

**Oscar Insurance Corporation
2015 NY Individual Health Plans and Benefits Descriptions**

	Standard					Oscar Edge						Oscar Simple					
	Oscar Platinum	Oscar Gold	Oscar Silver	Oscar Bronze 1	Oscar Secure	Oscar Platinum Edge	Oscar Gold Edge	Oscar Silver Edge	Oscar Silver Edge Plus	Oscar Bronze Edge	Oscar Bronze Edge Plus	Oscar Simple 1000	Oscar Simple 2000	Gold Simple 2500	Oscar Simple 4000	Oscar Simple 4500	Oscar Simple 6600
Single/Family Deductible ²	\$0/\$0	\$600/\$1,200	\$2,000/\$4,000	\$3,000/\$6,000	\$6,600/\$13,200	\$0/\$0	\$600/\$1,200	\$5,000/\$10,000	\$2,500/\$5,000	\$6,600/\$13,200	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,500/\$9,000	\$6,600/\$13,200
Deductible Also Applies to Drugs ³	No	No	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generics Subject to Deductible	No	No	No	Yes	Yes	No	No	No	No	Yes	Yes	No	No	No	No	No	No
Single/Family OOP Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$5,500/\$11,000	\$6,350/\$12,700	\$6,600/\$13,200	\$2,000/\$4,000	\$4,000/\$8,000	\$6,100/\$12,200	\$5,600/\$11,200	\$6,600/\$13,200	\$6,600/\$13,200	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,500/\$9,000	\$6,600/\$13,200
On / Off HIX	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	On / Off	Off	Off	On / Off	On / Off
Medical Copays/Coinsurance																	
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	\$15	\$25	\$30	50%	-	\$15	\$25	\$30	\$30	-	\$30	-	-	-	-	-	-
# PCP visits covered in full ⁴	0	0	0	0	3	2	2	2	2	2	2	2	2	2	2	2	2
Specialist	\$35	\$40	\$50	50%	-	\$35	\$40	\$50	\$50	-	\$50	-	-	-	-	-	-
Emergency Room	\$100	\$150	\$150	50%	-	\$100	\$150	\$150	\$250	-	\$150	-	-	-	-	-	-
Urgent Care	\$55	\$60	\$70	50%	-	\$55	\$60	\$70	\$70	-	\$70	-	-	-	-	-	-
Ambulance Copay	\$100	\$150	\$150	50%	-	\$100	\$150	\$150	\$250	-	\$150	-	-	-	-	-	-
Inpatient Facility ⁵	\$500	\$1,000	\$1,500	50%	-	\$500	\$1,000	\$1,500	\$2,000	-	\$1,500	-	-	-	-	-	-
Outpatient Facility - Surgery	\$100	\$100	\$100	50%	-	\$100	\$100	\$100	\$100	-	\$100	-	-	-	-	-	-
PT/OT/ST	\$25	\$30	\$30	50%	-	\$25	\$30	\$30	\$30	-	\$30	-	-	-	-	-	-
Pediatric Glasses	10%	20%	30%	50%	-	10%	20%	30%	30%	-	30%	-	-	-	-	-	-
DME/Prosthetics	10%	20%	30%	50%	-	10%	20%	30%	30%	-	30%	-	-	-	-	-	-
Surgeon - IP/OP Facility	\$100	\$100	\$100	50%	-	\$100	\$100	\$100	\$100	-	\$100	-	-	-	-	-	-
Drug Copays/Coinsurance																	
Generic	\$10	\$10	\$10	\$10	-	\$0	\$0	\$0	\$0	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred	\$30	\$35	\$35	\$35	-	\$30	\$35	\$35	\$35	-	\$35	-	-	-	-	-	-
Non-Preferred	\$60	\$70	\$70	\$70	-	\$150	\$150	\$150	\$150	-	\$150	-	-	-	-	-	-
Rates (To Age 26, No Dental) ⁶																	
Individual	\$591.32	\$511.82	\$434.96	\$352.39	\$180.48	\$595.06	\$516.49	\$397.73	\$428.48	\$334.76	\$373.17	\$571.96	\$493.32	\$475.86	\$405.84	\$394.34	\$341.29
Individual + Spouse	\$1,182.64	\$1,023.65	\$869.91	\$704.79		\$1,190.12	\$1,032.99	\$795.47	\$856.96	\$669.52	\$746.34	\$1,143.93	\$986.63	\$951.73	\$811.68	\$788.68	\$682.58
Individual + Child(ren)	\$1,005.25	\$870.10	\$739.43	\$599.07		\$1,011.60	\$878.04	\$676.15	\$728.42	\$569.09	\$634.39	\$972.34	\$838.64	\$808.97	\$689.93	\$670.38	\$580.20
Family	\$1,685.27	\$1,458.69	\$1,239.62	\$1,004.32		\$1,695.92	\$1,472.01	\$1,133.54	\$1,221.17	\$954.07	\$1,063.53	\$1,630.09	\$1,405.95	\$1,356.21	\$1,156.64	\$1,123.87	\$972.68
Rates (To Age 29, No Dental) ⁶																	
Individual + Child(ren)	\$1,013.00	\$876.08	\$745.24	\$603.83		\$1,019.38	\$884.10	\$681.64	\$734.19	\$573.71	\$639.37	\$979.99	\$844.58	\$814.78	\$695.51	\$675.86	\$584.85
Family	\$1,698.26	\$1,468.72	\$1,249.37	\$1,012.31		\$1,708.95	\$1,482.16	\$1,142.75	\$1,230.85	\$961.80	\$1,071.89	\$1,642.93	\$1,415.91	\$1,365.95	\$1,166.01	\$1,133.05	\$980.48
Rates (To Age 26, with Pediatric Dental) ⁶																	
Individual	\$592.66	\$512.98	\$435.89	\$353.19		\$596.39	\$517.66	\$398.60	\$429.40	\$335.48	\$373.92	\$573.25	\$494.44	\$476.96	\$406.73	\$395.22	\$342.01
Individual + Spouse	\$1,185.32	\$1,025.96	\$871.78	\$706.37		\$1,192.77	\$1,035.32	\$797.20	\$858.80	\$670.95	\$747.84	\$1,146.51	\$988.88	\$953.93	\$813.45	\$790.44	\$684.02
Individual + Child(ren)	\$1,007.52	\$872.06	\$741.01	\$600.42		\$1,013.86	\$880.02	\$677.62	\$729.98	\$570.31	\$635.66	\$974.53	\$840.55	\$810.84	\$691.44	\$671.87	\$581.41
Family	\$1,689.07	\$1,461.99	\$1,242.28	\$1,006.58		\$1,699.70	\$1,475.33	\$1,136.01	\$1,223.80	\$956.11	\$1,065.67	\$1,633.77	\$1,409.15	\$1,359.35	\$1,159.17	\$1,126.37	\$974.72
Rates (To Age 29, with Pediatric Dental) ⁶																	
Individual + Child(ren)	\$1,015.25	\$878.04	\$746.86	\$605.16		\$1,021.63	\$886.06	\$683.09	\$735.78	\$574.91	\$640.61	\$982.21	\$846.47	\$816.63	\$697.04	\$677.35	\$586.07
Family	\$1,702.04	\$1,472.01	\$1,252.09	\$1,014.54		\$1,712.73	\$1,485.45	\$1,145.19	\$1,233.51	\$963.82	\$1,073.96	\$1,646.64	\$1,419.08	\$1,369.05	\$1,168.57	\$1,135.55	\$982.52

Notes

- Oscar Standard Bronze Plan meets HSA requirements. Member will be responsible for securing his or her own HSA banking arrangement.
- 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.
- Oscar Bronze, Bronze Edge & Bronze Edge Plus plans have a combined medical and drug deductible.
- PCP visits covered in full are for each covered life on the plan; contract holder and all dependents. i.e. Silver Edge, 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.
- 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.