



Texas | 2025
Individual & Family Plans

	Gold 0 Guided Care Off Exchange	Gold Classic	Gold Classic Guided Care	Gold Classic Standard	Gold Classic Standard Guided Care	Gold Elite	Gold Simple Guided Care
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$2,500 / \$5,000	\$2,500 / \$5,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$800 / \$1,600	\$3,000 / \$6,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$7,250 / \$14,500	\$7,250 / \$14,500	\$7,800 / \$15,600	\$7,800 / \$15,600	\$5,500 / \$11,000	\$7,580 / \$15,160
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$25	\$0	\$25	\$0	\$30	\$0	\$10
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$25	\$25	\$30	\$30	\$25	\$10
Specialist Office Visits	\$50	\$40	\$40	\$60	\$60	\$50	\$20
Urgent Care	\$100	\$75	\$75	\$45	\$45	\$50	\$50
Emergency Room	\$750	\$650	\$650	25% after deductible	25% after deductible	30% after deductible	20% after deductible
Mental Health Office Visits	\$25	\$25	\$25	\$30	\$30	\$50	\$10
Labs	\$15	\$50	\$50	25% after deductible	25% after deductible	\$25	\$20
X-rays & Diagnostic Imaging	\$50	\$40	\$40	25% after deductible	25% after deductible	\$50	\$80
MRIs & Advanced Imaging	\$750	\$375	\$375	25% after deductible	25% after deductible	30% after deductible	20% after deductible
Inpatient Facility Fee	50%	30% after deductible	30% after deductible	25% after deductible	25% after deductible	30% after deductible	20% after deductible
Outpatient Facility Fee	20%	30% after deductible	30% after deductible	25% after deductible	25% after deductible	30% after deductible	20% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$15	\$15	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$15	\$15	\$15	\$15	\$25	\$15
RX Brand: Preferred (Tier 2)	\$75	\$50	\$50	\$30	\$30	\$75	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	\$150	30% after deductible	30% after deductible	\$60	\$60	30% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	30% (cost share applies, up to \$1,500 per script)	30% after deductible	30% after deductible	\$250	\$250	30% after deductible	50% after deductible



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Individual & Family Plans

	Silver Classic	Silver Classic Standard	Silver Classic Standard Guided Care	Silver Simple Chronic Care CKM Guided Care	Silver Simple Diabetes Guided Care	Silver Simple Guided Care	Silver Simple PCP Saver
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The Basics

Deductible (Individual / Family)	\$5,400 / \$10,800	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,750 / \$11,500	\$6,500 / \$13,000	\$6,200 / \$12,400	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$9,200 / \$18,400	\$8,550 / \$17,100	\$9,200 / \$18,400	\$8,900 / \$17,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$40	\$0	\$0	\$10	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$35	\$40	\$40	\$0	\$0	\$10	\$10
Specialist Office Visits	\$60	\$80	\$80	\$35	\$40	\$70	\$70
Urgent Care	\$100	\$60	\$60	\$75	\$75	\$100	\$75
Emergency Room	\$750 after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$60	\$40	\$40	\$0	\$0	\$10	\$10
Labs	\$50	40% after deductible	40% after deductible	\$65	\$65	50% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$70	40% after deductible	40% after deductible	50% after deductible	50% after deductible	\$80	40% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$20	\$20	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$20	\$20	\$25	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$40	\$40	\$75 after deductible	\$75 after deductible	\$125	\$100
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$80 after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$350 after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible



Texas | 2025
Individual & Family Plans

	Silver Simple PCP Saver Guided Care	Bronze Classic 4700	Bronze Classic Standard	Bronze Elite + PCP Saver Plus
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The Basics

Deductible (Individual / Family)	\$5,750 / \$11,500	\$4,700 / \$9,400	\$7,500 / \$15,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	\$6,500 / \$13,000
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,200 / \$18,400
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$10	N/A	N/A	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$10	\$70	\$50	\$40
Specialist Office Visits	\$70	\$125	\$100	\$125
Urgent Care	\$75	\$125	\$75	\$75
Emergency Room	40% after deductible	50% after deductible	50% after deductible	\$2,000
Mental Health Office Visits	\$10	\$70	\$50	\$125
Labs	40% after deductible	\$70	50% after deductible	\$50
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	\$150
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	\$750
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	\$3,000 (copay applies for a maximum of 2 days per 1 admit)
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	\$1,200
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$25	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$30	\$25	\$35
RX Brand: Preferred (Tier 2)	\$100	50% after deductible	\$50 after deductible	\$100 after deductible
RX Brand: Non-preferred (Tier 3)	40% after deductible	50% after deductible	\$100 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	40% after deductible	50% after deductible	\$500 after deductible	50% after deductible



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Individual & Family Plans

Silver Classic CSR 150 Silver Classic CSR 200 Silver Classic CSR 250 Silver Classic Standard CSR 150 Silver Classic Standard CSR 200 Silver Classic Standard CSR 250 Silver Classic Standard Guided Care CSR 150

The Basics

Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$4,300 / \$8,600	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,600 / \$3,200	\$3,050 / \$6,100	\$6,800 / \$13,600	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800	\$2,000 / \$4,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$20	\$35	\$0	\$20	\$40	\$0
Specialist Office Visits	\$10	\$40	\$60	\$10	\$40	\$80	\$10
Urgent Care	\$15	\$50	\$100	\$5	\$30	\$60	\$5
Emergency Room	\$500	\$750	\$750 after deductible	25%	30% after deductible	40% after deductible	25%
Mental Health Office Visits	\$0	\$40	\$60	\$0	\$20	\$40	\$0
Labs	\$10	\$30	\$50	25%	30% after deductible	40% after deductible	25%
X-rays & Diagnostic Imaging	\$15	\$50	\$70	25%	30% after deductible	40% after deductible	25%
MRIs & Advanced Imaging	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible	25%
Inpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible	25%
Outpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible	40% after deductible	25%
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$10	\$20	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$25	\$0	\$10	\$20	\$0
RX Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$15	\$20	\$40	\$15
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	\$50	\$60 after deductible	\$80 after deductible	\$50
RX Brand: Specialty (Tier 4)	50%	50%	50% after deductible	\$150	\$250 after deductible	\$350 after deductible	\$150



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Individual & Family Plans

Silver Classic Standard
Guided Care CSR 200

Silver Classic Standard
Guided Care CSR 250

Silver Simple Chronic
Care CKM Guided Care
CSR 150

Silver Simple Chronic
Care CKM Guided Care
CSR 200

Silver Simple Chronic
Care CKM Guided Care
CSR 250

Silver Simple Diabetes
Guided Care CSR 150

Silver Simple Diabetes
Guided Care CSR 200

The Basics

Deductible (Individual / Family)	\$500 / \$1,000	\$3,000 / \$6,000	\$0 / \$0	\$800 / \$1,600	\$5,000 / \$10,000	\$0 / \$0	\$800 / \$1,600
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$6,400 / \$12,800	\$1,400 / \$2,800	\$3,000 / \$6,000	\$7,350 / \$14,700	\$1,250 / \$2,500	\$2,800 / \$5,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$20	\$40	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$40	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$40	\$80	\$5	\$25	\$35	\$5	\$25
Urgent Care	\$30	\$60	\$30	\$45	\$60	\$30	\$45
Emergency Room	30% after deductible	40% after deductible	30%	30% after deductible	50% after deductible	30%	30% after deductible
Mental Health Office Visits	\$20	\$40	\$0	\$0	\$0	\$0	\$0
Labs	30% after deductible	40% after deductible	\$10	\$35	\$60	\$10	\$35
X-rays & Diagnostic Imaging	30% after deductible	40% after deductible	30%	30% after deductible	50% after deductible	30%	30% after deductible
MRIs & Advanced Imaging	30% after deductible	40% after deductible	30%	30% after deductible	50% after deductible	30%	30% after deductible
Inpatient Facility Fee	30% after deductible	40% after deductible	30%	30% after deductible	50% after deductible	30%	30% after deductible
Outpatient Facility Fee	30% after deductible	40% after deductible	30%	30% after deductible	50% after deductible	30%	30% after deductible
RX Generics: Preferred (Tier 1a)	\$10	\$20	\$0	\$0	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$5	\$10	\$20	\$5	\$10
RX Brand: Preferred (Tier 2)	\$20	\$40	\$15	\$60	\$60 after deductible	\$15	\$60
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$80 after deductible	50%	50% after deductible	50% after deductible	50%	50% after deductible
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$350 after deductible	50%	50% after deductible	50% after deductible	50%	50% after deductible



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Individual & Family Plans

	Silver Simple Diabetes Guided Care CSR 250	Silver Simple Guided Care CSR 150	Silver Simple Guided Care CSR 200	Silver Simple Guided Care CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
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The Basics

Deductible (Individual / Family)	\$4,400 / \$8,800	\$0 / \$0	\$700 / \$1,400	\$5,000 / \$10,000	\$0 / \$0	\$600 / \$1,200	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$7,250 / \$14,500	\$2,000 / \$4,000	\$3,050 / \$6,100	\$7,350 / \$14,700	\$1,850 / \$3,700	\$3,000 / \$6,000	\$7,200 / \$14,400
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$5	\$10	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$5	\$10	\$5	\$10	\$10
Specialist Office Visits	\$40	\$10	\$20	\$70	\$10	\$40	\$70
Urgent Care	\$60	\$30	\$50	\$75	\$30	\$50	\$75
Emergency Room	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$5	\$10	\$5	\$10	\$10
Labs	\$60	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	50% after deductible	\$15	\$35	\$60	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$20	\$10	\$10	\$25	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$30	\$80	\$125	\$30	\$40	\$80
RX Brand: Non-preferred (Tier 3)	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	20%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible



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Individual & Family Plans

Silver Simple PCP Saver Guided Care CSR 150	Silver Simple PCP Saver Guided Care CSR 200	Silver Simple PCP Saver Guided Care CSR 250
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$600 / \$1,200	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$1,850 / \$3,700	\$3,000 / \$6,000	\$7,200 / \$14,400
\$0 Preventive care	<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"/>
HSA-Compatible?	No	No	No

Prices for Benefits

Virtual Primary Care	\$5	\$10	\$10
Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$5	\$10	\$10
Specialist Office Visits	\$10	\$40	\$70
Urgent Care	\$30	\$50	\$75
Emergency Room	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$5	\$10	\$10
Labs	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$30	\$40	\$80
RX Brand: Non-preferred (Tier 3)	20%	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	20%	40% after deductible	40% after deductible

Disclaimers:

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.

Oscar Primary Care: For 2025, 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.

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.

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-2025-HIX OHIN-134128348; OSC-TX-IVL-HMO-EOC-2025 OHIN-134128297; GUIDED OSC-TX-IVL-HMO-GOLD-GUIDED-CARE-EOC-2025 OHIN-134128360; OSC-TX-IVL-EOC-2025 OHIN-134080911; OSC-TX-IVL-EOC-2025-HIX OHIN-134080906; OSC-TX-S-IVL-EOC-2025-HIX OHIN-134079760; OSC-TX-S-IVL-EOC-2025 OHIN-134079760. Plans sold in Virginia use policy and associated form numbers VA ON OSC-VA-IVL-EOC-2025-HIX OHIN-134065976; VA OFF OSC-VA-IVL-EOC-2025 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 Managed Care of South Florida, Inc. in Florida, Oscar Health Plan of New York, Inc. in New York, and Oscar Managed Care in Texas.