

Hi, we're Oscar

Oscar Plan Brochure - Texas
2026 Individual and Family Plans



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Last Updated: September 2025

Hi, we're Oscar!



"We started Oscar in 2012 to create the kind of health insurance company we would want for ourselves — one that behaves like a doctor in the family."

- Mario Schlosser, Co-Founder & Chief Technology Officer

LET'S GET TO KNOW EACH OTHER...

We're health insurance that actually works for you by making a healthier life accessible and affordable. We stand by your side no matter the question or the issue, so getting care is easy.

HERE'S HOW:



Low-cost medications¹

We talked to doctors and members to figure out how to reduce prescription costs for the most commonly prescribed meds! So you'll be able to afford what you need.



A team that has your back

You'll have the ongoing support of a Care Team, whose only job is to help you make the most of your plan. They can answer questions about whether a provider is in network, help coordinate your appointments, make sense of your bills, and much more.



Virtual care options that fit your schedule (not the other way round)

See your primary care provider from home through our app or website—always with the same team, and visits are \$0.

Need help with an urgent diagnosis, prescription or refill? Oscar Virtual Urgent Care offers 24/7 care in as little as 15 minutes, with \$0 copays.²

¹Please check state and plan benefits for the most up to date information.

For 2026, 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.

On HMO plans in GA and TX, and on EPO plans in Northern and Central FL markets there may be a cost share associated with your visit. Please view plan details here (opens in new window) for more detailed information.

² 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.

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Let's talk basics

When you're shopping for a plan all the insurance terms can be confusing, but knowing the basics can help you make the right choice.

Maximum out-of-pocket

The maximum amount you'll pay for covered healthcare expenses during the year. It's sometimes called MOOP. After you meet this amount, your plan will pay for all of your covered medical expenses.

Copay

A fixed dollar amount you're responsible for paying for a covered service. For example, a \$35 co-pay means you'll pay \$35 with in-network providers.

Co-insurance/ Percentage Co-payment

How much you owe for a covered healthcare service or prescription, usually presented as a percentage. For example, a 50% coinsurance means you'll pay 50% of the cost of care with in-network providers.

Out-of-pocket

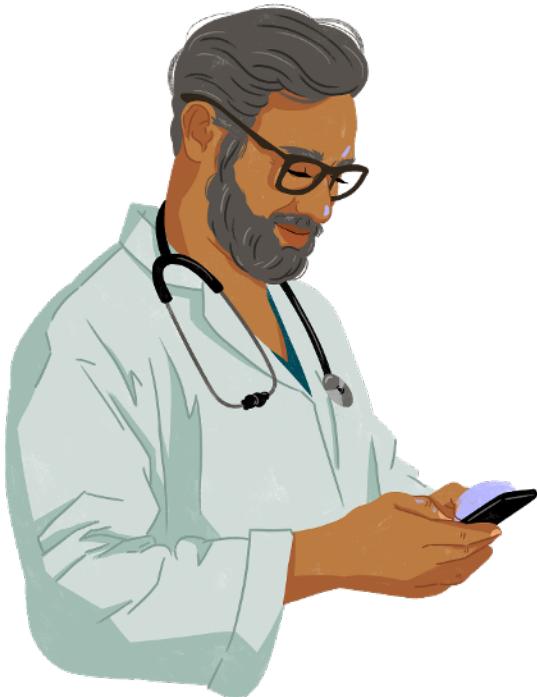
Any money you'll pay towards covered healthcare expenses – like deductible, copays and coinsurance.

Premium

The fixed monthly fee you'll pay for your health insurance plan.

Deductible

The amount you'll spend on certain covered services before your plan starts paying for your care.



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Choosing your plan

Everyone is unique and looking for different things from their health insurance coverage. We get that. So our metal tiers and plans give you plenty of options that suit your specific budget and healthcare needs.

CHOOSING YOUR METAL TIER

There are 3 different metal tiers when it comes to our health plans: Bronze, Silver, and Gold. **You'll receive the same quality of care and the same benefits for all tiers.**

Bronze plan	Silver plan	Gold plan
<p>Lower premium, higher out-of-pocket expenses</p> <p>60% of covered health costs paid by Oscar, 40% paid by you</p> <p>Good choice if you don't expect to use your plan often, but still want coverage to protect you from very high costs</p>	<p>Moderate premium, moderate out-of-pocket expenses</p> <p>70% of covered health costs paid by Oscar, 30% paid by you</p> <p>Cost share reductions available if you're eligible</p> <p>Good choice if you're willing to pay a slightly higher monthly premium and get more care covered</p>	<p>Higher premium, lower out-of-pocket expenses</p> <p>80% of covered health costs paid Oscar, 20% paid by you</p> <p>Good choice if you need care often</p>

CHOOSING YOUR PLAN SUITE

Within each tier there are 3 plan suites you can choose from. The plan suites range from Simple to Elite. The difference between them is the breakout of coinsurance and copays.

Simple	Classic	Elite
<p>Lowest monthly premium</p> <p>More coinsurance based cost-shares</p> <p>Mostly available in Bronze and Silver metal tiers</p>	<p>Mid to high monthly premium</p> <p>Out-of-pocket costs will be a mix of coinsurance & copays</p> <p>For example, you may have a copay for labs and coinsurance for a hospital stay</p>	<p>Highest monthly premium</p> <p>More copay based cost-shares</p> <p>\$0 medical deductible</p>

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Plan Overview

In Texas, Oscar offers EPO plans with a range of premiums, deductibles, cost shares, and plan types. This gives you flexibility to choose a plan that matches your unique needs.

WHAT DOES THIS MEAN?

EPO (Exclusive Provider Organization)

With a EPO plan, your health insurance kicks in for in-network provider visits. That means you can get great care from providers Oscar has partnered with to make care more affordable for you.

With EPO plans you don't need a referral from your primary care provider to visit a specialist. You can just book with them directly as long as they're in-network.

For example, lets say you are concerned about some stomach issues you are experiencing....

You can make an appointment to see an in-network gastroenterologist directly.

Find out more about the specific Oscar plans available by scanning the QR codes below:

Texas

View plans available in your state by clicking [here](#) or scanning the QR code below.



Hospitals in Texas

To view providers and doctors near you, visit [hioscar.com/search](#) or scan the QR code below.



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.

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.

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WHAT DOES THIS MEAN?

HMO (Health Maintenance Organization)

With these cost-effective plans your primary care provider (PCP) is your main point of contact for all health-related matters. Visit your PCP first for health advice. They will issue you a referral if you

This means specialists must have a referral from your PCP prior to providing services to you and may require a referral before scheduling an appointment or seeing you. Access Oscar's HMO Consumer Choice Disclosure form [here](#).

For example, lets say you are concerned about some stomach issues you are experiencing....

First visit your primary care provider, they can refer you to an in-network gastroenterologist if necessary

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Hospitals in Texas

To view providers and doctors near you, visit [hioscar.com/search](#) or scan the QR code below.



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Chronic Condition Plans:

Managing a chronic illness? You deserve healthcare that's built to address your unique needs. Our plans are tailored to support people living with diabetes, respiratory illness, and so much more.

Because we're into keeping you healthy (and saving you money).



Silver Simple Diabetes plan

A perfect fit if you're living with type 1 or type 2 diabetes. The plan includes an insulin out-of-pocket cap of \$100/month, \$0 PCP visits, fully covered diabetes-related labs, routine eye and foot exams, and more.



Silver Chronic Condition CKM plans

The best plan to help you manage multiple chronic conditions, especially those impacting your Cardiovascular, Kidney or Metabolic health, such as diabetes. Benefits include \$0 Pulmonologist, Endocrinologist and Cardiologist appointments, \$0 oxygen, \$0 Pulmonary and Cardiac Rehab, \$0 COPD and Cardiological Rx.



Womens Health Plan with Menopause Benefits

Introducing the first and only menopause care plan on the market—designed to reduce costs and make high-quality care more accessible. Tailored for women 45+ who want real answers, real support, and real savings. Enjoy \$0 out-of-pocket costs on essential services, including OB-GYN visits, hormone replacement therapy (HRT), and DEXA scans.

Ready to sign up?



Visit us at hioscar.com/individuals



Call your broker



Visit [healthcare.gov](https://www.healthcare.gov) or your state's health insurance marketplace



What happens after you sign up?

Pay your first bill

Upon signing up you'll receive a welcome email from Oscar with information about your plan and payment. Once you pay your first bill, this counts as your first month's premium and activates your plan

Receive your Welcome Kit

This includes your ID card and handy tips to maximize your plan benefits

Create your online Oscar Account

Create an account via hioscar.com or Oscar's app to get 24/7 access to your digital ID card, bills, claims & benefits, and virtual care. Plus, unlock the ability to message your dedicated care team whenever you need



Enjoy peace of mind knowing we have your back.
You're never alone with Oscar.

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Oscar Managed Care

Consumer choice plan disclosure statement

This health plan does not include the same level of benefits required in other plans.

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

Benefit/coverage:	This plan:	A health plan with required benefits (state-mandated plan):
[Deductible] The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for in-network care.]
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative care Care that helps you improve skills for daily living.	Includes a limit on the number of visits per year for speech therapy, occupational therapy, and physical therapy.	Has no limit on the amount of care if it is needed for medical reasons.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits. This plan is on Healthcare.gov and may allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call **1-855-672-2755** or visit **hioscar.com**.

By signing your application to enroll in this plan, you acknowledge the following:

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.