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| Mississippi \| 2026<br>Individual & Family Plans [1] | Gold Classic Standard | Silver Classic Standard CSR 150 | Silver Simple CSR 150 | Silver Simple Chronic Care CKM CSR 150 | Silver Classic Standard CSR 200 | Silver Simple Chronic Care CKM CSR 200 |
|---|---|---|---|---|---|---|
| **The Basics** | | | | | | |
| Deductible (Individual / Family) | $2,000 / $4,000 | $0 / $0 | $0 / $0 | $0 / $0 | $700 / $1,400 | $800 / $1,600 |
| Pharmacy Deductible (Individual / Family) | Integrated with Medical | $0 / $0 | $0 / $0 | $0 / $0 | Integrated with Medical | Integrated with Medical |
| Out-of-Pocket Max (Individual / Family) | $8,200 / $16,400 | $2,200 / $4,400 | $1,850 / $3,700 | $1,500 / $3,000 | $3,300 / $6,600 | $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 | $30 | $0 | $0 | $0 | $20 | $0 |
| Specialist Office Visits** | $60 | $10 | $10 | $5 | $40 | $25 |
| Urgent Care | $45 | $5 | $30 | $30 | $30 | $45 |
| Emergency Room | 25% after deductible | 25% | 20% | 30% | 30% after deductible | 30% after deductible |
| Mental Health Office Visits | $30 | $0 | $0 | $0 | $20 | $0 |
| Labs** | 25% after deductible | 25% | 20% | $10 | 30% after deductible | $35 |
| X-rays & Diagnostic Imaging | 25% after deductible | 25% | 20% | 30% | 30% after deductible | 30% after deductible |
| MRIs & Advanced Imaging | 25% after deductible | 25% | 20% | 30% | 30% after deductible | 30% after deductible |
| Inpatient Facility Fee | 25% after deductible | 25% | 20% | 30% | 30% after deductible | 30% after deductible |
| Outpatient Facility Fee | 25% after deductible | 25% | 20% | 30% | 30% after deductible | 30% after deductible |
| RX \| Generics: Preferred (Tier 1a) | $15 | $0 | $0 | $0 | $10 | $0 |
| RX \| Generics: Non-preferred (Tier 1b) | $15 | $0 | $10 | $5 | $10 | $10 |
| RX \| Brand: Preferred (Tier 2) | $30 | $15 | $30 | $15 | $20 | $60 |
| RX \| Brand: Non-preferred (Tier 3) | $60 | $50 | 50% | 50% | $60 after deductible | 50% after deductible |
| RX \| Brand: Specialty (Tier 4) | $250 | $150 | 50% | 50% | $250 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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| Mississippi \| 2026<br>Individual & Family Plans [1] | Silver Simple CSR 200 | Silver Classic Standard CSR 250 | Silver Simple CSR 250 | Silver Simple Chronic Care CKM CSR 250 | Silver Simple Chronic Care CKM |
|---|---|---|---|---|---|
| **The Basics** | | | | | |
| Deductible (Individual / Family) | $950 / $1,900 | $3,000 / $6,000 | $5,000 / $10,000 | $5,000 / $10,000 | $5,900 / $11,800 |
| 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) | $3,050 / $6,100 | $7,400 / $14,800 | $7,500 / $15,000 | $8,100 / $16,200 | $10,150 / $20,300 |
| $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 | $40 | $10 | $0 | $0 |
| Specialist Office Visits** | $20 | $80 | $70 | $35 | $35 |
| Urgent Care | $50 | $60 | $75 | $60 | $75 |
| Emergency Room | 50% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Mental Health Office Visits | $5 | $40 | $10 | $0 | $0 |
| Labs** | 50% after deductible | 40% after deductible | 50% after deductible | $60 | $65 |
| X-rays & Diagnostic Imaging | 50% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| MRIs & Advanced Imaging | 50% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Inpatient Facility Fee | 50% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Outpatient Facility Fee | 50% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| RX \| Generics: Preferred (Tier 1a) | $3 | $20 | $3 | $3 | $3 |
| RX \| Generics: Non-preferred (Tier 1b) | $15 | $20 | $20 | $20 | $25 |
| RX \| Brand: Preferred (Tier 2) | $80 after deductible | $40 | $125 after deductible | $60 after deductible | $75 after deductible |
| RX \| Brand: Non-preferred (Tier 3) | 50% after deductible | $80 after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| RX \| Brand: Specialty (Tier 4) | 50% after deductible | $350 after deductible | 50% after deductible | 50% after deductible | 50% after deductible |

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| Mississippi \| 2026<br>Individual & Family Plans [1] | Silver Classic Standard | Silver Simple | Bronze Elite + PCP Saver Plus | Bronze Simple Chronic Care CKM | Bronze Classic Standard |
|---|---|---|---|---|---|
| **The Basics** | | | | | |
| Deductible (Individual / Family) | $6,000 / $12,000 | $6,300 / $12,600 | $0 / $0 | $5,500 / $11,000 | $7,500 / $15,000 |
| Pharmacy Deductible (Individual / Family) | Integrated with Medical | Integrated with Medical | $7,000 / $14,000 | Integrated with Medical | Integrated with Medical |
| Out-of-Pocket Max (Individual / Family) | $8,900 / $17,800 | $9,300 / $18,600 | $10,600 / $21,200 | $10,150 / $20,300 | $10,000 / $20,000 |
| $0 Preventive care | ☑ | ☑ | ☑ | ☑ | ☑ |
| Dedicated Care Team | ☑ | ☑ | ☑ | ☑ | ☑ |
| HSA-Compatible? | No | No | Yes | Yes | Yes |
| **Prices for Benefits [2]** | | | | | |
| Virtual Urgent Care [3] | $0 | $0 | $0 | $0 | $0 |
| Primary Care Office Visits | $40 | $10 | $50 | $50 (first 5 visit(s) at $0) | $50 |
| Specialist Office Visits** | $80 | $70 | $125 | $150 | $100 |
| Urgent Care | $60 | $100 | $75 | $200 | $75 |
| Emergency Room | 40% after deductible | 50% after deductible | $2,500 | 50% after deductible | 50% after deductible |
| Mental Health Office Visits | $40 | $10 | $125 | $50 (first 5 visit(s) at $0) | $50 |
| Labs** | 40% after deductible | 50% after deductible | $65 | $75 | 50% after deductible |
| X-rays & Diagnostic Imaging | 40% after deductible | 50% after deductible | $150 | 50% after deductible | 50% after deductible |
| MRIs & Advanced Imaging | 40% after deductible | 50% after deductible | $750 | 50% after deductible | 50% after deductible |
| Inpatient Facility Fee | 40% after deductible | 50% after deductible | $3,000 (copay applies for a maximum of 2 days per 1 admit) | 50% after deductible | 50% after deductible |
| Outpatient Facility Fee | 40% after deductible | 50% after deductible | $1,200 | 50% after deductible | 50% after deductible |
| RX \| Generics: Preferred (Tier 1a) | $20 | $3 | $3 | $3 | $25 |
| RX \| Generics: Non-preferred (Tier 1b) | $20 | $20 | $35 | $30 | $25 |
| RX \| Brand: Preferred (Tier 2) | $40 | $125 after deductible | $125 after deductible | $75 after deductible | $50 after deductible |
| RX \| Brand: Non-preferred (Tier 3) | $80 after deductible | 50% after deductible | 50% after deductible | 50% after deductible | $100 after deductible |
| RX \| Brand: Specialty (Tier 4) | $350 after deductible | 50% after deductible | 50% after deductible | 50% after deductible | $500 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.