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New York | 2026
Individual & Family Plans

	Platinum Classic, Platinum, Child-Only, ST, INN, Circle, Wellness Rewards	Platinum Classic, Platinum, ST, INN, Circle, Dep25, Wellness Rewards	Platinum Classic, Platinum, ST, INN, Circle, Dep29, Wellness Rewards	Gold Classic, Gold, Child-Only ST, INN, Circle, Wellness Rewards	Gold Classic, Gold, ST, INN, Circle, Dep25, Wellness Rewards
The Basics					
Deductible (Individual / Family)	None	None	None	$775 / $1,550	$775 / $1,550
Pharmacy Deductible (Individual / Family)	None	None	None	None	None
Out-of-Pocket Max (Individual / Family)	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000	$10,150 / $20,300	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	$0	$0	$0	$0	$0
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$15	$15	$15	$25 after deductible	$25 after deductible
Specialist Office Visits	$35	$35	$35	$40 after deductible	$40 after deductible
Urgent Care	$55	$55	$55	$60 after deductible	$60 after deductible
Emergency Room	$100	$100	$100	$150 after deductible	$150 after deductible
Mental Health Office Visits	$15	$15	$15	$25 after deductible	$25 after deductible
Labs	$35	$35	$35	$40 after deductible	$40 after deductible
X-rays & Diagnostic Imaging	$35	$35	$35	$40 after deductible	$40 after deductible
MRIs & Advanced Imaging	$35	$35	$35	$40 after deductible	$40 after deductible
Inpatient Facility Fee	$500	$500	$500	$1,000 after deductible	$1,000 after deductible
Outpatient Facility Fee	$100	$100	$100	$100 after deductible	$100 after deductible
RX | Generics: Preferred (Tier 1a)	$10	$10	$10	$10	$10
RX | Generics: Non-preferred (Tier 1b)	$10	$10	$10	$10	$10
RX | Brand: Preferred (Tier 2)	$30	$30	$30	$35	$35
RX | Brand: Non-preferred (Tier 3)	$60	$60	$60	$70	$70
RX | Brand: Specialty (Tier 4)	$60	$60	$60	$70	$70

*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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New York | 2026
Individual & Family Plans

	Gold Classic, Gold, ST, INN, Circle, Dep29, Wellness Rewards	Gold Simple, Gold, NS, INN, Circle, Dep25, Wellness Rewards	Gold Simple, Gold, NS, INN, Circle, Dep29, Wellness Rewards	Silver Classic, Silver, Child-Only, ST, INN, Circle, Wellness Rewards	Silver Classic, Silver, ST, INN, Circle, Dep25, Wellness Rewards	Silver Classic, Silver, ST, INN, Circle, Dep29, Wellness Rewards
The Basics						
Deductible (Individual / Family)	$775 / $1,550	$1,500 / $3,000	$1,500 / $3,000	$2,450 / $4,900	$2,450 / $4,900	$2,450 / $4,900
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	None	None
Out-of-Pocket Max (Individual / Family)	$10,150 / $20,300	$7,200 / $14,400	$7,200 / $14,400	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300
$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Primary Care	$0	$0	$0	N/A	N/A	N/A
Virtual Urgent Care	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$25 after deductible	$30	$30	$30 after deductible (first 1 visit (s) at $30)	$30 after deductible (first 1 visit (s) at $30)	$30 after deductible (first 1 visit (s) at $30)
Specialist Office Visits	$40 after deductible	20% after deductible	20% after deductible	$65 after deductible (first 1 visit (s) at $65)	$65 after deductible (first 1 visit (s) at $65)	$65 after deductible (first 1 visit (s) at $65)
Urgent Care	$60 after deductible	20% after deductible	20% after deductible	$70 after deductible	$70 after deductible	$70 after deductible
Emergency Room	$150 after deductible	20% after deductible	20% after deductible	$500 after deductible	$500 after deductible	$500 after deductible
Mental Health Office Visits	$25 after deductible	20% (cost share applies, up to $30)	20% (cost share applies, up to $30)	$30 after deductible (first 1 visit (s) at $30)	$30 after deductible (first 1 visit (s) at $30)	$30 after deductible (first 1 visit (s) at $30)
Labs	$40 after deductible	20% after deductible	20% after deductible	$50 after deductible	$50 after deductible	$50 after deductible
X-rays & Diagnostic Imaging	$40 after deductible	20% after deductible	20% after deductible	$75 after deductible	$75 after deductible	$75 after deductible
MRIs & Advanced Imaging	$40 after deductible	20% after deductible	20% after deductible	$175 after deductible	$175 after deductible	$175 after deductible
Inpatient Facility Fee	$1,000 after deductible	20% after deductible	20% after deductible	$1,500 after deductible	$1,500 after deductible	$1,500 after deductible
Outpatient Facility Fee	$100 after deductible	20% after deductible	20% after deductible	$150 after deductible	$150 after deductible	$150 after deductible
RX | Generics: Preferred (Tier 1a)	$10	20% after deductible	20% after deductible	$15	$15	$15
RX | Generics: Non-preferred (Tier 1b)	$10	20% after deductible	20% after deductible	$15	$15	$15
RX | Brand: Preferred (Tier 2)	$35	20% after deductible	20% after deductible	$40	$40	$40
RX | Brand: Non-preferred (Tier 3)	$70	20% after deductible	20% after deductible	$75	$75	$75
RX | Brand: Specialty (Tier 4)	$70	20% after deductible	20% after deductible	$75	$75	$75

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New York | 2026
Individual & Family Plans

	Silver Simple PCP Saver, Silver, NS, INN, Circle, Dep25, Wellness Rewards	Silver Simple PCP Saver, Silver, NS, INN, Circle, Dep29, Wellness Rewards	Bronze Classic, Bronze, Child-Only, ST, INN, Circle, Wellness Rewards	Bronze Classic, Bronze, ST, INN, Circle, Dep25, Wellness Rewards	Bronze Classic, Bronze, ST, INN, Circle, Dep29, Wellness Rewards
The Basics					
Deductible (Individual / Family)	$7,300 / $14,600	$7,300 / $14,600	$4,125 / $8,250	$4,125 / $8,250	$4,125 / $8,250
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)	$10,100 / $20,200	$10,100 / $20,200	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	Yes	Yes	Yes
Prices for Benefits					
Virtual Primary Care	$0	$0	N/A	N/A	N/A
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$15	$15	$50 after deductible (first 3 visit (s) at $50)	$50 after deductible (first 3 visit (s) at $50)	$50 after deductible (first 3 visit (s) at $50)
Specialist Office Visits	$40	$40	$75 after deductible (first 3 visit (s) at $75)	$75 after deductible (first 3 visit (s) at $75)	$75 after deductible (first 3 visit (s) at $75)
Urgent Care	$75	$75	$75 after deductible	$75 after deductible	$75 after deductible
Emergency Room	50% after deductible	50% after deductible	$500 after deductible	$500 after deductible	$500 after deductible
Mental Health Office Visits	$15 (cost share applies, up to $25)	$15 (cost share applies, up to $25)	$50 after deductible (first 3 visit (s) at $50)	$50 after deductible (first 3 visit (s) at $50)	$50 after deductible (first 3 visit (s) at $50)
Labs	$50	$50	$50 after deductible	$50 after deductible	$50 after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	$75 after deductible	$75 after deductible	$75 after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	$175 after deductible	$175 after deductible	$175 after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	$1,500 after deductible	$1,500 after deductible	$1,500 after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	$150 after deductible	$150 after deductible	$150 after deductible
RX | Generics: Preferred (Tier 1a)	$20	$20	$10 after deductible	$10 after deductible	$10 after deductible
RX | Generics: Non-preferred (Tier 1b)	$20	$20	$10 after deductible	$10 after deductible	$10 after deductible
RX | Brand: Preferred (Tier 2)	$50	$50	$35 after deductible	$35 after deductible	$35 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	$70 after deductible	$70 after deductible	$70 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	$70 after deductible	$70 after deductible	$70 after deductible

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New York | 2026
Individual & Family Plans

	Silver Classic CSR 150, Silver, Child-Only, ST, INN, Circle, Wellness Rewards	Silver Classic CSR 150, Silver, ST, INN, Circle, Dep25, Wellness Rewards	Silver Classic CSR 150, Silver, ST, INN, Circle, Dep29, Wellness Rewards	Silver Classic Enhanced CSR 250, Silver, Child-Only, ST, INN, Circle, Wellness Rewards	Silver Classic Enhanced CSR 250, Silver, ST, INN, Circle, Dep25, Wellness Rewards
The Basics					
Deductible (Individual / Family)	None	None	None	$2,160 / $4,320	$2,160 / $4,320
Pharmacy Deductible (Individual / Family)	None	None	None	None	None
Out-of-Pocket Max (Individual / Family)	$1,275 / $2,550	$1,275 / $2,550	$1,275 / $2,550	$8,100 / $16,200	$8,100 / $16,200
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	N/A	N/A	N/A	N/A	N/A
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$10	$10	$10	$30 after deductible (first 1 visit (s) at $30)	$30 after deductible (first 1 visit (s) at $30)
Specialist Office Visits	$20	$20	$20	$65 after deductible	$65 after deductible
Urgent Care	$30	$30	$30	$70 after deductible	$70 after deductible
Emergency Room	$50	$50	$50	$275 after deductible	$275 after deductible
Mental Health Office Visits	$10	$10	$10	$30 after deductible	$30 after deductible
Labs	$20	$20	$20	$50 after deductible	$50 after deductible
X-rays & Diagnostic Imaging	$20	$20	$20	$75 after deductible	$75 after deductible
MRIs & Advanced Imaging	$20	$20	$20	$175 after deductible	$175 after deductible
Inpatient Facility Fee	$100	$100	$100	$1,500 after deductible	$1,500 after deductible
Outpatient Facility Fee	$25	$25	$25	$150 after deductible	$150 after deductible
RX | Generics: Preferred (Tier 1a)	$6	$6	$6	$15	$15
RX | Generics: Non-preferred (Tier 1b)	$6	$6	$6	$15	$15
RX | Brand: Preferred (Tier 2)	$15	$15	$15	$40	$40
RX | Brand: Non-preferred (Tier 3)	$30	$30	$30	$75	$75
RX | Brand: Specialty (Tier 4)	$30	$30	$30	$75	$75

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Individual & Family Plans

	Silver Classic Enhanced CSR 250, Silver, ST, INN, Circle, Dep29, Wellness Rewards	Silver Classic Supreme CSR 200, Silver, Child-Only, ST, INN, Circle, Wellness Rewards	Silver Classic Supreme CSR 200, Silver, ST, INN, Circle, Dep25, Wellness Rewards	Silver Classic Supreme CSR 200, Silver, ST, INN, Circle, Dep29, Wellness Rewards	Silver Simple PCP Saver CSR 150, Silver, NS, INN, Circle, Dep25, Wellness Rewards
The Basics					
Deductible (Individual / Family)	$2,160 / $4,320	$450 / $900	$450 / $900	$450 / $900	$90 / $180
Pharmacy Deductible (Individual / Family)	None	None	None	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$8,100 / $16,200	$3,350 / $6,700	$3,350 / $6,700	$3,350 / $6,700	$1,550 / $3,100
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	N/A	N/A	N/A	N/A	$0
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$30 after deductible (first 1 visit (s) at $30)	$15 after deductible (first 1 visit (s) at $15)	$15 after deductible (first 1 visit (s) at $15)	$15 after deductible (first 1 visit (s) at $15)	$5
Specialist Office Visits	$65 after deductible	$35 after deductible	$35 after deductible	$35 after deductible	$15
Urgent Care	$70 after deductible	$50 after deductible	$50 after deductible	$50 after deductible	$25
Emergency Room	$275 after deductible	$75 after deductible	$75 after deductible	$75 after deductible	20% after deductible
Mental Health Office Visits	$30 after deductible	$15 after deductible	$15 after deductible	$15 after deductible	$5 (cost share applies, up to $5)
Labs	$50 after deductible	$35 after deductible	$35 after deductible	$35 after deductible	$10
X-rays & Diagnostic Imaging	$75 after deductible	$35 after deductible	$35 after deductible	$35 after deductible	20%
MRIs & Advanced Imaging	$175 after deductible	$35 after deductible	$35 after deductible	$35 after deductible	20%
Inpatient Facility Fee	$1,500 after deductible	$250 after deductible	$250 after deductible	$250 after deductible	20% after deductible
Outpatient Facility Fee	$150 after deductible	$75 after deductible	$75 after deductible	$75 after deductible	20% after deductible
RX | Generics: Preferred (Tier 1a)	$15	$9	$9	$9	$5
RX | Generics: Non-preferred (Tier 1b)	$15	$9	$9	$9	$5
RX | Brand: Preferred (Tier 2)	$40	$20	$20	$20	$20
RX | Brand: Non-preferred (Tier 3)	$75	$40	$40	$40	20% after deductible
RX | Brand: Specialty (Tier 4)	$75	$40	$40	$40	20% after deductible

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New York | 2026
Individual & Family Plans

	Silver Simple PCP Saver CSR 150, Silver, NS, INN, Circle, Dep29, Wellness Rewards	Silver Simple PCP Saver Enhanced CSR 250, Silver, NS, INN, Circle, Dep25, Wellness Rewards	Silver Simple PCP Saver Enhanced CSR 250, Silver, NS, INN, Circle, Dep29, Wellness Rewards	Silver Simple PCP Saver Supreme CSR 200, Silver, NS, INN, Circle, Dep25, Wellness Rewards	Silver Simple PCP Saver Supreme CSR 200, Silver, NS, INN, Circle, Dep29, Wellness Rewards
The Basics					
Deductible (Individual / Family)	$90 / $180	$6,800 / $13,600	$6,800 / $13,600	$1,650 / $3,300	$1,650 / $3,300
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)	$1,550 / $3,100	$8,000 / $16,000	$8,000 / $16,000	$3,250 / $6,500	$3,250 / $6,500
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	$0	$0	$0	$0	$0
Virtual Urgent Care	$0	$0	$0	$0	$0
Primary Care Office Visits	$5	$15	$15	$10	$10
Specialist Office Visits	$15	$40	$40	$25	$25
Urgent Care	$25	$75	$75	$50	$50
Emergency Room	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	$5 (cost share applies, up to $5)	$15 (cost share applies, up to $25)	$15 (cost share applies, up to $25)	$10 (cost share applies, up to $10)	$10 (cost share applies, up to $10)
Labs	$10	$50	$50	$25	$25
X-rays & Diagnostic Imaging	20%	40% after deductible	40% after deductible	40%	40%
MRIs & Advanced Imaging	20%	40% after deductible	40% after deductible	40%	40%
Inpatient Facility Fee	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$5	$20	$20	$8	$8
RX | Generics: Non-preferred (Tier 1b)	$5	$20	$20	$8	$8
RX | Brand: Preferred (Tier 2)	$20	$50	$50	$30	$30
RX | Brand: Non-preferred (Tier 3)	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX | Brand: Specialty (Tier 4)	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% 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.

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.

For 2026, Oscar Primary Care is available in TX (excluding non-elite EPO Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), FL (excluding HSA and Secure plans), AZ (excluding Secure plans), GA (excluding HSA and Secure plans), OK (excluding Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider’s discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.

On HMO plans in GA and TX, and on EPO plans in Northern and Central FL markets there may be a cost share associated with your visit. Please view plan details here (opens in new window) for more detailed information

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.