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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	Silver Classic Standard
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	$6,000 / $12,000
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)	$8,000 / $16,000	$8,000 / $16,000	$8,500 / $17,000	$8,500 / $17,000	$10,150 / $20,300	$8,900 / $17,800
$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	$65	$65	$25	$25	$0	$40
Specialist Office Visits	$100	$100	$75	$75	$35	$80
Urgent Care	$80	$80	$75	$75	$75	$60
Emergency Room	$750 after deductible	$750 after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	$65	$65	$25	$25	$0	$40
Labs	$75	$75	40% after deductible	40% after deductible	$65	40% after deductible
X-rays & Diagnostic Imaging	$200	$200	40% after deductible	40% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$3	$20
RX | Generics: Non-preferred (Tier 1b)	$25	$25	$25	$25	$25	$20
RX | Brand: Preferred (Tier 2)	$75	$75	$100	$100	$75 after deductible	$40
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$80 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$350 after deductible

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Iowa | 2026
Individual & Family Plans

	Silver Classic Standard | MercyOne	Silver Simple Women's Health with Menopause Benefits | MercyOne	Silver Simple Breathe Easy with Enhanced COPD Benefits |	Silver Simple Diabetes	Silver Simple Diabetes | MercyOne
The Basics					
Deductible (Individual / Family)	$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
Out-of-Pocket Max (Individual / Family)	$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
Prices for Benefits					
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$40	$0	$0	$0	$0
Specialist Office Visits	$80	$40	$35	$40	$40
Urgent Care	$60	$75	$75	$75	$75
Emergency Room	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$40	$0	$0	$0	$0
Labs	40% after deductible	$40	$65	$65	$65
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$20	$3	$3	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$20	$25	$25	$25	$25
RX | Brand: Preferred (Tier 2)	$40	$75 after deductible	$75	$75 after deductible	$75 after deductible
RX | Brand: Non-preferred (Tier 3)	$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Iowa | 2026
Individual & Family Plans

	Bronze Elite + PCP Saver Plus	Bronze Elite + PCP Saver Plus | MercyOne	Bronze Classic 4700	Bronze Classic 4700 | MercyOne	Bronze Simple Breathe Easy with Enhanced COPD Benefits |
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	$9,300 / $18,600	$9,300 / $18,600	$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	$80	$80	$200
Emergency Room	$2,500	$2,500	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	$65	$65	$70	$70	$75
X-rays & Diagnostic Imaging	$150	$150	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)	$35	$35	$30	$30	$30
RX | Brand: Preferred (Tier 2)	$125 after deductible	$125 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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Iowa | 2026
Individual & Family Plans

	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	$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	$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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Iowa | 2026
Individual & Family Plans

	Silver Classic CSR 150	Silver Classic CSR 150 | MercyOne	Silver Classic CSR 200	Silver Classic CSR 200 | MercyOne	Silver Classic CSR 250	Silver Classic CSR 250 | MercyOne
The Basics						
Deductible (Individual / Family)	None	None	None	None	$4,500 / $9,000	$4,500 / $9,000
Pharmacy Deductible (Individual / Family)	None	None	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$1,800 / $3,600	$1,800 / $3,600	$3,500 / $7,000	$3,500 / $7,000	$7,500 / $15,000	$7,500 / $15,000
$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	$0	$0	$20	$20	$30	$30
Specialist Office Visits	$5	$5	$45	$45	$70	$70
Urgent Care	$15	$15	$40	$40	$80	$80
Emergency Room	$500	$500	$750	$750	$750 after deductible	$750 after deductible
Mental Health Office Visits	$0	$0	$20	$20	$30	$30
Labs	$10	$10	$25	$25	$50	$50
X-rays & Diagnostic Imaging	$15	$15	$70	$70	$70	$70
MRIs & Advanced Imaging	20%	20%	30%	30%	40% after deductible	40% after deductible
Inpatient Facility Fee	20%	20%	30%	30%	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	20%	30%	30%	40% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$0	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$5	$5	$20	$20	$25	$25
RX | Brand: Preferred (Tier 2)	$15	$15	$75	$75	$75	$75
RX | Brand: Non-preferred (Tier 3)	50%	50%	50%	50%	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50%	50%	50%	50%	50% after deductible	50% after deductible

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Individual & Family Plans

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

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Individual & Family Plans

	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 150	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 200	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 250	Silver Simple Chronic Care CKM CSR 150 | MercyOne	Silver Simple Chronic Care CKM CSR 200 | MercyOne	Silver Simple Chronic Care CKM CSR 250 | MercyOne	Silver Simple Diabetes CSR 150
The Basics							
Deductible (Individual / Family)	None	$900 / $1,800	$5,200 / $10,400	None	$800 / $1,600	$5,000 / $10,000	None
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	$1,450 / $2,900	$2,900 / $5,800	$8,100 / $16,200	$1,500 / $3,000	$3,350 / $6,700	$8,100 / $16,200	$1,550 / $3,100
$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	$25	$35	$5
Urgent Care	$30	$45	$60	$30	$45	$60	$30
Emergency Room	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible	30%
Mental Health Office Visits	$0	$0	$0	$0	$0	$0	$0
Labs	$10	$35	$60	$10	$35	$60	$10
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible	30%
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible	30%
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible	30%
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible	30%
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$0	$0	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$6	$25	$25	$5	$10	$20	$5
RX | Brand: Preferred (Tier 2)	$40	$75	$75 after deductible	$15	$60	$60 after deductible	$15
RX | Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX | Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible	50%

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Individual & Family Plans

	Silver Simple Diabetes CSR 150 | MercyOne	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 200 | MercyOne	Silver Simple Diabetes CSR 250	Silver Simple Diabetes CSR 250 | MercyOne	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 150 | MercyOne
The Basics							
Deductible (Individual / Family)	None	$800 / $1,600	$800 / $1,600	$4,600 / $9,200	$4,600 / $9,200	None	None
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	None	None
Out-of-Pocket Max (Individual / Family)	$1,550 / $3,100	$3,350 / $6,700	$3,350 / $6,700	$8,100 / $16,200	$8,100 / $16,200	$1,850 / $3,700	$1,850 / $3,700
$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	$5	$5
Specialist Office Visits	$5	$25	$25	$40	$40	$10	$10
Urgent Care	$30	$45	$45	$60	$60	$30	$30
Emergency Room	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible	20%	20%
Mental Health Office Visits	$0	$0	$0	$0	$0	$5	$5
Labs	$10	$35	$35	$60	$60	20%	20%
X-rays & Diagnostic Imaging	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible	20%	20%
MRIs & Advanced Imaging	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible	20%	20%
Inpatient Facility Fee	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible	20%	20%
Outpatient Facility Fee	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible	20%	20%
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$0	$0	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$5	$10	$10	$20	$20	$5	$5
RX | Brand: Preferred (Tier 2)	$15	$60	$60	$60 after deductible	$60 after deductible	$30	$30
RX | Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
RX | Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%

*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

Iowa | 2026
Individual & Family Plans

	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 200 | MercyOne	Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver CSR 250 | MercyOne	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)	$700 / $1,400	$700 / $1,400	$4,200 / $8,400	$4,200 / $8,400	None	$870 / $1,740	$5,500 / $11,000
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	$7,700 / $15,400	$7,700 / $15,400	$1,500 / $3,000	$3,350 / $6,700	$8,100 / $16,200
$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	$10	$10	$20	$20	$0	$0	$0
Specialist Office Visits	$35	$35	$70	$70	$5	$25	$40
Urgent Care	$50	$50	$75	$75	$30	$75	$75
Emergency Room	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	$10	$10	$20	$20	$0	$0	$0
Labs	40% after deductible	40% after deductible	40% after deductible	40% after deductible	$10	$35	$40
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$10	$10	$20	$20	$5	$10	$20
RX | Brand: Preferred (Tier 2)	$40	$40	$80	$80	$15	$60	$60 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	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% after deductible	50% after deductible	50%	50% 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.

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.