



Georgia | 2026
Individual & Family Plans

Gold Elite Saver Plus
HMO \$1000 \$10

Gold Classic Standard
HMO \$2000 \$30

Silver Elite Saver Plus
HMO \$0 \$70

Silver Classic Virtual
Guided Care HMO
\$4000 \$0

Silver Simple HMO
\$5000 \$20

The Basics

Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	None	\$4,000 / \$8,000	\$5,000 / \$10,000
Pharmacy Deductible (Individual / Family)	\$200 / \$400	None	\$500 / \$1,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$8,200 / \$16,400	\$9,100 / \$18,200	\$8,300 / \$16,600	\$9,500 / \$19,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$10	\$30	\$70	\$50	\$20
Specialist Office Visits	\$25	\$60	\$100	\$70	\$70
Urgent Care	\$50	\$45	\$50	\$100	\$80
Emergency Room	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Mental Health Office Visits	\$25	\$30	\$70	\$50	\$20
Labs	\$25	25% after deductible	\$70	\$75	\$60
X-rays & Diagnostic Imaging	\$75	25% after deductible	\$150	40% after deductible	\$75 after deductible
MRIs & Advanced Imaging	\$375	25% after deductible	50%	40% after deductible	50% after deductible
Inpatient Facility Fee	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Outpatient Facility Fee	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$15	\$20	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$15	\$35	\$30	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$30	\$135	\$50	\$75
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$60	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$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



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	Silver Simple Saver Guided Care HMO \$5750 \$10	Silver Simple Saver HMO \$5750 \$10	Silver Simple MultiCondition Guided Care HMO \$5900 \$0	Silver Simple MultiCondition HMO Guided Care \$5900 \$0	Buena Salud Plateado Estándar Clásico HMO \$6000 \$40
The Basics					
Deductible (Individual / Family)	\$5,750 / \$11,500	\$5,750 / \$11,500	\$5,900 / \$11,800	\$5,900 / \$11,800	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,900 / \$19,800	\$9,900 / \$19,800	\$10,150 / \$20,300	\$10,150 / \$20,300	\$8,900 / \$17,800
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	\$10	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$10	\$10	\$0	\$0	\$40
Specialist Office Visits	\$80	\$80	\$35	\$35	\$80
Urgent Care	\$75	\$75	\$75	\$75	\$60
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$10	\$10	\$0	\$0	\$40
Labs	40% after deductible	40% after deductible	\$65	\$65	40% after deductible
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$20
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$25	\$20
RX Brand: Preferred (Tier 2)	\$100	\$100	\$75 after deductible	\$75 after deductible	\$40
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$350 after deductible

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	Silver Classic Standard Guided Care HMO \$6000 \$40	Silver Classic Standard HMO \$6000 \$40	Silver Simple Women's Health with Menopause Benefits HMO \$6000 \$0	Silver Simple Breathe Easy with Enhanced COPD Benefits HMO \$6200 \$0	Silver Simple Diabetes HMO \$6500 \$0
The Basics					
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,500 / \$13,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$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	No
Prices for Benefits					
Virtual Primary Care	\$40	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$40	\$0	\$0	\$0
Specialist Office Visits	\$80	\$80	\$40	\$40	\$40
Urgent Care	\$60	\$60	\$75	\$75	\$75
Emergency Room	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$40	\$0	\$0	\$0
Labs	40% after deductible	40% after deductible	\$40	\$65	\$65
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$20	\$20	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$40	\$40	\$75 after deductible	\$75	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$80 after deductible	\$80 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

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Bronze Elite Saver Plus HMO \$0 \$50	Bronze Classic 4700 Guided Care HMO \$4700 \$70	Bronze Classic 4700 HMO \$4700 \$70	Bronze Simple Breath Easy with Enhanced COPD Benefits HMO \$5500 \$50	Bronze Simple Diabetes HMO \$5500 \$50	Bronze Simple MultiCondition Guided Care HMO \$5500 \$50	Bronze Classic Standard Guided Care HMO \$7500 \$50
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The Basics

Deductible (Individual / Family)	None	\$4,700 / \$9,400	\$4,700 / \$9,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	\$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	\$9,600 / \$19,200	\$9,600 / \$19,200	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Prices for Benefits

Virtual Primary Care	\$0	\$70	\$0	\$0	\$0	\$0	\$50
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$70	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50
Specialist Office Visits	\$125	\$125	\$125	\$150	\$150	\$150	\$100
Urgent Care	\$75	\$125	\$125	\$200	\$200	\$200	\$75
Emergency Room	\$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	\$70	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50
Labs	\$65	\$70	\$70	\$75	\$75	\$75	50% after deductible
X-rays & Diagnostic Imaging	\$150	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$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)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	\$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
RX Generics: Non-preferred (Tier 1b)	\$35	\$30	\$30	\$30	\$30	\$30	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	50% after deductible	50% after deductible	\$75 after deductible	\$75 after deductible	\$75 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
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

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	Bronze Classic Standard HMO \$7500 \$50	Buena Salud Bronce Estándar Clásico HMO \$7500 \$50	Bronze Classic Saver Plus Guided Care HMO \$8000 \$0	Bronze Classic Saver Plus HMO \$8000 \$0	Bronze Simple 2 Guided Care HMO \$9150 10%	Bronze Simple 2 HMO \$9150 10%
The Basics						
Deductible (Individual / Family)	\$7,500 / \$15,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$9,150 / \$18,300	\$9,150 / \$18,300
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300
\$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 after deductible	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$50	\$0	\$0	10% after deductible	10% after deductible
Specialist Office Visits	\$100	\$100	50% after deductible	50% after deductible	10% after deductible	10% after deductible
Urgent Care	\$75	\$75	\$100	\$100	10% after deductible	10% after deductible
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
Mental Health Office Visits	\$50	\$50	50% after deductible	50% after deductible	10% after deductible	10% after deductible
Labs	50% after deductible	50% after deductible	\$75	\$75	10% after deductible	10% after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
RX Generics: Preferred (Tier 1a)	\$25	\$25	\$3	\$3	\$3 after deductible	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$30	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$50 after deductible	\$50 after deductible	\$200 after deductible	\$200 after deductible	10% after deductible	10% after deductible
RX Brand: Non-preferred (Tier 3)	\$100 after deductible	\$100 after deductible	50% after deductible	50% after deductible	10% after deductible	10% after deductible
RX Brand: Specialty (Tier 4)	\$500 after deductible	\$500 after deductible	50% after deductible	50% after deductible	10% after deductible	10% 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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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.