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Pennsylvania | 2026
Individual & Family Plans [1]

	Gold Elite Saver Plus	Gold Elite	Gold Simple	Gold Classic	Silver Classic CSR 150	Silver Classic CSR 200
The Basics						
Deductible (Individual / Family)	$0 / $0	$500 / $1,000	$3,500 / $7,000	$3,800 / $7,600	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	$250 / $500	Integrated with Medical	Integrated with Medical	Integrated with Medical	$0 / $0	$0 / $0
Out-of-Pocket Max (Individual / Family)	$8,500 / $17,000	$6,000 / $12,000	$9,950 / $19,900	$7,500 / $15,000	$1,850 / $3,700	$3,350 / $6,700
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits [2]						
Virtual Urgent Care [3]	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$35	$10	$35	$0	$25
Specialist Office Visits	$35	$50	$20	$35	$5	$50
Urgent Care	$50	$50	$50	$50	$15	$50
Emergency Room	$500	30% after deductible	20% after deductible	$650	$500	$750
Mental Health Office Visits	$0	$35	$10	$35	$0	$25
Labs	$25	$35	$30	$50	$10	$25
X-rays & Diagnostic Imaging	$75	$75	$80	$75	$15	$50
MRIs & Advanced Imaging	$375	30% after deductible	20% after deductible	$375	20%	30%
Inpatient Facility Fee	$1,000 (copay applies for a maximum of 3 days per 1 admit)	30% after deductible	20% after deductible	30% after deductible	20%	30%
Outpatient Facility Fee	$500	30% after deductible	20% after deductible	30% after deductible	20%	30%
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$0	$3
RX | Generics: Non-preferred (Tier 1b)	$10	$25	$15	$15	$5	$20
RX | Brand: Preferred (Tier 2)	$75 after deductible	$80	$65 after deductible	$50	$15	$75
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%	50%

*All benefits subject to plan approval.
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Pennsylvania | 2026 Individual & Family Plans [1]	Silver Elite Saver Plus	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200	Silver Elite Saver Plus CSR 250	Silver Simple PCP Saver CSR 150
The Basics					
Deductible (Individual / Family)	$0 / $0	$0 / $0	$0 / $0	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	$500 / $1,000	$50 / $100	$200 / $400	$500 / $1,000	$0 / $0
Out-of-Pocket Max (Individual / Family)	$9,700 / $19,400	$1,700 / $3,400	$3,200 / $6,400	$7,750 / $15,500	$2,300 / $4,600
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$65	$0	$15	$65	$5
Specialist Office Visits	$100	$10	$30	$100	$10
Urgent Care	$75	$15	$15	$75	$30
Emergency Room	50%	20%	30%	50%	20%
Mental Health Office Visits	$65	$0	$15	$65	$5
Labs	$50	$10	$20	$50	20%
X-rays & Diagnostic Imaging	$100	$10	$50	$100	20%
MRIs & Advanced Imaging	50%	20%	30%	50%	20%
Inpatient Facility Fee	50%	20%	30%	50%	20%
Outpatient Facility Fee	50%	20%	30%	50%	20%
RX | Generics: Preferred (Tier 1a)	$3	$0	$3	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$30	$5	$25	$30	$10
RX | Brand: Preferred (Tier 2)	$200 after deductible	$30 after deductible	$100 after deductible	$200 after deductible	$30
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50%

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Pennsylvania | 2026
Individual & Family Plans [1]

	Silver Simple PCP Saver CSR 200	Silver Classic CSR 250	Silver Simple PCP Saver CSR 250	Silver Classic	Silver Simple PCP Saver
The Basics					
Deductible (Individual / Family)	$800 / $1,600	$4,500 / $9,000	$4,950 / $9,900	$5,600 / $11,200	$5,750 / $11,500
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)	$3,500 / $7,000	$7,500 / $15,000	$7,800 / $15,600	$8,900 / $17,800	$9,800 / $19,600
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	$0	$0	$0	$0	$0
Primary Care Office Visits	$10	$35	$20	$30	$20
Specialist Office Visits	$35	$75	$65	$80	$70
Urgent Care	$50	$80	$75	$80	$100
Emergency Room	40% after deductible	$750 after deductible	40% after deductible	$750 after deductible	40% after deductible
Mental Health Office Visits	$10	$35	$20	$30	$20
Labs	40% after deductible	$50	40% after deductible	$50	40% after deductible
X-rays & Diagnostic Imaging	40% after deductible	$75	40% after deductible	$70	40% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$15	$25	$20	$25	$25
RX | Brand: Preferred (Tier 2)	$45	$75	$80	$75	$100
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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Pennsylvania | 2026
Individual & Family Plans [1]

	Bronze Elite PCP Saver	Bronze Classic 4700	Bronze Classic	Bronze Classic PCP Saver Plus
The Basics				
Deductible (Individual / Family)	$150 / $300	$4,700 / $9,400	$7,000 / $14,000	$9,000 / $18,000
Pharmacy Deductible (Individual / Family)	$6,500 / $13,000	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,150 / $20,300	$9,500 / $19,000	$10,150 / $20,300	$9,700 / $19,400
$0 Preventive care	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑
HSA-Compatible?	Yes	Yes	Yes	Yes
Prices for Benefits [2]				
Virtual Urgent Care [3]	$0	$0	$0	$0
Primary Care Office Visits	$40	$70	$80	$0
Specialist Office Visits	$125	$125	$100	50% after deductible
Urgent Care	$75	$80	$150	50% after deductible
Emergency Room	$1,500	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$125	$70	$80	50% after deductible
Labs	$50	$70	$50 after deductible	$75
X-rays & Diagnostic Imaging	$125	50% after deductible	$150	50% after deductible
MRIs & Advanced Imaging	$750	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	$1,200	50% after deductible	$1,200 after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$30	$30	$30	$30
RX | Brand: Preferred (Tier 2)	$70 after deductible	50% after deductible	$250 after deductible	$250 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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[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.