



Oklahoma | 2026
Individual & Family Plans

	Gold Classic Standard	Silver Elite Saver Plus	Silver Simple PCP Saver	Silver Simple Chronic Care CKM
The Basics				
Deductible (Individual / Family)	\$2,000 / \$4,000	None	\$5,750 / \$11,500	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	None	\$10,150 / \$20,300	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,200 / \$16,400	\$10,150 / \$20,300	\$8,600 / \$17,200	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
Prices for Benefits				
Virtual Primary Care	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$30	\$80	\$20	\$0
Specialist Office Visits	\$60	\$100	\$70	\$35
Urgent Care	\$45	\$50	\$75	\$75
Emergency Room	25% after deductible	50%	40% after deductible	50% after deductible
Mental Health Office Visits	\$30	\$80	\$20	\$0
Labs	25% after deductible	\$75	40% after deductible	\$65
X-rays & Diagnostic Imaging	25% after deductible	\$200	40% after deductible	50% after deductible
MRIs & Advanced Imaging	25% after deductible	50%	40% after deductible	50% after deductible
Inpatient Facility Fee	25% after deductible	50%	40% after deductible	50% after deductible
Outpatient Facility Fee	25% after deductible	50%	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$15	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$30	\$125	\$100	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$60	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250	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



Oklahoma | 2026
Individual & Family Plans

	Silver Classic Standard	Silver Simple Women's Health with Menopause Benefits	Silver Simple Breathe Easy with Enhanced COPD Benefits	Silver Simple Diabetes
The Basics				
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,500 / \$13,000	\$6,500 / \$13,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No
Prices for Benefits				
Virtual Primary Care	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$0	\$0	\$0
Specialist Office Visits	\$80	\$40	\$40	\$40
Urgent Care	\$60	\$75	\$75	\$75
Emergency Room	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$0	\$0	\$0
Labs	40% after deductible	\$40	\$65	\$65
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$20	\$3	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$40	\$75 after deductible	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible

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Individual & Family Plans

	Bronze Elite + PCP Saver Plus	Bronze Simple Breathe Easy with Enhanced COPD Benefits	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes	Bronze Classic Standard	Bronze Simple
The Basics						
Deductible (Individual / Family)	None	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$9,000 / \$18,000
Pharmacy Deductible (Individual / Family)	\$7,500 / \$15,000	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	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,000 / \$20,000	\$10,600 / \$21,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes	Yes
Prices for Benefits						
Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Specialist Office Visits	\$125	\$150	\$150	\$150	\$100	40% after deductible
Urgent Care	\$75	\$200	\$200	\$200	\$75	40% after deductible
Emergency Room	\$2,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$125	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Labs	\$50	\$75	\$75	\$75	50% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$150	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	\$750	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	\$3,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	\$1,200	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$25	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$100 after deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$50 after deductible	40% after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 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



Oklahoma | 2026
Individual & Family Plans

	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200	Silver Elite Saver Plus CSR 250
The Basics						
Deductible (Individual / Family)	None	\$700 / \$1,400	\$3,000 / \$6,000	None	None	None
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	\$75 / \$150	\$150 / \$300	\$500 / \$1,000
Out-of-Pocket Max (Individual / Family)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$1,530 / \$3,060	\$3,000 / \$6,000	\$8,000 / \$16,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$20	\$40	\$0	\$20	\$60
Specialist Office Visits	\$10	\$40	\$80	\$15	\$30	\$100
Urgent Care	\$5	\$30	\$60	\$15	\$15	\$50
Emergency Room	25%	30% after deductible	40% after deductible	20%	30%	50%
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$20	\$60
Labs	25%	30% after deductible	40% after deductible	\$10	\$20	\$50
X-rays & Diagnostic Imaging	25%	30% after deductible	40% after deductible	\$10	\$50	\$100
MRIs & Advanced Imaging	25%	30% after deductible	40% after deductible	20%	30%	50%
Inpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%	50%
Outpatient Facility Fee	25%	30% after deductible	40% after deductible	20%	30%	50%
RX Generics: Preferred (Tier 1a)	\$0	\$10	\$20	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$0	\$10	\$20	\$5	\$25	\$30
RX Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$30	\$75	\$125
RX Brand: Non-preferred (Tier 3)	\$50	\$60 after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$150	\$250 after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible

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Individual & Family Plans

Silver Simple Breathe
Easy with Enhanced
COPD Benefits CSR 150

Silver Simple Breathe
Easy with Enhanced
COPD Benefits CSR 200

Silver Simple Breathe
Easy with Enhanced
COPD Benefits 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)	None	\$900 / \$1,800	\$5,200 / \$10,400	None	\$800 / \$1,600	\$5,000 / \$10,000
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,450 / \$2,900	\$2,900 / \$5,800	\$8,100 / \$16,200	\$1,500 / \$3,000	\$3,350 / \$6,700	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$25	\$40	\$5	\$25	\$35
Urgent Care	\$30	\$40	\$60	\$30	\$45	\$60
Emergency Room	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0	\$0
Labs	\$10	\$35	\$60	\$10	\$35	\$60
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$15	\$60	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible

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Individual & Family Plans

	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
The Basics						
Deductible (Individual / Family)	None	\$800 / \$1,600	\$4,600 / \$9,200	None	\$750 / \$1,500	\$4,800 / \$9,600
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,850 / \$3,700	\$3,000 / \$6,000	\$7,500 / \$15,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$0	\$5	\$10	\$20
Specialist Office Visits	\$5	\$25	\$40	\$10	\$40	\$65
Urgent Care	\$30	\$45	\$60	\$30	\$50	\$75
Emergency Room	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$5	\$10	\$20
Labs	\$10	\$35	\$60	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$30	\$40	\$80
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible

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Individual & Family Plans]

Silver Simple Women's
Health with Menopause
Benefits CSR 150

Silver Simple Women's
Health with Menopause
Benefits CSR 200

Silver Simple Women's
Health with Menopause
Benefits CSR 250

The Basics

Deductible (Individual / Family)	None	\$870 / \$1,740	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$0
Specialist Office Visits	\$5	\$25	\$40
Urgent Care	\$30	\$75	\$75
Emergency Room	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0
Labs	\$10	\$35	\$40
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	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.

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.

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.

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.