.82	N/A	\$458.33
Premium with age 29 rider											
Individual	N/A	\$536.99	\$559.73	\$539.77	\$707.84	\$732.32	\$650.09	\$890.74	\$924.67	\$837.04	\$1,118.90
ndividual + Spouse	N/A	\$1,073.98	\$1,119.45	\$1,079.54	\$1,415.67	\$1,464.64	\$1,300.17	\$1,781.49	\$1,849.34	\$1,674.09	\$2,237.80
ndividual + Child	N/A	\$912.88	\$951.53	\$917.61	\$1,203.32	\$1,244.95	\$1,105.14	\$1,514.26	\$1,571.94	\$1,422.97	\$1,902.13
Family	N/A	\$1,530.42	\$1,595.22	\$1,538.35	\$2,017.33	\$2,087.12	\$1,852.74	\$2,538.62	\$2,635.31	\$2,385.57	\$3,188.87