



Missouri | 2026
Individual & Family Plans

	Gold Classic Standard	Gold Simple	Silver Elite Saver Plus	Silver Simple PCP Saver	Silver Classic Standard	Silver Simple Women's Health with Menopause Benefits	Silver Simple Diabetes
The Basics							
Deductible (Individual / Family)	\$2,000 / \$4,000	\$3,300 / \$6,600	None	\$5,100 / \$10,200	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,500 / \$13,000
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	\$200 / \$400	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400	\$9,950 / \$19,900	\$10,150 / \$20,300	\$10,000 / \$20,000	\$8,900 / \$17,800	\$10,150 / \$20,300	\$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	\$30	\$5	\$80	\$20	\$40	\$0	\$0
Specialist Office Visits	\$60	\$10	\$100	\$80	\$80	\$40	\$40
Urgent Care	\$45	\$50	\$50	\$75	\$60	\$75	\$75
Emergency Room	25% after deductible	20% after deductible	50%	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$30	\$5	\$80	\$20	\$40	\$0	\$0
Labs	25% after deductible	\$30	\$75	40% after deductible	40% after deductible	\$40	\$65
X-rays & Diagnostic Imaging	25% after deductible	\$30	\$200	40% after deductible	40% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	25% after deductible	20% after deductible	50%	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	25% after deductible	20% after deductible	50%	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	25% after deductible	20% after deductible	50%	40% after deductible	40% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$15	\$3	\$3	\$3	\$20	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$15	\$10	\$30	\$25	\$20	\$25	\$25
RX Brand: Preferred (Tier 2)	\$30	\$65 after deductible	\$125	\$100	\$40	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$60	50% after deductible	50% after deductible	50% after deductible	\$80 after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250	50% after deductible	50% after deductible	50% after deductible	\$350 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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	Bronze Elite + PCP Saver Plus	Bronze Classic 4700	Bronze Simple Diabetes	Bronze Classic Standard
The Basics				
Deductible (Individual / Family)	None	\$4,700 / \$9,400	\$5,500 / \$11,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$9,800 / \$19,600	\$10,150 / \$20,300	\$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	\$70	\$50 (first 5 visit(s) at \$0)	\$50
Specialist Office Visits	\$125	\$125	\$150	\$100
Urgent Care	\$75	\$125	\$200	\$75
Emergency Room	\$2,500	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$70	\$50	\$50
Labs	\$65	\$70	\$75	50% after deductible
X-rays & Diagnostic Imaging	\$150	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$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)	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	\$1,200	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$25
RX Generics: Non-preferred (Tier 1b)	\$35	\$30	\$30	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	50% after deductible	\$75 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible

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	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200
The Basics					
Deductible (Individual / Family)	None	\$700 / \$1,400	\$3,000 / \$6,000	None	None
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	\$50 / \$100	\$100 / \$200
Out-of-Pocket Max (Individual / Family)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$1,900 / \$3,800	\$3,350 / \$6,700
\$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	\$0	\$20	\$40	\$0	\$20
Specialist Office Visits	\$10	\$40	\$80	\$10	\$40
Urgent Care	\$5	\$30	\$60	\$15	\$15
Emergency Room	25%	30% after deductible	40% after deductible	20%	30%
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$20
Labs	25%	30% after deductible	40% after deductible	\$10	\$20
X-rays & Diagnostic Imaging	25%	30% after deductible	40% after deductible	\$10	\$50
MRIs & Advanced Imaging	25%	30% after deductible	40% after deductible	20%	30%
Inpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%
Outpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%
RX Generics: Preferred (Tier 1a)	\$0	\$10	\$20	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$0	\$10	\$20	\$5	\$30
RX Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$30	\$75
RX Brand: Non-preferred (Tier 3)	\$50	\$60 after deductible	\$80 after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$150	\$250 after deductible	\$350 after deductible	50% after deductible	50% after deductible

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	Silver Elite Saver Plus CSR 250	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 150
The Basics					
Deductible (Individual / Family)	None	None	\$800 / \$1,600	\$5,200 / \$10,400	None
Pharmacy Deductible (Individual / Family)	\$200 / \$400	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	\$8,450 / \$16,900	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,900 / \$3,800
\$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	\$0	\$0	\$0	\$5
Specialist Office Visits	\$100	\$5	\$25	\$40	\$10
Urgent Care	\$50	\$30	\$45	\$60	\$30
Emergency Room	50%	30%	30% after deductible	50% after deductible	20%
Mental Health Office Visits	\$65	\$0	\$0	\$0	\$5
Labs	\$50	\$10	\$35	\$60	20%
X-rays & Diagnostic Imaging	\$100	30%	30% after deductible	50% after deductible	20%
MRIs & Advanced Imaging	50%	30%	30% after deductible	50% after deductible	20%
Inpatient Facility Fee	50%	30%	30% after deductible	50% after deductible	20%
Outpatient Facility Fee	50%	30%	30% after deductible	50% after deductible	20%
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$30	\$5	\$10	\$20	\$5
RX Brand: Preferred (Tier 2)	\$125	\$15	\$60	\$60 after deductible	\$30
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50% after deductible	50% after deductible	50%

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	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250	Silver Simple Women's Health with Menopause Benefits CSR 150	Silver Simple Women's Health with Menopause Benefits CSR 200	Silver Simple Women's Health with Menopause Benefits CSR 250
The Basics					
Deductible (Individual / Family)	\$800 / \$1,600	\$4,900 / \$9,800	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)	\$3,200 / \$6,400	\$8,000 / \$16,000	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,400 / \$16,800
\$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	\$10	\$20	\$0	\$0	\$0
Specialist Office Visits	\$40	\$70	\$5	\$25	\$40
Urgent Care	\$50	\$75	\$30	\$75	\$75
Emergency Room	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$10	\$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)	\$10	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$40	\$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

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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.

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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.