



Pennsylvania | 2026
Individual & Family Plans

	Gold Elite Saver Plus	Gold Elite	Gold Classic	Silver Elite Saver Plus	Silver Classic	Silver Simple PCP Saver
The Basics						
Deductible (Individual / Family)	None	\$500 / \$1,000	\$3,800 / \$7,600	None	\$5,600 / \$11,200	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	\$250 / \$500	Integrated with Medical	Integrated with Medical	\$500 / \$1,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$9,700 / \$19,400	\$8,900 / \$17,800	\$9,800 / \$19,600
\$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	\$35	\$35	\$65	\$30	\$20
Specialist Office Visits	\$35	\$50	\$35	\$100	\$80	\$70
Urgent Care	\$50	\$50	\$50	\$75	\$80	\$100
Emergency Room	\$500	30% after deductible	\$650	50%	\$750 after deductible	40% after deductible
Mental Health Office Visits	\$0	\$35	\$35	\$65	\$30	\$20
Labs	\$25	\$35	\$50	\$50	\$50	40% after deductible
X-rays & Diagnostic Imaging	\$75	\$75	\$75	\$100	\$70	40% after deductible
MRIs & Advanced Imaging	\$375	30% after deductible	\$375	50%	50% after deductible	40% after deductible
Inpatient Facility Fee	\$1,000 (copay applies for a maximum of 3 days per 1 admit)	30% after deductible	30% after deductible	50%	50% after deductible	40% after deductible
Outpatient Facility Fee	\$500	30% after deductible	30% after deductible	50%	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$25	\$15	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$80	\$50	\$200 after deductible	\$75	\$100
RX Brand: Non-preferred (Tier 3)	50% after deductible	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	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



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	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				
Virtual Urgent Care	\$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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	Silver Classic CSR 150	Silver Classic CSR 200	Silver Classic CSR 250	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200
The Basics					
Deductible (Individual / Family)	None	None	\$4,500 / \$9,000	None	None
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	\$50 / \$100	\$200 / \$400
Out-of-Pocket Max (Individual / Family)	\$1,850 / \$3,700	\$3,350 / \$6,700	\$7,500 / \$15,000	\$1,700 / \$3,400	\$3,200 / \$6,400
\$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	\$0	\$25	\$35	\$0	\$15
Specialist Office Visits	\$5	\$50	\$75	\$10	\$30
Urgent Care	\$15	\$50	\$80	\$15	\$15
Emergency Room	\$500	\$750	\$750 after deductible	20%	30%
Mental Health Office Visits	\$0	\$25	\$35	\$0	\$15
Labs	\$10	\$25	\$50	\$10	\$20
X-rays & Diagnostic Imaging	\$15	\$50	\$75	\$10	\$50
MRIs & Advanced Imaging	20%	30%	40% after deductible	20%	30%
Inpatient Facility Fee	20%	30%	40% after deductible	20%	30%
Outpatient Facility Fee	20%	30%	40% after deductible	20%	30%
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$25	\$5	\$25
RX Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$30 after deductible	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50%	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

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	Silver Elite Saver Plus CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
The Basics				
Deductible (Individual / Family)	None	None	\$800 / \$1,600	\$4,950 / \$9,900
Pharmacy Deductible (Individual / Family)	\$500 / \$1,000	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,750 / \$15,500	\$1,750 / \$3,500	\$3,100 / \$6,200	\$7,800 / \$15,600
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
Prices for Benefits				
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$65	\$5	\$10	\$20
Specialist Office Visits	\$100	\$10	\$35	\$65
Urgent Care	\$75	\$30	\$50	\$75
Emergency Room	50%	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$65	\$5	\$10	\$20
Labs	\$50	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$100	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	50%	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	50%	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	50%	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$10	\$15	\$20
RX Brand: Preferred (Tier 2)	\$200 after deductible	\$30	\$45	\$80
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	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.

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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.