



Michigan | 2026 Individual & Family Plans

Gold Elite Saver Plus

Gold Classic Standard

Silver Simple PCP Saver

Silver Classic

Silver Classic Standard

The Basics

Deductible (Individual / Family)	None	\$2,000 / \$4,000	\$5,500 / \$11,000	\$5,600 / \$11,200	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	\$200 / \$400	None	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,600 / \$17,200	\$8,200 / \$16,400	\$9,800 / \$19,600	\$8,400 / \$16,800	\$8,900 / \$17,800
\$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	\$30	\$20	\$35	\$40
Specialist Office Visits	\$30	\$60	\$70	\$80	\$80
Urgent Care	\$50	\$45	\$75	\$80	\$60
Emergency Room	\$500	25% after deductible	40% after deductible	\$750 after deductible	40% after deductible
Mental Health Office Visits	\$0	\$30	\$20	\$35	\$40
Labs	\$25	25% after deductible	40% after deductible	\$50	40% after deductible
X-rays & Diagnostic Imaging	\$75	25% after deductible	40% after deductible	\$70	40% after deductible
MRIs & Advanced Imaging	\$375	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	\$1,000 (copay applies for a maximum of 3 days per 1 admit)	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	\$500	25% after deductible	40% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$15	\$3	\$3	\$20
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$25	\$30	\$20
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$30	\$100	\$75	\$40
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$60	50% after deductible	50% after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$250	50% after deductible	50% after deductible	\$350 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



Michigan | 2026 Individual & Family Plans

Bronze Elite + PCP Saver Plus

Bronze Classic 4700

Bronze Classic Standard

The Basics

Deductible (Individual / Family)	None	\$4,700 / \$9,400	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	\$6,500 / \$13,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,150 / \$20,300	\$9,100 / \$18,200	\$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	\$45	\$70	\$50
Specialist Office Visits	\$130	\$125	\$100
Urgent Care	\$80	\$80	\$75
Emergency Room	\$2,000	50% after deductible	50% after deductible
Mental Health Office Visits	\$130	\$70	\$50
Labs	\$50	\$70	50% after deductible
X-rays & Diagnostic Imaging	\$130	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$750	50% after deductible	50% after deductible
Inpatient Facility Fee	\$3,000	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)	\$30	\$30	\$25
RX Brand: Preferred (Tier 2)	\$100 after deductible	50% 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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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.