



Virginia | 2026  
Individual & Family Plans [1]

	Secure	Gold Classic Standard	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Classic Standard
<b>The Basics</b>						
Deductible (Individual / Family)	\$10,600 / \$21,200	\$2,000 / \$4,000	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	\$0 / \$0	\$0 / \$0	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$8,200 / \$16,400	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$8,900 / \$17,800
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	Yes	No	No	No	No	No
<b>Prices for Benefits [2]</b>						
Virtual Urgent Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible	\$30	\$0	\$20	\$40	\$40
Specialist Office Visits	\$0 after deductible	\$60	\$10	\$40	\$80	\$80
Urgent Care	\$0 after deductible	\$45	\$5	\$30	\$60	\$60
Emergency Room	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$30	\$0	\$20	\$40	\$40
Labs	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	\$0 after deductible	25% after deductible	25%	30% after deductible	40% after deductible	40% after deductible
RX   Generics: Preferred (Tier 1a)	\$0 after deductible	\$15	\$0	\$10	\$20	\$20
RX   Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$0	\$10	\$20	\$20
RX   Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$15	\$20	\$40	\$40
RX   Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	\$50	\$60 after deductible	\$80 after deductible	\$80 after deductible
RX   Brand: Specialty (Tier 4)	\$0 after deductible	\$250	\$150	\$250 after deductible	\$350 after deductible	\$350 after deductible

\*All benefits subject to plan approval.

All this information and more can be found on our Broker Resources page: [hioscar.com/brokers](https://hioscar.com/brokers)



Virginia | 2026  
Individual & Family Plans [1]

	Bronze Classic Standard	Bronze Simple
<b>The Basics</b>		
Deductible (Individual / Family)	\$7,500 / \$15,000	\$9,000 / \$18,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$10,600 / \$21,200
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	Yes	Yes
<b>Prices for Benefits [2]</b>		
Virtual Urgent Care [3]	\$0	\$0
Primary Care Office Visits	\$50	40% after deductible
Specialist Office Visits	\$100	40% after deductible
Urgent Care	\$75	40% after deductible
Emergency Room	50% after deductible	40% after deductible
Mental Health Office Visits	\$50	40% after deductible
Labs	50% after deductible	40% after deductible
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible
RX   Generics: Preferred (Tier 1a)	\$25	\$3
RX   Generics: Non-preferred (Tier 1b)	\$25	\$25
RX   Brand: Preferred (Tier 2)	\$50 after deductible	40% after deductible
RX   Brand: Non-preferred (Tier 3)	\$100 after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$500 after deductible	50% 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.

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.

[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 won't be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.