



North Carolina | 2026
Individual & Family Plans

	Gold Classic Standard	Gold Classic Standard with Atrium Health	Gold Classic Standard with Atrium Health	Silver Classic	Silver Classic with Atrium Health	Silver Simple PCP Saver	Silver Simple PCP Saver with Atrium Health	Silver Simple Chronic Care CKM with Atrium Health
The Basics								
Deductible (Individual / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,400 / \$10,800	\$5,400 / \$10,800	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	None	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400	\$8,200 / \$16,400	\$8,200 / \$16,400	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,900 / \$19,800	\$9,900 / \$19,800	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits								
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$30	\$30	\$30	\$30	\$20	\$20	\$0
Specialist Office Visits	\$60	\$60	\$60	\$80	\$80	\$70	\$70	\$35
Urgent Care	\$45	\$45	\$45	\$80	\$80	\$75	\$75	\$75
Emergency Room	25% after deductible	25% after deductible	25% after deductible	\$750 after deductible	\$750 after deductible	40% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$30	\$30	\$30	\$30	\$30	\$20	\$20	\$0
Labs	25% after deductible	25% after deductible	25% after deductible	\$50	\$50	40% after deductible	40% after deductible	\$65
X-rays & Diagnostic Imaging	25% after deductible	25% after deductible	25% after deductible	\$70	\$70	40% after deductible	40% after deductible	50% after deductible
MRIs & Advanced Imaging	25% after deductible	25% after deductible	25% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	25% after deductible	25% after deductible	25% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	25% after deductible	25% after deductible	25% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$15	\$15	\$15	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$30	\$30	\$30	\$75	\$75	\$100	\$100	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$60	\$60	\$60	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250	\$250	\$250	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



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Individual & Family Plans

	Silver Classic Standard	Silver Classic Standard with Atrium Health	Silver Classic Standard with Atrium Health	Silver Simple Women's Health with Menopause Benefits with Atrium Health	Silver Simple Breathe Easy with Enhanced COPD Benefits with Atrium Health	Silver Simple Diabetes	Silver Simple Diabetes with Atrium Health
The Basics							
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,500 / \$13,000	\$6,500 / \$13,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$8,900 / \$17,800	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$10,000 / \$20,000	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$40	\$40	\$0	\$0	\$0	\$0
Specialist Office Visits	\$80	\$80	\$80	\$40	\$40	\$40	\$40
Urgent Care	\$60	\$60	\$60	\$75	\$75	\$75	\$75
Emergency Room	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$40	\$40	\$0	\$0	\$0	\$0
Labs	40% after deductible	40% after deductible	40% after deductible	\$40	\$65	\$65	\$65
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$20	\$20	\$20	\$3	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$20	\$25	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$40	\$40	\$40	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$80 after deductible	\$80 after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$350 after deductible	\$350 after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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North Carolina | 2026
Individual & Family Plans

**Bronze Elite + PCP
Saver Plus**

**Bronze Elite + PCP
Saver Plus | with Atrium
Health**

Bronze Classic 4700

**Bronze Classic 4700 |
with Atrium Health**

**Bronze Simple Breathe
Easy with Enhanced
COPD Benefits | with
Atrium Health**

The Basics

Deductible (Individual / Family)	None	None	\$4,700 / \$9,400	\$4,700 / \$9,400	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$9,600 / \$19,200	\$9,600 / \$19,200	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$50	\$70	\$70	\$50 (first 5 visit(s) at \$0)
Specialist Office Visits	\$125	\$125	\$125	\$125	\$150
Urgent Care	\$75	\$75	\$125	\$125	\$200
Emergency Room	\$2,000	\$2,000	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$125	\$70	\$70	\$50 (first 5 visit(s) at \$0)
Labs	\$50	\$50	\$70	\$70	\$75 after deductible
X-rays & Diagnostic Imaging	\$135	\$135	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$750	\$750	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	\$3,000 (copay applies for a maximum of 2 days per 1 admit)	\$3,000 (copay applies for a maximum of 2 days per 1 admit)	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	\$1,200	\$1,200	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$30	\$30
RX Brand: Preferred (Tier 2)	\$100 after deductible	\$100 after deductible	50% after deductible	50% after deductible	\$75 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

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Individual & Family Plans

	Bronze Simple Chronic Care CKM with Atrium Health	Bronze Simple Diabetes with Atrium Health	Bronze Classic Standard	Bronze Classic Standard with Atrium Health
The Basics				
Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	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	\$10,000 / \$20,000	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$50
Specialist Office Visits	\$150	\$150	\$100	\$100
Urgent Care	\$200	\$200	\$75	\$75
Emergency Room	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	\$50
Labs	\$75 after deductible	\$75	50% after deductible	50% after deductible
X-rays & Diagnostic Imaging	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
Inpatient Facility Fee	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
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$25	\$25
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$75 after deductible	\$50 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$100 after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$500 after deductible	\$500 after deductible

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Individual & Family Plans

	Silver Classic CSR 150	Silver Classic CSR 150 with Atrium Health	Silver Classic CSR 200	Silver Classic CSR 200 with Atrium Health	Silver Classic CSR 250	Silver Classic CSR 250 with Atrium Health	Silver Classic Standard CSR 150	Silver Classic Standard CSR 150 with Atrium Health
The Basics								
Deductible (Individual / Family)	None	None	None	None	\$4,300 / \$8,600	\$4,300 / \$8,600	None	None
Pharmacy Deductible (Individual / Family)	None	None	None	None	Integrated with Medical	Integrated with Medical	None	None
Out-of-Pocket Max (Individual / Family)	\$1,950 / \$3,900	\$1,950 / \$3,900	\$3,200 / \$6,400	\$3,200 / \$6,400	\$7,600 / \$15,200	\$7,600 / \$15,200	\$2,200 / \$4,400	\$2,200 / \$4,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits								
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$25	\$25	\$30	\$30	\$0	\$0
Specialist Office Visits	\$5	\$5	\$50	\$50	\$70	\$70	\$10	\$10
Urgent Care	\$15	\$15	\$40	\$40	\$80	\$80	\$5	\$5
Emergency Room	\$500	\$500	\$750	\$750	\$750 after deductible	\$750 after deductible	25%	25%
Mental Health Office Visits	\$0	\$0	\$25	\$25	\$30	\$30	\$0	\$0
Labs	\$10	\$10	\$25	\$25	\$50	\$50	25%	25%
X-rays & Diagnostic Imaging	\$15	\$15	\$50	\$50	\$70	\$70	25%	25%
MRIs & Advanced Imaging	20%	20%	30%	30%	40% after deductible	40% after deductible	25%	25%
Inpatient Facility Fee	20%	20%	30%	30%	40% after deductible	40% after deductible	25%	25%
Outpatient Facility Fee	20%	20%	30%	30%	40% after deductible	40% after deductible	25%	25%
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$3	\$3	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$20	\$20	\$25	\$25	\$0	\$0
RX Brand: Preferred (Tier 2)	\$15	\$15	\$75	\$75	\$75	\$75	\$15	\$15
RX Brand: Non-preferred (Tier 3)	50%	50%	50%	50%	50% after deductible	50% after deductible	\$50	\$50
RX Brand: Specialty (Tier 4)	50%	50%	50%	50%	50% after deductible	50% after deductible	\$150	\$150

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Individual & Family Plans

	Silver Classic Standard CSR 200	Silver Classic Standard CSR 200 with Atrium Health	Silver Classic Standard CSR 250	Silver Classic Standard CSR 250 with Atrium Health	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 150 with Atrium Health	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 200 with Atrium Health	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 250 with Atrium Health
The Basics							
Deductible (Individual / Family)	\$700 / \$1,400	\$700 / \$1,400	\$3,000 / \$6,000	\$3,000 / \$6,000	None	\$900 / \$1,800	\$5,200 / \$10,400
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,300 / \$6,600	\$3,300 / \$6,600	\$7,400 / \$14,800	\$7,400 / \$14,800	\$1,450 / \$2,900	\$2,900 / \$5,800	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits [2]							
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$20	\$40	\$40	\$0	\$0	\$0
Specialist Office Visits	\$40	\$40	\$80	\$80	\$5	\$25	\$40
Urgent Care	\$30	\$30	\$60	\$60	\$15	\$45	\$75
Emergency Room	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$20	\$20	\$40	\$40	\$0	\$0	\$0
Labs	30% after deductible	30% after deductible	40% after deductible	40% after deductible	\$10	\$35	\$65
X-rays & Diagnostic Imaging	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$10	\$10	\$20	\$20	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$10	\$10	\$20	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$20	\$20	\$40	\$40	\$15	\$60	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$60 after deductible	\$80 after deductible	\$80 after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$250 after deductible	\$350 after deductible	\$350 after deductible	50%	50% after deductible	50% after deductible

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Individual & Family Plans

Silver Simple Chronic
Care CKM CSR 150 |
with Atrium Health

Silver Simple Chronic
Care CKM CSR 200 |
with Atrium Health

Silver Simple Chronic
Care CKM CSR 250 |
with Atrium Health

Silver Simple Diabetes
CSR 150

Silver Simple Diabetes
CSR 150 | with Atrium
Health

Silver Simple Diabetes
CSR 200

Silver Simple Diabetes
CSR 200 | with Atrium
Health

The Basics

Deductible (Individual / Family)	None	\$800 / \$1,600	\$5,000 / \$10,000	None	None	\$800 / \$1,600	\$800 / \$1,600
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,500 / \$3,000	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,550 / \$3,100	\$1,550 / \$3,100	\$3,350 / \$6,700	\$3,350 / \$6,700
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$25	\$35	\$5	\$5	\$25	\$25
Urgent Care	\$30	\$45	\$60	\$30	\$30	\$45	\$45
Emergency Room	30%	30% after deductible	50% after deductible	30%	30%	30% after deductible	30% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Labs	\$10	\$35	\$60	\$10	\$10	\$35	\$35
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	30%	30%	30% after deductible	30% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	30%	30%	30% after deductible	30% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30%	30% after deductible	30% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30%	30% after deductible	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$0	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$5	\$5	\$10	\$10
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$15	\$15	\$60	\$60
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50%	50% after deductible	50% after deductible

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Individual & Family Plans

	Silver Simple Diabetes CSR 250	Silver Simple Diabetes CSR 250 with Atrium Health	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 150 with Atrium Health	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 200 with Atrium Health
The Basics						
Deductible (Individual / Family)	\$4,600 / \$9,200	\$4,600 / \$9,200	None	None	\$800 / \$1,600	\$800 / \$1,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,100 / \$16,200	\$8,100 / \$16,200	\$1,850 / \$3,700	\$1,850 / \$3,700	\$3,100 / \$6,200	\$3,100 / \$6,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$5	\$5	\$10	\$10
Specialist Office Visits	\$40	\$40	\$10	\$10	\$35	\$35
Urgent Care	\$60	\$60	\$30	\$30	\$50	\$50
Emergency Room	50% after deductible	50% after deductible	20%	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$5	\$5	\$10	\$10
Labs	\$60	\$60	20%	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	20%	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	20%	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	20%	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	20%	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$5	\$5	\$15	\$15
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$60 after deductible	\$30	\$30	\$40	\$40
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50%	50% after deductible	50% after deductible

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Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver CSR 250 with Atrium Health	Silver Simple Women's Health with Menopause Benefits CSR 150 with Atrium Health	Silver Simple Women's Health with Menopause Benefits CSR 200 with Atrium Health	Silver Simple Women's Health with Menopause Benefits CSR 250 with Atrium Health
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The Basics

Deductible (Individual / Family)	\$4,750 / \$9,500	\$4,750 / \$9,500	None	\$870 / \$1,740	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,600 / \$15,200	\$7,600 / \$15,200	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$20	\$0	\$0	\$0
Specialist Office Visits	\$65	\$65	\$5	\$25	\$40
Urgent Care	\$75	\$75	\$30	\$75	\$75
Emergency Room	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$20	\$20	\$0	\$0	\$0
Labs	40% after deductible	40% after deductible	\$10	\$35	\$40
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$80	\$80	\$15	\$60	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	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 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 and associated COC form numbers OSC-TX-IVL-HMO-EOC-2026-HIX OHIN-134128348; OSC-TX-IVL-HMO-EOC-2026 OHIN-134128297; GUIDED OSC-TX-IVL-HMO-GOLD-0-GUIDED-CARE-EOC-2026 OHIN-134128360; OSC-TX-IVL-EOC-2026 OHIN-134080911; OSC-TX-IVL-EOC-2026-HIX OHIN-134080906; OSC-TX-IVL-EOC-2026-HIX OHIN-134079760; OSC-TX-S-IVL-EOC-2026 OHIN-134079760. Plans sold in Virginia use policy and associated form numbers VA ON OSC-VA-IVL-EOC-2026-HIX OHIN-134065976; VA OFF OSC-VA-IVL-EOC-2026 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 Health Maintenance Organization of Florida and Managed Care of South Florida, Inc. in Florida, and Oscar Managed Care in Texas.

All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs, and complete details of coverage, contact a licensed agent or Oscar sales representative.

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.

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.