



Nebraska | 2026
Individual & Family Plans

	Gold Elite	Gold Elite with Bryan Health	Gold Classic Standard	Gold Classic Standard with Bryan Health	Silver Simple PCP Saver	Silver Simple PCP Saver with Bryan Health
The Basics						
Deductible (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,750 / \$11,500	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$6,500 / \$13,000	\$8,200 / \$16,400	\$8,200 / \$16,400	\$9,600 / \$19,200	\$9,600 / \$19,200
\$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	\$25	\$25	\$30	\$30	\$20	\$20
Specialist Office Visits	\$50	\$50	\$60	\$60	\$75	\$75
Urgent Care	\$50	\$50	\$45	\$45	\$75	\$75
Emergency Room	30% after deductible	30% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$50	\$50	\$30	\$30	\$20	\$20
Labs	\$25	\$25	25% after deductible	25% after deductible	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$75	\$75	25% after deductible	25% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	30% after deductible	30% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	30% after deductible	30% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	30% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$15	\$15	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$15	\$15	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$30	\$30	\$100	\$100
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$60	\$60	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$250	\$250	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



Nebraska | 2026
Individual & Family Plans

Silver Classic Standard	Silver Classic Standard with Bryan Health	Silver Simple Women's Health with Menopause Benefits	Silver Simple Women's Health with Menopause Benefits with Bryan Health	Silver Simple Diabetes	Silver Simple Diabetes with Bryan Health
-------------------------	--	--	---	------------------------	---

The Basics

Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$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	\$10,150 / \$20,300	\$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	\$40	\$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	\$40	\$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 after deductible	\$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

*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



Nebraska | 2026
Individual & Family Plans

Bronze Elite + PCP
Saver Plus

Bronze Elite + PCP
Saver Plus | with Bryan
Health

Bronze Simple Diabetes

Bronze Simple Diabetes
| with Bryan Health

The Basics

Deductible (Individual / Family)	None	None	\$5,500 / \$11,000	\$5,500 / \$11,000
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	\$10,150 / \$20,300	\$10,150 / \$20,300
\$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	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)
Specialist Office Visits	\$125	\$125	\$150	\$150
Urgent Care	\$75	\$75	\$200	\$200
Emergency Room	\$2,500	\$2,500	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$125	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)
Labs	\$65	\$65	\$75	\$75
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	\$75 after deductible	\$75 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

*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



Nebraska | 2026 Individual & Family Plans

	Bronze Classic Standard	Bronze Classic Standard with Bryan Health	Bronze Classic	Bronze Classic with Bryan Health
The Basics				
Deductible (Individual / Family)	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,750 / \$15,500	\$7,750 / \$15,500
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,600 / \$21,200	\$10,600 / \$21,200
\$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	50% after deductible (first 1 visit(s) at \$50)	50% after deductible (first 1 visit(s) at \$50)
Specialist Office Visits	\$100	\$100	50% after deductible	50% after deductible
Urgent Care	\$75	\$75	\$75	\$75
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$50	\$50	50% after deductible	50% after deductible
Labs	50% after deductible	50% after deductible	\$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)	\$25	\$25	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$30	\$30
RX Brand: Preferred (Tier 2)	\$50 after deductible	\$50 after deductible	\$250 after deductible	\$250 after deductible
RX Brand: Non-preferred (Tier 3)	\$100 after deductible	\$100 after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$500 after deductible	\$500 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



Nebraska | 2026 Individual & Family Plans

Silver Classic Standard CSR 150

Silver Classic Standard CSR 150 | with Bryan Health

Silver Classic Standard CSR 200

Silver Classic Standard CSR 200 | with Bryan Health

Silver Classic Standard CSR 250

Silver Classic Standard CSR 250 | with Bryan Health

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

*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



Nebraska | 2026
Individual & Family Plans

Silver Simple Diabetes
CSR 150

Silver Simple Diabetes
CSR 150 | with Bryan
Health

Silver Simple Diabetes
CSR 200

Silver Simple Diabetes
CSR 200 | with Bryan
Health

Silver Simple Diabetes
CSR 250

Silver Simple Diabetes
CSR 250 | with Bryan
Health

The Basics

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



Nebraska | 2026
Individual & Family Plans

Silver Simple PCP Saver
CSR 150

Silver Simple PCP Saver
CSR 150 | with Bryan
Health

Silver Simple PCP Saver
CSR 200

Silver Simple PCP Saver
CSR 200 | with Bryan
Health

Silver Simple PCP Saver
CSR 250

Silver Simple PCP Saver
CSR 250 | with Bryan
Health

The Basics

Deductible (Individual / Family)	None	None	\$850 / \$1,700	\$850 / \$1,700	\$5,500 / \$11,000	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,850 / \$3,700	\$1,850 / \$3,700	\$3,100 / \$6,200	\$3,100 / \$6,200	\$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	\$5	\$5	\$10	\$10	\$20	\$20
Specialist Office Visits	\$10	\$10	\$35	\$35	\$65	\$65
Urgent Care	\$30	\$30	\$50	\$50	\$75	\$75
Emergency Room	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$5	\$5	\$10	\$10	\$10	\$10
Labs	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	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	\$10	\$10	\$20	\$20
RX Brand: Preferred (Tier 2)	\$30	\$30	\$40	\$40	\$80	\$80
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	50% 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



Nebraska | 2026
Individual & Family Plans

Silver Simple Women's
Health with Menopause
Benefits CSR 150

Silver Simple Women's
Health with Menopause
Benefits CSR 150 | with
Bryan Health

Silver Simple Women's
Health with Menopause
Benefits CSR 200

Silver Simple Women's
Health with Menopause
Benefits CSR 200 | with
Bryan Health

Silver Simple Women's
Health with Menopause
Benefits CSR 250

Silver Simple Women's
Health with Menopause
Benefits CSR 250 | with
Bryan Health

The Basics

Deductible (Individual / Family)	None	None	\$870 / \$1,740	\$870 / \$1,740	\$5,500 / \$11,000	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$1,550 / \$3,100	\$3,350 / \$6,700	\$3,350 / \$6,700	\$8,100 / \$16,200	\$8,100 / \$16,200
\$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	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$5	\$25	\$25	\$40	\$40
Urgent Care	\$30	\$30	\$75	\$75	\$75	\$75
Emergency Room	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0	\$0
Labs	\$10	\$10	\$35	\$35	\$40	\$40
X-rays & Diagnostic Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$10	\$10	\$20	\$20
RX Brand: Preferred (Tier 2)	\$15	\$15	\$60	\$60	\$60 after deductible	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	50% 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

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.