

## Cleveland Clinic | Ohio | 2026 Individual & Family Plans

### Gold Elite Saver Plus | Cleveland Clinic

### Gold Elite | Cleveland Clinic

### Gold Classic Standard | Cleveland Clinic

### Silver Elite Saver Plus | Cleveland Clinic

### Silver Simple PCP Saver | Cleveland Clinic

### Silver Simple Chronic Care CKM | Cleveland Clinic

#### The Basics

Deductible (Individual / Family)	None	\$750 / \$1,500	\$2,000 / \$4,000	None	\$5,750 / \$11,500	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	\$250 / \$500	Integrated with Medical	None	\$750 / \$1,500	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$7,500 / \$15,000	\$8,200 / \$16,400	\$9,750 / \$19,500	\$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 [2]

Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$25	\$30	\$60	\$5	\$0
Specialist Office Visits**	\$25	\$50	\$60	\$100	\$80	\$35
Urgent Care	\$50	\$50	\$45	\$50	\$75	\$75
Emergency Room	\$550	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Mental Health Office Visits	\$25	\$50	\$30	\$60	\$5	\$0
Labs**	\$25	\$25	25% after deductible	\$50	40% after deductible	\$65
X-rays & Diagnostic Imaging	\$75	\$75	25% after deductible	\$100	40% after deductible	50% after deductible
MRIs & Advanced Imaging	\$375	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Inpatient Facility Fee	\$1,100 (copay applies for a maximum of 3 days per 1 admit)	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Outpatient Facility Fee	\$500	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$3	\$3	\$15	\$3	\$3	\$3
RX   Generics: Non-preferred (Tier 1b)	\$10	\$25	\$15	\$30	\$25	\$25
RX   Brand: Preferred (Tier 2)	\$75 after deductible	\$75	\$30	\$185 after deductible	\$100	\$75 after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$60	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$250	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](https://hioscar.com/brokers)

## Ohio | 2026 Individual & Family Plans [1]

	Silver Classic Standard   Cleveland Clinic	Silver Simple Women's Health with Menopause Benefits   Cleveland Clinic	Silver Simple Breathe Easy with Enhanced COPD Benefits   Cleveland Clinic	Silver Simple Diabetes   Cleveland Clinic	Bronze Simple HSA   Cleveland Clinic
<b>The Basics</b>					
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,500 / \$13,000	\$5,000 / \$10,000
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)	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$10,000 / \$20,000	\$8,000 / \$16,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes
<b>Prices for Benefits [2]</b>					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$40	\$0	\$0	\$0	\$50 after deductible
Specialist Office Visits**	\$80	\$40	\$40	\$40	\$90 after deductible
Urgent Care	\$60	\$75	\$75	\$75	\$75 after deductible
Emergency Room	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$0	\$0	\$0	\$50 after deductible
Labs**	40% after deductible	\$40	\$65	\$65	\$50 after deductible
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$20	\$0	\$3	\$3	\$3 after deductible
RX   Generics: Non-preferred (Tier 1b)	\$20	\$25	\$25	\$25	\$25 after deductible
RX   Brand: Preferred (Tier 2)	\$40	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$200 after deductible
RX   Brand: Non-preferred (Tier 3)	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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## Ohio | 2026 Individual & Family Plans [1]

### Bronze Simple Breathe Easy with Enhanced COPD Benefits | Cleveland Clinic

### Bronze Simple Chronic Care CKM | Cleveland Clinic

### Bronze Simple Diabetes | Cleveland Clinic

### Bronze Classic Standard | Cleveland Clinic

### Bronze Classic PCP Saver | Cleveland Clinic

#### The Basics

Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,750 / \$15,500
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)	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,000 / \$20,000	\$9,750 / \$19,500
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes

#### Prices for Benefits [2]

Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$30
Specialist Office Visits**	\$150	\$165	\$150	\$100	\$90 after deductible
Urgent Care	\$200	\$200	\$200	\$75	\$100
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$50	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$90 after deductible
Labs**	\$75	\$75	\$75	50% after deductible	\$50 after deductible
X-rays & Diagnostic Imaging	50% after deductible	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	50% after deductible
Inpatient Facility Fee	50% after deductible	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	\$1,200 after deductible
RX   Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$25	\$3
RX   Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$25	\$30
RX   Brand: Preferred (Tier 2)	\$75 after deductible	50% after deductible	\$75 after deductible	\$50 after deductible	\$200
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	\$500 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](https://hioscar.com/brokers)

## Ohio | 2026 Individual & Family Plans [1]

### Silver Classic Standard CSR 150 | Cleveland Clinic

### Silver Classic Standard CSR 200 | Cleveland Clinic

### Silver Classic Standard CSR 250 | Cleveland Clinic

### Silver Elite Saver Plus CSR 150 | Cleveland Clinic

### Silver Elite Saver Plus CSR 200 | Cleveland Clinic

#### The Basics

Deductible (Individual / Family)	None	\$700 / \$1,400	\$3,000 / \$6,000	None	None
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	\$50 / \$100	\$500 / \$1,000
Out-of-Pocket Max (Individual / Family)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$1,700 / \$3,400	\$3,100 / \$6,200
\$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	\$0	\$20	\$40	\$0	\$15
Specialist Office Visits**	\$10	\$40	\$80	\$10	\$30
Urgent Care	\$5	\$30	\$60	\$15	\$15
Emergency Room	25%	30% after deductible	40% after deductible	20%	30%
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$15
Labs**	25%	30% after deductible	40% after deductible	\$10	\$20
X-rays & Diagnostic Imaging	25%	30% after deductible	40% after deductible	\$10	\$50
MRIs & Advanced Imaging	25%	30% after deductible	40% after deductible	20%	30%
Inpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%
Outpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%
RX   Generics: Preferred (Tier 1a)	\$0	\$10	\$20	\$0	\$3
RX   Generics: Non-preferred (Tier 1b)	\$0	\$10	\$20	\$5	\$25
RX   Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$30 after deductible	\$125 after deductible
RX   Brand: Non-preferred (Tier 3)	\$50	\$60 after deductible	\$80 after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$150	\$250 after deductible	\$350 after deductible	50% after deductible	50% after deductible

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## Ohio | 2026 Individual & Family Plans [1]

**Silver Elite Saver Plus  
CSR 250 | Cleveland  
Clinic**

**Silver Simple Breathe  
Easy with Enhanced  
COPD Benefits CSR 150  
| Cleveland Clinic**

**Silver Simple Breathe  
Easy with Enhanced  
COPD Benefits CSR 200  
| Cleveland Clinic**

**Silver Simple Breathe  
Easy with Enhanced  
COPD Benefits CSR 250  
| Cleveland Clinic**

**Silver Simple Chronic  
Care CKM CSR 150 |  
Cleveland Clinic**

### The Basics

Deductible (Individual / Family)	None	None	\$900 / \$1,800	\$5,500 / \$11,000	None
Pharmacy Deductible (Individual / Family)	\$500 / \$1,000	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	\$8,000 / \$16,000	\$1,450 / \$2,900	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,400 / \$2,800
\$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	\$60	\$0	\$0	\$0	\$0
Specialist Office Visits**	\$100	\$5	\$25	\$40	\$5
Urgent Care	\$50	\$15	\$45	\$75	\$30
Emergency Room	50%	30%	30% after deductible	50% after deductible	30%
Mental Health Office Visits	\$60	\$0	\$0	\$0	\$0
Labs**	\$50	\$10	\$35	\$65	\$10
X-rays & Diagnostic Imaging	\$100	30%	30% after deductible	50% after deductible	30%
MRIs & Advanced Imaging	50%	30%	30% after deductible	50% after deductible	30%
Inpatient Facility Fee	50%	30%	30% after deductible	50% after deductible	30%
Outpatient Facility Fee	50%	30%	30% after deductible	50% after deductible	30%
RX   Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$0
RX   Generics: Non-preferred (Tier 1b)	\$30	\$5	\$6	\$25	\$5
RX   Brand: Preferred (Tier 2)	\$185 after deductible	\$20	\$40	\$75 after deductible	\$15
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX   Brand: Specialty (Tier 4)	50% after deductible	50%	50% after deductible	50% after deductible	50%

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## Ohio | 2026 Individual & Family Plans [1]

**Silver Simple Chronic  
Care CKM CSR 200 |  
Cleveland Clinic**

**Silver Simple Chronic  
Care CKM CSR 250 |  
Cleveland Clinic**

**Silver Simple Diabetes  
CSR 150 | Cleveland  
Clinic**

**Silver Simple Diabetes  
CSR 200 | Cleveland  
Clinic**

**Silver Simple Diabetes  
CSR 250 | Cleveland  
Clinic**

### The Basics

Deductible (Individual / Family)	\$800 / \$1,600	\$5,500 / \$11,000	None	\$800 / \$1,600	\$4,600 / \$9,200
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,350 / \$6,700	\$8,200 / \$16,400	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200
\$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	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits**	\$25	\$35	\$5	\$25	\$40
Urgent Care	\$45	\$60	\$30	\$45	\$60
Emergency Room	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0
Labs**	\$35	\$60	\$10	\$35	\$60
X-rays & Diagnostic Imaging	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$0	\$3	\$0	\$0	\$3
RX   Generics: Non-preferred (Tier 1b)	\$10	\$25	\$5	\$10	\$25
RX   Brand: Preferred (Tier 2)	\$60	\$60 after deductible	\$15	\$60	\$60 after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible

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Ohio | 2026  
Individual & Family Plans [1]

Silver Simple PCP Saver CSR 150   Cleveland Clinic	Silver Simple PCP Saver CSR 200   Cleveland Clinic	Silver Simple PCP Saver CSR 250   Cleveland Clinic	Silver Simple Women's Health with Menopause Benefits CSR 150   Cleveland Clinic	Silver Simple Women's Health with Menopause Benefits CSR 200   Cleveland Clinic
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**The Basics**

Deductible (Individual / Family)	None	\$800 / \$1,600	\$5,750 / \$11,500	None	\$870 / \$1,740
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,850 / \$3,700	\$3,175 / \$6,350	\$7,650 / \$15,300	\$1,550 / \$3,100	\$3,350 / \$6,700
\$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	\$5	\$5	\$5	\$0	\$0
Specialist Office Visits**	\$15	\$50	\$80	\$5	\$25
Urgent Care	\$30	\$50	\$75	\$30	\$75
Emergency Room	20%	40% after deductible	40% after deductible	30%	30% after deductible
Mental Health Office Visits	\$5	\$5	\$5	\$0	\$0
Labs**	20%	40% after deductible	40% after deductible	\$10	\$35
X-rays & Diagnostic Imaging	20%	40% after deductible	40% after deductible	30%	30% after deductible
MRIs & Advanced Imaging	20%	40% after deductible	40% after deductible	30%	30% after deductible
Inpatient Facility Fee	20%	40% after deductible	40% after deductible	30%	30% after deductible
Outpatient Facility Fee	20%	40% after deductible	40% after deductible	30%	30% after deductible
RX   Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$0
RX   Generics: Non-preferred (Tier 1b)	\$5	\$10	\$25	\$5	\$10
RX   Brand: Preferred (Tier 2)	\$30	\$50	\$100	\$15	\$60
RX   Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible
RX   Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50% after deductible

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Ohio | 2026  
Individual & Family Plans [1]

**Silver Simple Women's  
Health with Menopause  
Benefits CSR 250 |  
Cleveland Clinic**

**The Basics**

Deductible (Individual / Family)	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400
\$0 Preventive care	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>
HSA-Compatible?	No

**Prices for Benefits [2]**

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

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.