



Iowa | 2026
Individual & Family Plans

	Secure	Secure MercyOne	Gold Elite	Gold Elite MercyOne	Gold Classic Standard	Gold Classic Standard MercyOne
The Basics						
Deductible (Individual / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$550 / \$1,100	\$550 / \$1,100	\$2,000 / \$4,000	\$2,000 / \$4,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	None	None
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,200 / \$16,400	\$8,200 / \$16,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	\$0 after deductible	\$0 after deductible	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit(s) at \$0)	\$0 after deductible (first 3 visit(s) at \$0)	\$25	\$25	\$30	\$30
Specialist Office Visits	\$0 after deductible	\$0 after deductible	\$50	\$50	\$60	\$60
Urgent Care	\$0 after deductible	\$0 after deductible	\$50	\$50	\$45	\$45
Emergency Room	\$0 after deductible	\$0 after deductible	30% after deductible	30% after deductible	25% after deductible	25% after deductible
Mental Health Office Visits	\$0 after deductible	\$0 after deductible	\$50	\$50	\$30	\$30
Labs	\$0 after deductible	\$0 after deductible	\$25	\$25	25% after deductible	25% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	\$0 after deductible	\$75	\$75	25% after deductible	25% after deductible
MRIs & Advanced Imaging	\$0 after deductible	\$0 after deductible	30% after deductible	30% after deductible	25% after deductible	25% after deductible
Inpatient Facility Fee	\$0 after deductible	\$0 after deductible	30% after deductible	30% after deductible	25% after deductible	25% after deductible
Outpatient Facility Fee	\$0 after deductible	\$0 after deductible	30% after deductible	30% after deductible	25% after deductible	25% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$0 after deductible	\$3	\$3	\$15	\$15
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$0 after deductible	\$25	\$25	\$15	\$15
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$0 after deductible	\$75	\$75	\$30	\$30
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$0 after deductible	50% after deductible	50% after deductible	\$60	\$60
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$0 after deductible	50% after deductible	50% after deductible	\$250	\$250

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Iowa | 2026
Individual & Family Plans

	Silver Classic	Silver Classic MercyOne	Silver Simple PCP Saver	Silver Simple PCP Saver MercyOne	Silver Simple Chronic Care CKM MercyOne
The Basics					
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$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)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,500 / \$17,000	\$8,500 / \$17,000	\$10,150 / \$20,300
\$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	\$65	\$65	\$25	\$25	\$0
Specialist Office Visits	\$100	\$100	\$75	\$75	\$35
Urgent Care	\$80	\$80	\$75	\$75	\$75
Emergency Room	\$750 after deductible	\$750 after deductible	40% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$65	\$65	\$25	\$25	\$0
Labs	\$75	\$75	40% after deductible	40% after deductible	\$65
X-rays & Diagnostic Imaging	\$200	\$200	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	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$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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Iowa | 2026
Individual & Family Plans

	Silver Classic Standard	Silver Classic Standard MercyOne	Silver Simple Women's Health with Menopause Benefits MercyOne	Silver Simple Breathe Easy with Enhanced COPD Benefits MercyOne	Silver Simple Diabetes	Silver Simple Diabetes MercyOne
The Basics						
Deductible (Individual / Family)	\$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
Out-of-Pocket Max (Individual / Family)	\$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
Prices for Benefits						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$40	\$0	\$0	\$0	\$0
Specialist Office Visits	\$80	\$80	\$40	\$35	\$40	\$40
Urgent Care	\$60	\$60	\$75	\$75	\$75	\$75
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$40	\$0	\$0	\$0	\$0
Labs	40% after deductible	40% after deductible	\$40	\$65	\$65	\$65
X-rays & Diagnostic Imaging	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	50% 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	50% after deductible
Outpatient Facility Fee	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	\$3	\$3	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$25	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$40	\$40	\$75 after deductible	\$75	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$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	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Individual & Family Plans

Bronze Elite + PCP
Saver Plus

Bronze Elite + PCP
Saver Plus | MercyOne

Bronze Classic 4700

Bronze Classic 4700 |
MercyOne

The Basics

Deductible (Individual / Family)	None	None	\$4,700 / \$9,400	\$4,700 / \$9,400
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$9,300 / \$18,600	\$9,300 / \$18,600
\$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	\$50	\$70	\$70
Specialist Office Visits	\$125	\$125	\$125	\$125
Urgent Care	\$75	\$75	\$80	\$80
Emergency Room	\$2,500	\$2,500	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$125	\$70	\$70
Labs	\$65	\$65	\$70	\$70
X-rays & Diagnostic Imaging	\$150	\$150	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$750	\$750	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
Outpatient Facility Fee	\$1,200	\$1,200	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$35	\$35	\$30	\$30
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$125 after deductible	50% after deductible	50% after deductible
RX Brand: Non-preferred (Tier 3)	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

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Individual & Family Plans

**Bronze Simple Breathe
Easy with Enhanced
COPD Benefits |
MercyOne**

**Bronze Simple Chronic
Care CKM | MercyOne**

**Bronze Simple Diabetes
| MercyOne**

**Bronze Classic
Standard**

**Bronze Classic
Standard | MercyOne**

The Basics

Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	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	\$10,000 / \$20,000
\$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 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$50
Specialist Office Visits	\$150	\$150	\$150	\$100	\$100
Urgent Care	\$200	\$200	\$200	\$75	\$75
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
Labs	\$75	\$75	\$75	50% after deductible	50% after deductible
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	\$25
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$50 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	\$500 after deductible

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Individual & Family Plans

	Hy-Vee Health Gold 1500 with \$0 Visits, \$0 Select Generics, \$0 Routine Labs at Hy-Vee Health Exemplar Care	Hy-Vee Health Gold 3000 with \$0 Visits, \$0 Select Generics, \$0 Routine Labs at Hy-Vee Health Exemplar Care	Hy-Vee Health Silver 0 with \$0 Visits, \$0 Select Generics, \$0 Routine Labs at Hy-Vee Health Exemplar Care	Hy-Vee Health Silver 5750 with \$0 Visits, \$0 Select Generics, \$0 Routine Labs at Hy-Vee Health Exemplar Care	Silver 6000 HSA MercyOne Off Exchange
The Basics					
Deductible (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	None	\$5,750 / \$11,500	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	None	None	\$1,500 / \$3,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,000 / \$16,000	\$8,000 / \$16,000	\$10,600 / \$21,200	\$9,750 / \$19,500	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes
Prices for Benefits					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$35	\$35	\$50	\$50	\$0 after deductible
Specialist Office Visits	\$65	\$70	\$100	\$100	\$0 after deductible
Urgent Care	\$150	\$150	\$150	\$150	\$0 after deductible
Emergency Room	\$750	\$750	50%	35% after deductible	\$0 after deductible
Mental Health Office Visits	\$35	\$35	\$50	\$50	\$0 after deductible
Labs	20%	30%	\$50	\$50	\$0 after deductible
X-rays & Diagnostic Imaging	20% after deductible	30% after deductible	\$100	\$100	\$0 after deductible
MRIs & Advanced Imaging	20% after deductible	30% after deductible	\$750	35% after deductible	\$0 after deductible
Inpatient Facility Fee	20% after deductible	30% after deductible	50%	35% after deductible	\$0 after deductible
Outpatient Facility Fee	20% after deductible	30% after deductible	50%	35% after deductible	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$4	\$4	\$4	\$4	\$4 after deductible
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$25	\$25	\$10 after deductible
RX Brand: Preferred (Tier 2)	\$50	\$50	50% after deductible	35%	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	\$100	\$125	50% after deductible	50% after deductible	\$145 after deductible
RX Brand: Specialty (Tier 4)	\$350	\$350	50% after deductible	50% after deductible	50% after deductible

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Iowa | 2026
Individual & Family Plans

Hy-Vee Health Bronze
3000 with \$0 Visits, \$0
Select Generics, \$0
Routine Labs at Hy-Vee
Health Exemplar Care

Bronze 8300 HSA |
MercyOne Off Exchange

Hy-Vee Health Bronze
9000 with \$0 Visits, \$0
Select Generics, \$0
Routine Labs at Hy-Vee
Health Exemplar Care

The Basics

Deductible (Individual / Family)	\$3,000 / \$6,000	\$8,300 / \$16,600	\$9,000 / \$18,000
Pharmacy Deductible (Individual / Family)	\$3,000 / \$6,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,150 / \$20,300	\$8,300 / \$16,600	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	Yes	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0 after deductible	\$0
Primary Care Office Visits	\$75	\$0 after deductible	50% after deductible
Specialist Office Visits	\$150	\$0 after deductible	50% after deductible
Urgent Care	\$150	\$0 after deductible	50% after deductible
Emergency Room	40% after deductible	\$0 after deductible	50% after deductible
Mental Health Office Visits	\$75	\$0 after deductible	50% after deductible
Labs	\$50	\$0 after deductible	50% after deductible
X-rays & Diagnostic Imaging	\$100 after deductible	\$0 after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	\$0 after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	\$0 after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	\$0 after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$4	\$0 after deductible	\$4
RX Generics: Non-preferred (Tier 1b)	\$35	\$0 after deductible	\$30
RX Brand: Preferred (Tier 2)	50% after deductible	\$0 after deductible	50% after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$0 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$0 after deductible	50% after deductible

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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.

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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.