



Iowa | 2026  
Individual & Family Plans [1]

	Hy-Vee Health Gold 1500 with \$0 Visits, \$0 Select Generics, \$0	Hy-Vee Health Gold 3000 with \$0 Visits, \$0 Select Generics, \$0	Hy-Vee Health Silver 0 with \$0 Visits, \$0 Select Generics, \$0 Routine	Hy-Vee Health Silver 5750 with \$0 Visits, \$0 Select Generics, \$0
<b>The Basics</b>				
Deductible (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$0 / \$0	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$1,500 / \$3,000	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
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
<b>Prices for Benefits [2]</b>				
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$35	\$35	\$50	\$50
Specialist Office Visits**	\$65	\$70	\$100	\$100
Urgent Care	\$150	\$150	\$150	\$150
Emergency Room	\$750	\$750 after deductible	50%	35% after deductible
Mental Health Office Visits	\$35	\$35	\$50	\$50
Labs**	20%	30%	\$50	\$50
X-rays & Diagnostic Imaging	20% after deductible	30% after deductible	\$100	\$100
MRIs & Advanced Imaging	20% after deductible	30% after deductible	\$750	35% after deductible
Inpatient Facility Fee	20% after deductible	30% after deductible	50%	35% after deductible
Outpatient Facility Fee	20% after deductible	30% after deductible	50%	35% after deductible
RX   Generics: Preferred (Tier 1a)	\$4	\$4	\$4	\$4
RX   Generics: Non-preferred (Tier 1b)	\$15	\$15	\$25	\$25
RX   Brand: Preferred (Tier 2)	\$50	\$50	50% after deductible	35%
RX   Brand: Non-preferred (Tier 3)	\$100	\$125	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$350	\$350	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](https://hioscar.com/brokers)



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	Hy-Vee Health Bronze 3000 with \$0 Visits, \$0 Select Generics, \$0	Hy-Vee Health Bronze 9000 with \$0 Visits, \$0 Select Generics, \$0	Silver 6000 HSA Off Exchange	Bronze 8300 HSA Off Exchange
<b>The Basics</b>				
Deductible (Individual / Family)	\$3,000 / \$6,000	\$9,000 / \$18,000	\$6,000 / \$12,000	\$8,300 / \$16,600
Pharmacy Deductible (Individual / Family)	\$3,000 / \$6,000	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,150 / \$20,300	\$10,150 / \$20,300	\$8,300 / \$16,600	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	Yes	Yes
<b>Prices for Benefits [2]</b>				
Virtual Urgent Care [3]	\$0	\$0	\$0 after deductible	\$0 after deductible
Primary Care Office Visits	\$75	50% after deductible	\$0 after deductible	\$0 after deductible
Specialist Office Visits**	\$150	50% after deductible	\$0 after deductible	\$0 after deductible
Urgent Care	\$150	50% after deductible	\$0 after deductible	\$0 after deductible
Emergency Room	40% after deductible	50% after deductible	\$0 after deductible	\$0 after deductible
Mental Health Office Visits	\$75	50% after deductible	\$0 after deductible	\$0 after deductible
Labs**	\$50	50% after deductible	\$0 after deductible	\$0 after deductible
X-rays & Diagnostic Imaging	\$100 after deductible	50% after deductible	\$0 after deductible	\$0 after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	\$0 after deductible	\$0 after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	\$0 after deductible	\$0 after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	\$0 after deductible	\$0 after deductible
RX   Generics: Preferred (Tier 1a)	\$4	\$4	\$4 after deductible	\$0 after deductible
RX   Generics: Non-preferred (Tier 1b)	\$35	\$30	\$10 after deductible	\$0 after deductible
RX   Brand: Preferred (Tier 2)	50% after deductible	50% after deductible	\$50 after deductible	\$0 after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$145 after deductible	\$0 after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	\$0 after deductible

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[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.

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] 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 may not be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.