



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

\*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)



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
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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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Iowa | 2026  
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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Iowa | 2026  
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	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	\$10,150 / \$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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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.

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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.

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.