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Texas | 2026 Individual & Family Plans [1]	Gold Elite	Gold Classic Standard	Gold Classic Standard Guided Care	Gold Simple Diabetes Guided Care	Gold Classic	Gold Classic Guided Care
The Basics						
Deductible (Individual / Family)	$1,200 / $2,400	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000	$2,500 / $5,000	$2,500 / $5,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$7,800 / $15,600	$8,200 / $16,400	$8,200 / $16,400	$9,800 / $19,600	$8,000 / $16,000	$8,000 / $16,000
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]						
Virtual Primary Care [3]	$0	$0	$30	$0	$0	$25
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$25	$30	$30	$0	$25	$25
Specialist Office Visits**	$50	$60	$60	$40	$40	$40
Urgent Care	$50	$45	$45	$100	$75	$75
Emergency Room	30% after deductible	25% after deductible	25% after deductible	20% after deductible	$650	$650
Mental Health Office Visits	$50	$30	$30	$0	$25	$25
Labs**	$25	25% after deductible	25% after deductible	$40	$60	$60
X-rays & Diagnostic Imaging	$50	25% after deductible	25% after deductible	20% after deductible	$50	$50
MRIs & Advanced Imaging	30% after deductible	25% after deductible	25% after deductible	20% after deductible	$375	$375
Inpatient Facility Fee	30% after deductible	25% after deductible	25% after deductible	20% after deductible	30% after deductible	30% after deductible
Outpatient Facility Fee	30% after deductible	25% after deductible	25% after deductible	20% after deductible	30% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$15	$15	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$30	$15	$15	$20	$20	$20
RX | Brand: Preferred (Tier 2)	$75	$30	$30	$75	$50	$50
RX | Brand: Non-preferred (Tier 3)	50% after deductible	$60	$60	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	$250	$250	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.
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Texas | 2026 Individual & Family Plans [1]	Gold Simple Guided Care	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic Standard CSR 150	Silver Classic Standard Guided Care CSR 150
The Basics					
Deductible (Individual / Family)	$3,300 / $6,600	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	Integrated with Medical	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Out-of-Pocket Max (Individual / Family)	$9,950 / $19,900	$1,900 / $3,800	$3,150 / $6,300	$2,200 / $4,400	$2,200 / $4,400
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$5	$0	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$5	$0	$20	$0	$0
Specialist Office Visits**	$10	$10	$40	$10	$10
Urgent Care	$50	$15	$50	$5	$5
Emergency Room	20% after deductible	$500	$750	25%	25%
Mental Health Office Visits	$5	$0	$40	$0	$0
Labs**	$30	$10	$40	25%	25%
X-rays & Diagnostic Imaging	$30	$15	$50	25%	25%
MRIs & Advanced Imaging	20% after deductible	20%	30%	25%	25%
Inpatient Facility Fee	20% after deductible	20%	30%	25%	25%
Outpatient Facility Fee	20% after deductible	20%	30%	25%	25%
RX | Generics: Preferred (Tier 1a)	$3	$0	$3	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$10	$5	$25	$0	$0
RX | Brand: Preferred (Tier 2)	$65 after deductible	$15	$75	$15	$15
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50%	50%	$50	$50
RX | Brand: Specialty (Tier 4)	50% after deductible	50%	50%	$150	$150

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Texas | 2026
Individual & Family Plans [1]

	Silver Simple Breathe Easy with Enhanced COPD Benefits Guided	Silver Simple Chronic Care CKM Guided Care CSR 150	Silver Simple Diabetes Guided Care CSR 150	Silver Simple Guided Care CSR 150	Silver Simple PCP Saver CSR 150
The Basics					
Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Out-of-Pocket Max (Individual / Family)	$1,450 / $2,900	$1,500 / $3,000	$1,550 / $3,100	$1,850 / $3,700	$1,900 / $3,800
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	$0	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$0	$0	$0	$5
Specialist Office Visits**	$5	$5	$5	$10	$10
Urgent Care	$15	$30	$30	$30	$30
Emergency Room	30%	30%	30%	20%	20%
Mental Health Office Visits	$0	$0	$0	$0	$5
Labs**	$10	$10	$10	20%	20%
X-rays & Diagnostic Imaging	30%	30%	30%	20%	20%
MRIs & Advanced Imaging	30%	30%	30%	20%	20%
Inpatient Facility Fee	30%	30%	30%	20%	20%
Outpatient Facility Fee	30%	30%	30%	20%	20%
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$5	$5	$5	$10	$5
RX | Brand: Preferred (Tier 2)	$15	$15	$15	$30	$30
RX | Brand: Non-preferred (Tier 3)	50%	50%	50%	50%	50%
RX | Brand: Specialty (Tier 4)	50%	50%	50%	50%	50%

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Texas | 2026
Individual & Family Plans [1]

	Silver Simple PCP Saver Guided Care CSR 150	Silver Simple Women's Health with Menopause Benefits Guided Care	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver Guided Care CSR 200	Silver Classic Standard CSR 200
The Basics					
Deductible (Individual / Family)	$0 / $0	$0 / $0	$600 / $1,200	$600 / $1,200	$700 / $1,400
Pharmacy Deductible (Individual / Family)	$0 / $0	$0 / $0	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$1,850 / $3,700	$1,500 / $3,000	$3,350 / $6,700	$3,350 / $6,700	$3,300 / $6,600
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$5	$0	$0	$10	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$5	$0	$10	$10	$20
Specialist Office Visits**	$10	$5	$40	$40	$40
Urgent Care	$30	$30	$50	$50	$30
Emergency Room	20%	30%	40% after deductible	40% after deductible	30% after deductible
Mental Health Office Visits	$5	$0	$10	$10	$20
Labs**	20%	$10	40% after deductible	40% after deductible	30% after deductible
X-rays & Diagnostic Imaging	20%	30%	40% after deductible	40% after deductible	30% after deductible
MRIs & Advanced Imaging	20%	30%	40% after deductible	40% after deductible	30% after deductible
Inpatient Facility Fee	20%	30%	40% after deductible	40% after deductible	30% after deductible
Outpatient Facility Fee	20%	30%	40% after deductible	40% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$0	$3	$3	$10
RX | Generics: Non-preferred (Tier 1b)	$5	$5	$10	$10	$10
RX | Brand: Preferred (Tier 2)	$30	$15	$40	$40	$20
RX | Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	$60 after deductible
RX | Brand: Specialty (Tier 4)	50%	50%	50% after deductible	50% after deductible	$250 after deductible

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Texas | 2026
Individual & Family Plans [1]

	Silver Classic Standard Guided Care CSR 200	Silver Simple Chronic Care CKM Guided Care CSR 200	Silver Simple Diabetes Guided Care CSR 200	Silver Simple Women's Health with Menopause Benefits Guided Care	Silver Simple Breathe Easy with Enhanced COPD Benefits Guided
The Basics					
Deductible (Individual / Family)	$700 / $1,400	$800 / $1,600	$800 / $1,600	$870 / $1,740	$900 / $1,800
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)	$3,300 / $6,600	$3,350 / $6,700	$3,350 / $6,700	$3,350 / $6,700	$2,900 / $5,800
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$20	$0	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$20	$0	$0	$0	$0
Specialist Office Visits**	$40	$25	$25	$25	$25
Urgent Care	$30	$45	$45	$75	$45
Emergency Room	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Mental Health Office Visits	$20	$0	$0	$0	$0
Labs**	30% after deductible	$35	$35	$35	$35
X-rays & Diagnostic Imaging	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
MRIs & Advanced Imaging	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient Facility Fee	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient Facility Fee	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$10	$0	$0	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$10	$10	$10	$10	$10
RX | Brand: Preferred (Tier 2)	$20	$60	$60	$60	$60
RX | Brand: Non-preferred (Tier 3)	$60 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$250 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Texas | 2026
Individual & Family Plans [1]

	Silver Simple Guided Care CSR 200	Silver Classic Standard CSR 250	Silver Classic Standard Guided Care CSR 250	Silver Classic CSR 250	Silver Simple Diabetes Guided Care CSR 250
The Basics					
Deductible (Individual / Family)	$950 / $1,900	$3,000 / $6,000	$3,000 / $6,000	$4,300 / $8,600	$4,600 / $9,200
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)	$3,050 / $6,100	$7,400 / $14,800	$7,400 / $14,800	$7,500 / $15,000	$8,100 / $16,200
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$5	$0	$40	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$5	$40	$40	$35	$0
Specialist Office Visits**	$20	$80	$80	$60	$40
Urgent Care	$50	$60	$60	$100	$60
Emergency Room	50% after deductible	40% after deductible	40% after deductible	$750 after deductible	50% after deductible
Mental Health Office Visits	$5	$40	$40	$60	$0
Labs**	50% after deductible	40% after deductible	40% after deductible	$50	$60
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible	40% after deductible	$70	50% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$20	$20	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$15	$20	$20	$25	$20
RX | Brand: Preferred (Tier 2)	$80 after deductible	$40	$40	$75	$60 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	$80 after deductible	$80 after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	$350 after deductible	$350 after deductible	50% after deductible	50% after deductible

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Texas | 2026
Individual & Family Plans [1]

	Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver Guided Care CSR 250	Silver Simple Chronic Care CKM Guided Care CSR 250	Silver Simple Guided Care CSR 250	Silver Simple Breathe Easy with Enhanced COPD Benefits Guided
The Basics					
Deductible (Individual / Family)	$4,950 / $9,900	$4,950 / $9,900	$5,000 / $10,000	$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)	$8,100 / $16,200	$7,950 / $15,900	$8,100 / $16,200	$7,500 / $15,000	$8,100 / $16,200
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	$10	$0	$10	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$10	$10	$0	$10	$0
Specialist Office Visits**	$70	$70	$35	$70	$40
Urgent Care	$75	$75	$60	$75	$75
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$10	$10	$0	$10	$0
Labs**	40% after deductible	40% after deductible	$60	50% after deductible	$65
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$25	$20	$20	$20	$20
RX | Brand: Preferred (Tier 2)	$80	$80	$60 after deductible	$125 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

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Texas | 2026
Individual & Family Plans [1]

	Silver Classic	Silver Simple Women's Health with Menopause Benefits Guided Care	Silver Simple PCP Saver	Silver Simple PCP Saver Guided Care	Silver Simple Chronic Care CKM Guided Care
The Basics					
Deductible (Individual / Family)	$5,500 / $11,000	$5,500 / $11,000	$5,750 / $11,500	$5,750 / $11,500	$5,900 / $11,800
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)	$8,900 / $17,800	$8,100 / $16,200	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	$0	$0	$10	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$35	$0	$10	$10	$0
Specialist Office Visits**	$60	$40	$70	$70	$35
Urgent Care	$100	$75	$75	$75	$75
Emergency Room	$750 after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	$60	$0	$10	$10	$0
Labs**	$50	$40	40% after deductible	40% after deductible	$65
X-rays & Diagnostic Imaging	$70	50% after deductible	40% after deductible	40% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$0	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$25	$20	$25	$25	$25
RX | Brand: Preferred (Tier 2)	$75	$60 after deductible	$100	$100	$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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**Condition specific plans have additional $0 benefits available. See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details.
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Texas | 2026
Individual & Family Plans [1]

	Silver Classic Standard	Silver Classic Standard Guided Care	Silver Simple Women's Health with Menopause Benefits Guided Care	Silver Simple Breathe Easy with Enhanced COPD Benefits Guided	Silver Simple Guided Care
The Basics					
Deductible (Individual / Family)	$6,000 / $12,000	$6,000 / $12,000	$6,000 / $12,000	$6,200 / $12,400	$6,300 / $12,600
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)	$8,900 / $17,800	$8,900 / $17,800	$10,150 / $20,300	$9,600 / $19,200	$9,300 / $18,600
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	$40	$0	$0	$10
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$40	$40	$0	$0	$10
Specialist Office Visits**	$80	$80	$40	$40	$70
Urgent Care	$60	$60	$75	$75	$100
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$40	$40	$0	$0	$10
Labs**	40% after deductible	40% after deductible	$40	$65	50% after deductible
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$20	$20	$0	$0	$3
RX | Generics: Non-preferred (Tier 1b)	$20	$20	$25	$25	$20
RX | Brand: Preferred (Tier 2)	$40	$40	$75 after deductible	$75 after deductible	$125 after deductible
RX | Brand: Non-preferred (Tier 3)	$80 after deductible	$80 after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	$350 after deductible	50% after deductible	50% after deductible	50% after deductible

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Texas | 2026 Individual & Family Plans [1]	Silver Simple Diabetes Guided Care	Bronze Elite + PCP Saver Plus	Bronze Classic 4700	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes
The Basics					
Deductible (Individual / Family)	$6,500 / $13,000	$0 / $0	$4,700 / $9,400	$5,500 / $11,000	$5,500 / $11,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	$6,500 / $13,000	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,000 / $20,000	$10,150 / $20,300	$9,800 / $19,600	$10,150 / $20,300	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	Yes	Yes	Yes	Yes
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	$0	N/A	N/A	N/A
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$40	$70	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)
Specialist Office Visits**	$40	$130	$125	$150	$150
Urgent Care	$75	$75	$125	$200	$200
Emergency Room	50% after deductible	$2,500	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$0	$130	$70	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)
Labs**	$65	$65	$70	$75	$75
X-rays & Diagnostic Imaging	50% after deductible	$150	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	$750	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	$3,000 (copay applies for a maximum of 2 days per 1	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	$1,200	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$25	$35	$30	$30	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$125 after deductible	50% after deductible	$75 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

*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

Texas | 2026
Individual & Family Plans [1]

	Bronze Classic Standard	Bronze Simple Breathe Easy with Enhanced COPD Benefits
The Basics		
Deductible (Individual / Family)	$7,500 / $15,000	$9,000 / $18,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,000 / $20,000	$10,600 / $21,200
$0 Preventive care	☑	☑
Dedicated Care Team	☑	☑
HSA-Compatible?	Yes	Yes
Prices for Benefits [2]		
Virtual Primary Care [3]	N/A	N/A
Virtual Urgent Care [4]	$0	$0
Primary Care Office Visits	$50	40% after deductible
Specialist Office Visits**	$100	40% after deductible
Urgent Care	$75	40% after deductible
Emergency Room	50% after deductible	40% after deductible
Mental Health Office Visits	$50	40% after deductible
Labs**	50% after deductible	40% after deductible
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$25	$3
RX | Generics: Non-preferred (Tier 1b)	$25	$30
RX | Brand: Preferred (Tier 2)	$50 after deductible	$75 after deductible
RX | Brand: Non-preferred (Tier 3)	$100 after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$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

[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 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.

[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] For 2026, Oscar Primary Care is available in TX (excluding non-elite EPO Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), FL (excluding HSA and Secure plans), AZ (excluding Secure plans), GA (excluding HSA and Secure plans), OK (excluding Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider’s discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.
On HMO plans in GA and TX, and on EPO plans in Northern and Central FL markets there may be a cost share associated with your visit. Please view plan details here (opens in new window) for more detailed information

[4] 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.