Florida Gold Plans

Florida | 2026 Individual & Family Plans [1]	Gold Elite Saver Plus | with AdventHealth	Gold Classic Standard | with AdventHealth	Gold Classic Standard	Gold Simple | with AdventHealth	Gold Simple
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X	X	X (Broad Network)	X	
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton			X		X
The Basics					
Deductible (Individual / Family)	None	$2,000 / $4,000	$2,000 / $4,000	$3,000 / $6,000	$3,000 / $6,000
Pharmacy Deductible (Individual / Family)	$3,000 / $6,000	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$9,500 / $19,000	$8,200 / $16,400	$8,200 / $16,400	$9,950 / $19,900	$9,950 / $19,900
$0 Preventive care	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Primary Care Visits	$20	$30	$30	$5	$5
Virtual Visits | Oscar Primary Care [3]	$20	$30	$0	$5	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0
Specialist Office Visits**	$40	$60	$60	$10	$10
Urgent Care	$50	$45	$45	$50	$50
Emergency Room	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Mental Health Office Visits	$20	$30	$30	$5	$5
Labs**	$25	25% after deductible	25% after deductible	$40	$40
X-rays & Diagnostic Imaging	$50	25% after deductible	25% after deductible	$80	$40
MRIs & Advanced Imaging	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Inpatient Facility Fee	35% (copay applies for a maximum of 3 days per 1 admit)	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Outpatient Facility Fee	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$15	$15	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$15	$15	$15	$10	$10
RX | Brand: Preferred (Tier 2)	50% after deductible	$30	$30	$65 after deductible	$65 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	$60	$60	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	$250	$250	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

oscar

Florida Silver Plans

Florida | 2026 Individual & Family Plans [1]	Silver Classic Standard CSR 150 | with AdventHealth	Silver Classic Standard CSR 150	Silver Elite CSR 150 | with AdventHealth	Silver Elite CSR 150	Silver Elite CSR 200 | with AdventHealth	Silver Elite CSR 200	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 150	Silver Simple Chronic Care CKM CSR 150 | with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X	X (Broad Network)	X		X		X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X		X		
The Basics								
Deductible (Individual / Family)	None	None	None	None	None	None	None	None
Pharmacy Deductible (Individual / Family)	None	None	None	None	None	None	None	None
Out-of-Pocket Max (Individual / Family)	$2,200 / $4,400	$2,200 / $4,400	$1,300 / $2,600	$1,500 / $3,000	$3,350 / $6,700	$3,500 / $7,000	$1,450 / $2,900	$1,500 / $3,000
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$0	$0	$0	$0	$10	$10	$0	$0
Virtual Visits | Oscar Primary Care [3]	$0	$0	$0	$0	$10	$10	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$10	$10	$5	$15	$30	$30	$5	$5
Urgent Care	$5	$5	$15	$15	$30	$30	$15	$30
Emergency Room	25%	25%	50%	50%	50%	50%	30%	30%
Mental Health Office Visits	$0	$0	$0	$0	$10	$10	$0	$0
Labs**	25%	25%	$10	50%	$30	50%	$10	$10
X-rays & Diagnostic Imaging	25%	25%	$20	$20	$30	$30	30%	30%
MRIs & Advanced Imaging	25%	25%	$75	$75	$75	$75	30%	30%
Inpatient Facility Fee	25%	25%	50%	50%	50%	50%	30%	30%
Outpatient Facility Fee	25%	25%	$200	$75	$200	$200	30%	30%
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$0	$3	$3	$3	$0
RX | Generics: Non-preferred (Tier 1b)	$0	$0	$5	$10	$25	$25	$6	$5
RX | Brand: Preferred (Tier 2)	$15	$15	$20	$20	$75	$75	$40	$15
RX | Brand: Non-preferred (Tier 3)	$50	$50	50%	50%	50%	50%	50%	50%
RX | Brand: Specialty (Tier 4)	$150	$150	50%	50%	50%	50%	50%	50%

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

oscar

Florida | 2026 Individual & Family Plans [1]	Silver Simple Chronic Care CKM CSR 150	Silver Simple Diabetes CSR 150 | with AdventHealth	Silver Simple Diabetes CSR 150	Silver Simple PCP Saver CSR 150 | with AdventHealth	Silver Simple PCP Saver CSR 150	Silver Simple Women's Health with Menopause Benefits CSR 150	Silver Classic Standard CSR 200 | with AdventHealth	Silver Classic Standard CSR 200
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia		X		X		X	X	X (Broad Network)
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	X		X
The Basics								
Deductible (Individual / Family)	None	None	None	None	None	None	$700 / $1,400	$700 / $1,400
Pharmacy Deductible (Individual / Family)	None	None	None	None	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$1,500 / $3,000	$1,550 / $3,100	$1,550 / $3,100	$1,750 / $3,500	$1,750 / $3,500	$1,550 / $3,100	$3,300 / $6,600	$3,300 / $6,600
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$0	$0	$0	$5	$5	$0	$20	$20
Virtual Visits | Oscar Primary Care [3]	$0	$0	$0	$5	$0	$0	$20	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$5	$5	$5	$15	$15	$5	$40	$40
Urgent Care	$30	$30	$30	$30	$30	$30	$30	$30
Emergency Room	30%	30%	30%	20%	20%	30%	30% after deductible	30% after deductible
Mental Health Office Visits	$0	$0	$0	$5	$5	$0	$20	$20
Labs**	$10	$10	$10	$10	$10	$10	30% after deductible	30% after deductible
X-rays & Diagnostic Imaging	30%	30%	30%	20%	20%	30%	30% after deductible	30% after deductible
MRIs & Advanced Imaging	30%	30%	30%	20%	20%	30%	30% after deductible	30% after deductible
Inpatient Facility Fee	30%	30%	30%	20%	20%	30%	30% after deductible	30% after deductible
Outpatient Facility Fee	30%	30%	30%	20%	20%	30%	30% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$0	$0	$0	$10	$10
RX | Generics: Non-preferred (Tier 1b)	$5	$5	$5	$5	$5	$5	$10	$10
RX | Brand: Preferred (Tier 2)	$15	$15	$15	$30	$30	$15	$20	$20
RX | Brand: Non-preferred (Tier 3)	50%	50%	50%	50%	50%	50%	$60 after deductible	$60 after deductible
RX | Brand: Specialty (Tier 4)	50%	50%	50%	50%	50%	50%	$250 after deductible	$250 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

oscar

Florida | 2026 Individual & Family Plans [1]	Silver Simple Chronic Care CKM CSR 200 | with AdventHealth	Silver Simple Chronic Care CKM CSR 200	Silver Simple Diabetes CSR 200 | with AdventHealth	Silver Simple Diabetes CSR 200	Silver Simple PCP Saver CSR 200 | with AdventHealth	Silver Simple PCP Saver CSR 200	Silver Simple Women's Health with Menopause Benefits CSR 200	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 200
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X		X		X		X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X		X	X	X
The Basics								
Deductible (Individual / Family)	$800 / $1,600	$800 / $1,600	$800 / $1,600	$800 / $1,600	$850 / $1,700	$850 / $1,700	$870 / $1,740	$900 / $1,800
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$3,350 / $6,700	$3,350 / $6,700	$3,350 / $6,700	$3,350 / $6,700	$3,100 / $6,200	$3,100 / $6,200	$3,350 / $6,700	$2,900 / $5,800
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$0	$0	$0	$0	$10	$10	$0	$0
Virtual Visits | Oscar Primary Care [3]	$0	$0	$0	$0	$10	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$25	$25	$25	$25	$40	$40	$25	$25
Urgent Care	$45	$45	$45	$45	$50	$50	$75	$45
Emergency Room	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible
Mental Health Office Visits	$0	$0	$0	$0	$10	$10	$0	$0
Labs**	$35	$35	$35	$35	$15	$15	$35	$35
X-rays & Diagnostic Imaging	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible
MRIs & Advanced Imaging	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible
Inpatient Facility Fee	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible
Outpatient Facility Fee	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$0	$0	$0	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$10	$10	$10	$10	$10	$10	$10	$25
RX | Brand: Preferred (Tier 2)	$60	$60	$60	$60	$40	$40	$60	$75
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	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

oscar

Florida | 2026 Individual & Family Plans [1]	Silver Classic Standard CSR 250 | with AdventHealth	Silver Classic Standard CSR 250	Silver Simple Diabetes CSR 250 | with AdventHealth	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 250 | with AdventHealth	Silver Simple PCP Saver CSR 250	Silver Elite | with AdventHealth	Silver Elite CSR 250 | with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X	X (Broad Network)	X		X		X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X		X		
The Basics								
Deductible (Individual / Family)	$3,000 / $6,000	$3,000 / $6,000	$4,600 / $9,200	$4,600 / $9,200	$4,800 / $9,600	$4,800 / $9,600	$5,000 / $10,000	$5,000 / $10,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$7,400 / $14,800	$7,400 / $14,800	$8,100 / $16,200	$8,100 / $16,200	$7,900 / $15,800	$7,900 / $15,800	$9,850 / $19,700	$7,500 / $15,000
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$40	$40	$0	$0	$10	$10	$25	$25
Virtual Visits | Oscar Primary Care [3]	$40	$0	$0	$0	$10	$0	$25	$25
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$80	$80	$40	$40	$80	$80	$65	$65
Urgent Care	$60	$60	$60	$60	$75	$75	$75	$50
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$40	$40	$0	$0	$10	$10	$25	$25
Labs**	40% after deductible	40% after deductible	$60	$60	$20	$20	$30	$30
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	$50 after deductible	$50 after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	$200 after deductible	$200 after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	$350 after deductible	$350 after deductible
RX | Generics: Preferred (Tier 1a)	$20	$20	$0	$0	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$20	$20	$20	$20	$30	$30	$25	$25
RX | Brand: Preferred (Tier 2)	$40	$40	$60 after deductible	$60 after deductible	$100	$100	$75	$75
RX | Brand: Non-preferred (Tier 3)	$80 after deductible	$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	$350 after deductible	50% after deductible	50% after deductible	50% after deductible	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

oscar

Florida | 2026 Individual & Family Plans [1]	Silver Elite CSR 250	Silver Elite	Silver Simple Chronic Care CKM CSR 250 | with AdventHealth	Silver Simple Chronic Care CKM CSR 250	Silver Simple PCP Saver | with AdventHealth	Silver Simple PCP Saver	Silver Simple Breathe Easy with Enhanced COPD Benefits CSR 250	Silver Simple Women's Health with Menopause Benefits CSR 250
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia			X		X		X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X	X		X		X	X	X
The Basics								
Deductible (Individual / Family)	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,200 / $10,400	$5,500 / $11,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$7,500 / $15,000	$9,750 / $19,500	$8,100 / $16,200	$8,100 / $16,200	$9,250 / $18,500	$9,250 / $18,500	$8,100 / $16,200	$8,100 / $16,200
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$25	$25	$0	$0	$20	$20	$0	$0
Virtual Visits | Oscar Primary Care [3]	$0	$0	$0	$0	$20	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$65	$65	$35	$35	$80	$80	$40	$40
Urgent Care	$50	$75	$60	$60	$75	$75	$75	$75
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$25	$25	$0	$0	$20	$20	$0	$0
Labs**	50% after deductible	50% after deductible	$60	$60	$35	$35	$65	$40
X-rays & Diagnostic Imaging	$50 after deductible	$50 after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	$200 after deductible	$200 after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	$350 after deductible	$350 after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$3	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$25	$25	$20	$20	$35	$35	$25	$20
RX | Brand: Preferred (Tier 2)	$75	$75	$60 after deductible	$60 after deductible	$125	$125	$75	$60 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	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

oscar

Florida | 2026 Individual & Family Plans [1]	Silver Simple Chronic Care CKM | with AdventHealth	Silver Simple Chronic Care CKM	Silver Classic Standard | with AdventHealth	Silver Classic Standard	Silver Simple Women's Health with Menopause Benefits	Silver Simple Breathe Easy with Enhanced COPD Benefits	Silver Simple Diabetes | with AdventHealth	Silver Simple Diabetes
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X		X	X (Broad Network)	X	X	X	
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X	X	X		X
The Basics								
Deductible (Individual / Family)	$5,900 / $11,800	$5,900 / $11,800	$6,000 / $12,000	$6,000 / $12,000	$6,000 / $12,000	$6,200 / $12,400	$6,500 / $13,000	$6,500 / $13,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	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	$8,900 / $17,800	$8,900 / $17,800	$10,150 / $20,300	$9,600 / $19,200	$10,000 / $20,000	$10,000 / $20,000
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No	No	No
Prices for Benefits [2]								
Primary Care Visits	$0	$0	$40	$40	$0	$0	$0	$0
Virtual Visits | Oscar Primary Care [3]	$0	$0	$40	$40	$0	$0	$0	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$35	$35	$80	$80	$40	$40	$40	$40
Urgent Care	$75	$75	$60	$60	$75	$75	$75	$75
Emergency Room	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$0	$0	$40	$40	$0	$0	$0	$0
Labs**	$65	$65	40% after deductible	40% after deductible	$40	$65	$65	$65
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$20	$20	$3	$3	$0	$0
RX | Generics: Non-preferred (Tier 1b)	$25	$25	$20	$20	$25	$25	$25	$25
RX | Brand: Preferred (Tier 2)	$75 after deductible	$75 after deductible	$40	$40	$75 after deductible	$75	$75 after deductible	$75 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	$80 after deductible	$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	$350 after deductible	$350 after deductible	50% after deductible	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

oscar

Florida Bronze Plans

Florida | 2026 Individual & Family Plans [1]	Bronze Elite + PCP Saver Plus | with AdventHealth	Bronze Elite + PCP Saver Plus	Bronze Classic 4700 | with AdventHealth	Bronze Classic 4700	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes	Bronze Classic Standard | with AdventHealth	Bronze Classic Standard
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X		X		X	X	X	X (Broad Network)
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X	X	X		X
The Basics								
Deductible (Individual / Family)	None	None	$4,700 / $9,400	$4,700 / $9,400	$5,500 / $11,000	$5,500 / $11,000	$7,500 / $15,000	$7,500 / $15,000
Pharmacy Deductible (Individual / Family)	$7,000 / $14,000	$7,000 / $14,000	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,600 / $21,200	$10,600 / $21,200	$9,200 / $18,400	$10,150 / $20,300	$10,150 / $20,300	$10,150 / $20,300	$10,000 / $20,000	$10,000 / $20,000
$0 Preventive care	☑	☑	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑	☑	☑
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prices for Benefits [2]								
Primary Care Visits	$50	$50	$70	$70	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50	$50
Virtual Visits | Oscar Primary Care [3]	$50	$0	$70	$0	$50	$50	$50	$0
Virtual Urgent Care [4]	$0	$0	$0	$0	$0	$0	$0	$0
Specialist Office Visits**	$125	$125	$125	$125	$150	$150	$100	$100
Urgent Care	$75	$75	$125	$125	$200	$200	$75	$75
Emergency Room	$2,500	$2,500	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$125	$125	$70	$70	$50 (first 5 visit(s) at $0)	$50 (first 5 visit(s) at $0)	$50	$50
Labs**	$65	$65	$70	$70	$75	$75	50% after deductible	50% after deductible
X-rays & Diagnostic Imaging	$150	$150	$150	$150	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	$750	$750	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	$3,000 (copay applies for a maximum of 2 days per 1 admit)	$3,000 (copay applies for a maximum of 2 days per 1 admit)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	$1,200	$1,200	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3	$3	$3	$3	$3	$25	$25
RX | Generics: Non-preferred (Tier 1b)	$35	$35	$35	$35	$30	$30	$25	$25
RX | Brand: Preferred (Tier 2)	$125 after deductible	$125 after deductible	50% after deductible	50% after deductible	$75 after deductible	$75 after deductible	$50 after deductible	$50 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$100 after deductible	$100 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	$500 after deductible	$500 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

oscar

Florida | 2026 Individual & Family Plans [1]	**Bronze Simple Breathe Easy with Enhanced COPD Benefits | with AdventHealth**	**Bronze Simple Breathe Easy with Enhanced COPD Benefits**
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinmellas, Polk, Seminole, Volusia	X	
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X
The Basics		
Deductible (Individual / Family)	$9,000 / $18,000	$9,000 / $18,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$10,600 / $21,200	$10,600 / $21,200
$0 Preventive care	☑	☑
Dedicated Care Team	☑	☑
HSA-Compatible?	Yes	Yes
Prices for Benefits [2]		
Primary Care Visits	40% after deductible (first 5 visit(s) at $0)	40% after deductible (first 5 visit(s) at $0)
Virtual Visits | Oscar Primary Care [3]	4000% after deductible	$0
Virtual Urgent Care [4]	$0	$0
Specialist Office Visits**	40% after deductible	40% after deductible
Urgent Care	40% after deductible	40% after deductible
Emergency Room	40% after deductible	40% after deductible
Mental Health Office Visits	40% after deductible (first 5 visit(s) at $0)	40% after deductible (first 5 visit(s) at $0)
Labs**	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$30	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$75 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	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

[1] Oscar Medical coverage is underwritten by Oscar Insurance Company located in New York, New York. Plans sold in Florida are underwritten by Oscar Insurance Company of Florida. Administrative Services for all plans provided by Oscar Management Corporation.
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.
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, and Oscar Health Plan of New York, Inc. in New York.

[2] All insurance policies and 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 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.

[4] 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.