



Mississippi | 2026 Individual & Family Plans

	Gold Classic Standard	Silver Simple Chronic Care CKM	Silver Classic Standard	Silver Simple
The Basics				
Deductible (Individual / Family)	\$2,000 / \$4,000	\$5,900 / \$11,800	\$6,000 / \$12,000	\$6,300 / \$12,600
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400	\$10,150 / \$20,300	\$8,900 / \$17,800	\$9,300 / \$18,600
\$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	\$30	\$0	\$40	\$10
Specialist Office Visits	\$60	\$35	\$80	\$70
Urgent Care	\$45	\$75	\$60	\$100
Emergency Room	25% after deductible	50% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$30	\$0	\$40	\$10
Labs	25% after deductible	\$65	40% after deductible	50% after deductible
X-rays & Diagnostic Imaging	25% after deductible	50% after deductible	40% after deductible	50% after deductible
MRIs & Advanced Imaging	25% after deductible	50% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	25% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	25% after deductible	50% after deductible	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$15	\$3	\$20	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$25	\$20	\$20
RX Brand: Preferred (Tier 2)	\$30	\$75 after deductible	\$40	\$125 after deductible
RX Brand: Non-preferred (Tier 3)	\$60	50% after deductible	\$80 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250	50% after deductible	\$350 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 Plus**

**Bronze Simple Chronic
Care CKM**

**Bronze Classic
Standard**

The Basics

Deductible (Individual / Family)	None	\$5,500 / \$11,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,150 / \$20,300	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$50 (first 5 visit(s) at \$0)	\$50
Specialist Office Visits	\$125	\$150	\$100
Urgent Care	\$75	\$200	\$75
Emergency Room	\$2,500	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$50 (first 5 visit(s) at \$0)	\$50
Labs	\$65	\$75	50% after deductible
X-rays & Diagnostic Imaging	\$150	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$750	50% after deductible	50% after deductible
Inpatient Facility Fee	\$3,000 (copay applies for a maximum of 2 days per 1 admit)	50% after deductible	50% after deductible
Outpatient Facility Fee	\$1,200	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$25
RX Generics: Non-preferred (Tier 1b)	\$35	\$30	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$75 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$500 after deductible

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	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Simple CSR 150	Silver Simple CSR 200
The Basics					
Deductible (Individual / Family)	None	\$700 / \$1,400	\$3,000 / \$6,000	None	\$950 / \$1,900
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$1,850 / \$3,700	\$3,050 / \$6,100
\$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	\$20	\$40	\$0	\$5
Specialist Office Visits	\$10	\$40	\$80	\$10	\$20
Urgent Care	\$5	\$30	\$60	\$30	\$50
Emergency Room	25%	30% after deductible	40% after deductible	20%	50% after deductible
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$5
Labs	25%	30% after deductible	40% after deductible	20%	50% after deductible
X-rays & Diagnostic Imaging	25%	30% after deductible	40% after deductible	20%	50% after deductible
MRIs & Advanced Imaging	25%	30% after deductible	40% after deductible	20%	50% after deductible
Inpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	50% after deductible
Outpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$10	\$20	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$0	\$10	\$20	\$10	\$15
RX Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$30	\$80 after deductible
RX Brand: Non-preferred (Tier 3)	\$50	\$60 after deductible	\$80 after deductible	50%	50% after deductible
RX Brand: Specialty (Tier 4)	\$150	\$250 after deductible	\$350 after deductible	50%	50% after deductible

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	Silver Simple CSR 250	Silver Simple Chronic Care CKM CSR 150	Silver Simple Chronic Care CKM CSR 200	Silver Simple Chronic Care CKM CSR 250
The Basics				
Deductible (Individual / Family)	\$5,000 / \$10,000	None	\$800 / \$1,600	\$5,000 / \$10,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,500 / \$15,000	\$1,500 / \$3,000	\$3,350 / \$6,700	\$8,100 / \$16,200
\$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	\$10	\$0	\$0	\$0
Specialist Office Visits	\$70	\$5	\$25	\$35
Urgent Care	\$75	\$30	\$45	\$60
Emergency Room	50% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$10	\$0	\$0	\$0
Labs	50% after deductible	\$10	\$35	\$60
X-rays & Diagnostic Imaging	50% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$15	\$60	\$60 after deductible
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.