oscar

North Carolina | 2026 Individual & Family Plans [1]	Gold Classic Standard	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic Standard CSR 150	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 150	Silver Simple Chronic Care CKM CSR 150
The Basics						
Deductible (Individual / Family)	$2,000 / $4,000	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	Integrated with Medical	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Out-of-Pocket Max (Individual / Family)	$8,200 / $16,400	$1,950 / $3,900	$3,200 / $6,400	$2,200 / $4,400	$1,450 / $2,900	$1,500 / $3,000
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]						
Virtual Urgent Care [3]	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$30	$0	$25	$0	$0	$0
Specialist Office Visits**	$60	$5	$50	$10	$5	$5
Urgent Care	$45	$15	$40	$5	$15	$30
Emergency Room	25% after deductible	$500	$750	25%	30%	30%
Mental Health Office Visits	$30	$0	$25	$0	$0	$0
Labs**	25% after deductible	$10	$25	25%	$10	$10
X-rays & Diagnostic Imaging	25% after deductible	$15	$50	25%	30%	30%
MRIs & Advanced Imaging	25% after deductible	20%	30%	25%	30%	30%
Inpatient Facility Fee	25% after deductible	20%	30%	25%	30%	30%
Outpatient Facility Fee	25% after deductible	20%	30%	25%	30%	30%
RX | Generics: Preferred (Tier 1a)	$15	$0	$3	$0	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$15	$5	$20	$0	$5	$5
RX | Brand: Preferred (Tier 2)	$30	$15	$75	$15	$15	$15
RX | Brand: Non-preferred (Tier 3)	$60	50%	50%	$50	50%	50%
RX | Brand: Specialty (Tier 4)	$250	50%	50%	$150	50%	50%

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Silver Simple Diabetes CSR 150	Silver Simple PCP Saver CSR 150	Silver Simple Women's Health with Menopause Benefits CSR 150	Silver Classic Standard CSR 200	Silver Simple Chronic Care CKM CSR 200
The Basics					
Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	$700 / $1,400	$800 / $1,600
Pharmacy Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$1,550 / $3,100	$1,850 / $3,700	$1,550 / $3,100	$3,300 / $6,600	$3,350 / $6,700
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$5	$0	$20	$0
Specialist Office Visits**	$5	$10	$5	$40	$25
Urgent Care	$30	$30	$30	$30	$45
Emergency Room	30%	20%	30%	30% after deductible	30% after deductible
Mental Health Office Visits	$0	$5	$0	$20	$0
Labs**	$10	20%	$10	30% after deductible	$35
X-rays & Diagnostic Imaging	30%	20%	30%	30% after deductible	30% after deductible
MRIs & Advanced Imaging	30%	20%	30%	30% after deductible	30% after deductible
Inpatient Facility Fee	30%	20%	30%	30% after deductible	30% after deductible
Outpatient Facility Fee	30%	20%	30%	30% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$10	$0
RX | Generics: Non-preferred (Tier 1b)	$5	$5	$5	$10	$10
RX | Brand: Preferred (Tier 2)	$15	$30	$15	$20	$60
RX | Brand: Non-preferred (Tier 3)	50%	50%	50%	$60 after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50%	50%	50%	$250 after deductible	50% after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Silver Simple Diabetes CSR 200	Silver Simple PCP Saver CSR 200	Silver Simple Women's Health with Menopause Benefits CSR 200	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 200	Silver Classic Standard CSR 250
The Basics					
Deductible (Individual / Family)	$800 / $1,600	$800 / $1,600	$870 / $1,740	$900 / $1,800	$3,000 / $6,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$3,350 / $6,700	$3,100 / $6,200	$3,350 / $6,700	$2,900 / $5,800	$7,400 / $14,800
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$10	$0	$0	$40
Specialist Office Visits**	$25	$35	$25	$25	$80
Urgent Care	$45	$50	$75	$45	$60
Emergency Room	30% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible
Mental Health Office Visits	$0	$10	$0	$0	$40
Labs**	$35	40% after deductible	$35	$35	40% after deductible
X-rays & Diagnostic Imaging	30% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible
MRIs & Advanced Imaging	30% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible
Inpatient Facility Fee	30% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	40% after deductible	30% after deductible	30% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$3	$3	$0	$20
RX | Generics: Non-preferred (Tier 1b)	$10	$15	$10	$10	$20
RX | Brand: Preferred (Tier 2)	$60	$40	$60	$60	$40
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$80 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$350 after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Silver Classic CSR 250	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 250	Silver Simple Chronic Care CKM CSR 250	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 250
The Basics					
Deductible (Individual / Family)	$4,300 / $8,600	$4,600 / $9,200	$4,750 / $9,500	$5,000 / $10,000	$5,200 / $10,400
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$7,600 / $15,200	$8,100 / $16,200	$7,600 / $15,200	$8,100 / $16,200	$8,100 / $16,200
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$30	$0	$20	$0	$0
Specialist Office Visits**	$70	$40	$65	$35	$40
Urgent Care	$80	$60	$75	$60	$75
Emergency Room	$750 after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$30	$0	$20	$0	$0
Labs**	$50	$60	40% after deductible	$60	$65
X-rays & Diagnostic Imaging	$70	50% after deductible	40% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$0	$3	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$25	$20	$20	$20	$20
RX | Brand: Preferred (Tier 2)	$75	$60 after deductible	$80	$60 after deductible	$60 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Silver Classic	Silver Simple PCP Saver	Silver Simple Women's Health with Menopause Benefits CSR 250	Silver Simple Chronic Care CKM	Silver Classic Standard
The Basics					
Deductible (Individual / Family)	$5,400 / $10,800	$5,500 / $11,000	$5,500 / $11,000	$5,900 / $11,800	$6,000 / $12,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$9,200 / $18,400	$9,900 / $19,800	$8,100 / $16,200	$10,150 / $20,300	$8,900 / $17,800
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$30	$20	$0	$0	$40
Specialist Office Visits**	$80	$70	$40	$35	$80
Urgent Care	$80	$75	$75	$75	$60
Emergency Room	$750 after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	$30	$20	$0	$0	$40
Labs**	$50	40% after deductible	$40	$65	40% after deductible
X-rays & Diagnostic Imaging	$70	40% after deductible	50% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$20
RX | Generics: Non-preferred (Tier 1b)	$25	$25	$20	$25	$20
RX | Brand: Preferred (Tier 2)	$75	$100	$60 after deductible	$75 after deductible	$40
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$80 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$350 after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Silver Simple Women's Health with Menopause Benefits	Silver Simple Breathe Easy with Enhanced COPD Benefits	Silver Simple Diabetes	Bronze Elite + PCP Saver Plus	Bronze Classic 4700
The Basics					
Deductible (Individual / Family)	$6,000 / $12,000	$6,200 / $12,400	$6,500 / $13,000	$0 / $0	$4,700 / $9,400
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	$7,000 / $14,000	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,150 / $20,300	$9,600 / $19,200	$10,000 / $20,000	$10,600 / $21,200	$9,600 / $19,200
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	Yes	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$0	$0	$50	$70
Specialist Office Visits**	$40	$40	$40	$125	$125
Urgent Care	$75	$75	$75	$75	$125
Emergency Room	50% after deductible	50% after deductible	50% after deductible	$2,000	50% after deductible
Mental Health Office Visits	$0	$0	$0	$125	$70
Labs**	$40	$65	$65	$50	$70
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible	$135	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible	$750	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	$3,000 (copay applies for a max 3 days per 1 admit)	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	$1,200	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$0	$0	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$25	$25	$25	$30	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$75 after deductible	$75 after deductible	$100 after deductible	50% after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026
Individual & Family Plans [1]

	Bronze Simple Breathe Easy with Enhanced COPD Benefits	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes	Bronze Classic Standard	Bronze Simple Diabetes
The Basics					
Deductible (Individual / Family)	$5,500 / $11,000	$5,500 / $11,000	$5,500 / $11,000	$7,500 / $15,000	$5,500 / $11,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300	$10,000 / $20,000	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50	$50 (first 5 visit(s) at $0)
Specialist Office Visits**	$150	$150	$150	$100	$150
Urgent Care	$200	$200	$200	$75	$200
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50	$50 (first 5 visit(s) at $0)
Labs**	$75 after deductible	$75 after deductible	$75	50% after deductible	$75
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$25	$3
RX | Generics: Non-preferred (Tier 1b)	$30	$30	$30	$25	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$75 after deductible	$75 after deductible	$50 after deductible	$75 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	$100 after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	$500 after deductible	50% after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

oscar

North Carolina | 2026 Individual & Family Plans [1]	**Bronze Classic Standard**
The Basics	
Deductible (Individual / Family)	$7,500 / $15,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,000 / $20,000
$0 Preventive care	☑
Dedicated Care Team	☑
HSA-Compatible?	Yes
Prices for Benefits [2]	
Virtual Urgent Care [3]	$0
Primary Care Office Visits	$50
Specialist Office Visits**	$100
Urgent Care	$75
Emergency Room	50% after deductible
Mental Health Office Visits	$50
Labs**	50% after deductible
X-rays & Diagnostic Imaging	50% after deductible
MRIs & Advanced Imaging	50% after deductible
Inpatient Facility Fee	50% after deductible
Outpatient Facility Fee	50% after deductible
RX | Generics: Preferred (Tier 1a)	$25
RX | Generics: Non-preferred (Tier 1b)	$25
RX | Brand: Preferred (Tier 2)	$50 after deductible
RX | Brand: Non-preferred (Tier 3)	$100 after deductible
RX | Brand: Specialty (Tier 4)	$500 after deductible

*All benefits subject to plan approval.
**Condition specific plans have additional $0 benefits available. 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

[1] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in New York are underwritten by Oscar Insurance Corporation located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Plans sold in New Jersey are underwritten by Oscar Garden State Insurance Corporation. Administrative Services for all plans provided by Oscar Management Corporation.

Plans sold in Texas use policy form numbers OSC-TX-IVL-HMO-GOLD-0-GUIDED-CARE-EOC-2025, OSC-TX-IVL-HMO-EOC-2025-HIX/OSC-TX-IVL-HMO-EOC-2025/OSC-TX-S-IVL-EOC-2025[-HIX]/OSC-TX-S-IVL-EOC-2025/OSC-TX-IVL-EOC-2025-HIX/OSC-TX-IVL-EOC-2025 and associated filing numbers OHIN-134128360/OHIN-134079760/OHIN-134079717/OHIN-134080906/OHIN-134080911/OHIN-134128348/ OHIN-134128297/OHIN-134128360. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2025/OSC-VA-IVL-EOC-2025-HIX with associated filing number OHIN-134065976.

HMO products are offered by Oscar Insurance Corporation and Oscar Buckeye State Insurance Corporation in Ohio, Oscar Health Plan, Inc. in Arizona and Illinois, Oscar Health Plan of Pennsylvania, Inc in Pennsylvania, Oscar Health Plan of Georgia in Georgia, Oscar Health Plan of North Carolina, Inc. in North Carolina, Oscar Managed Care of South Florida, Inc. in Florida, Oscar Health Plan of New York, Inc. in New York, and Oscar Managed Care in Texas

[2] Benefits may be subject to deductible. Oscar has specific rates with in-network providers. Members pay 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.

The first 3 non-preventive visits across 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.

All insurance policies and group benefit plans contain exclusions and limitations. It is essential to review your policy documents carefully to determine which health care services are covered. For information on availability, costs, and coverage details, please contact a licensed agent, an Oscar Sales representative, or reach out to Oscar directly at 855-672-2788.

[3] Oscar’s Virtual Urgent Care offerings are not available in US territories or internationally. If you have an HSA-compatible high-deductible health plan or a Secure plan, you won't be eligible for $0 visits. Prescriptions, visits and services may be limited per provider discretion.