oscar

Ohio | 2025 Individual & Family Plans	Secure	Gold 0 Off Exchange	Gold 1500 Chronic Care CKM Off Exchange	Gold 2000 Off Exchange	Gold 3525 HSA Off Exchange	Gold 4000 Off Exchange
The Basics						
Deductible (Individual / Family)	$9,200 / $18,400	$0 / $0	$1,500 / $3,000	$2,000 / $4,000	$3,525 / $7,050	$4,000 / $8,000
Pharmacy Deductible (Individual / Family)	N/A	$250 / $500	$250 / $500	$250 / $500	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$9,200 / $18,400	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000	$8,000 / $16,000	$8,500 / $17,000
$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes	No
Prices for Benefits						
Virtual Urgent Care	$0 after deductible	$0	$0	$0	$0 after deductible	$0
Primary Care Office Visits	$0 after deductible (first 3 visit(s) at $0)	$25	$5	$30	$0 after deductible	$35
Specialist Office Visits	$0 after deductible	$50	$50	$60	$0 after deductible	$90
Urgent Care	$0 after deductible	$75	$75	$75	$0 after deductible	$75
Emergency Room	$0 after deductible	$750	$750	$750	$0 after deductible	$750
Mental Health Office Visits	$0 after deductible	$25	$5	$30	$0 after deductible	$35
Labs	$0 after deductible	$15	$15	$15	$0 after deductible	$15
X-rays & Diagnostic Imaging	$0 after deductible	$50	30%	20%	$0 after deductible	25%
MRIs & Advanced Imaging	$0 after deductible	$750	$500 after deductible	$500 after deductible	$0 after deductible	$750 after deductible
Inpatient Facility Fee	$0 after deductible	50% (copay applies for a maximum of 3 days per 1 admit)	30% after deductible	20% after deductible	$0 after deductible	25% after deductible
Outpatient Facility Fee	$0 after deductible	20%	30% after deductible	20% after deductible	$0 after deductible	25% after deductible
RX | Generics: Preferred (Tier 1a)	$0 after deductible	$4	$4	$4	$3 after deductible	$4
RX | Generics: Non-preferred (Tier 1b)	$0 after deductible	$15	$25	$15	$5 after deductible	$15
RX | Brand: Preferred (Tier 2)	$0 after deductible	$75	$75	$75	$35 after deductible	$75
RX | Brand: Non-preferred (Tier 3)	$0 after deductible	$150 after deductible	$150 after deductible	$150	$75 after deductible	$150
RX | Brand: Specialty (Tier 4)	$0 after deductible	$350 after deductible	$350 after deductible	$350 after deductible	$250 after deductible	$400

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

Ohio | 2025
Individual & Family Plans

	Gold Classic	Gold Classic Standard	Gold Elite	Gold Elite Saver Plus	Gold Elite Saver Plus (Select)	Silver 3000 Off Exchange
The Basics						
Deductible (Individual / Family)	$2,250 / $4,500	$1,500 / $3,000	$750 / $1,500	$0 / $0	$0 / $0	$3,000 / $6,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	$200 / $400	$200 / $400	N/A
Out-of-Pocket Max (Individual / Family)	$7,000 / $14,000	$7,800 / $15,600	$5,750 / $11,500	$8,700 / $17,400	$8,700 / $17,400	$9,200 / $18,400
$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$35	$30	$25	$0	$0	$60
Specialist Office Visits	$40	$60	$50	$25	$25	$90
Urgent Care	$75	$45	$50	$50	$50	$100
Emergency Room	$650	25% after deductible	30% after deductible	$550	$600	$500 after deductible
Mental Health Office Visits	$35	$30	$50	$25	$25	$60
Labs	$50	25% after deductible	$25	$25	$25	$15
X-rays & Diagnostic Imaging	$75	25% after deductible	$75	$75	$75	25% after deductible
MRIs & Advanced Imaging	$375	25% after deductible	30% after deductible	$375	$375	$750 after deductible
Inpatient Facility Fee	30% after deductible	25% after deductible	30% after deductible	$1,100 (copay applies for a maximum of 3 days per 1 admit)	$1,200 (copay applies for a maximum of 3 days per 1 admit)	25% after deductible
Outpatient Facility Fee	30% after deductible	25% after deductible	30% after deductible	$500	$500	25% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$15	$3	$3	$3	$4
RX | Generics: Non-preferred (Tier 1b)	$15	$15	$25	$10	$10	$25
RX | Brand: Preferred (Tier 2)	$50	$30	$75	$75 after deductible	$75 after deductible	$100
RX | Brand: Non-preferred (Tier 3)	30% after deductible	$60	30% after deductible	$150 after deductible	$150 after deductible	$150 after deductible
RX | Brand: Specialty (Tier 4)	30% after deductible	$250	30% after deductible	$550 after deductible	$550 after deductible	$350 after deductible

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

Ohio | 2025
Individual & Family Plans

	Silver 3500 Chronic Care CKM Off Exchange	Silver 3500 HSA Off Exchange	Silver 5000 HSA Off Exchange	Silver 5000 Off Exchange	Silver 5300 Off Exchange	Silver 7000 Off Exchange
The Basics						
Deductible (Individual / Family)	$3,500 / $7,000	$3,500 / $7,000	$5,000 / $10,000	$5,000 / $10,000	$5,300 / $10,600	$7,000 / $14,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$9,200 / $18,400	$8,000 / $16,000	$8,000 / $16,000	$9,200 / $18,400	$9,200 / $18,400	$9,200 / $18,400
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	Yes	Yes	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0	$0 after deductible	$0 after deductible	$0	$0	$0
Primary Care Office Visits	$15	$50 after deductible	$10 after deductible	$55	$45	$50
Specialist Office Visits	$75	$50 after deductible	$10 after deductible	$100	$100	$125
Urgent Care	$100	$100 after deductible	$100 after deductible	$100	$100	$100
Emergency Room	35% after deductible	$500 after deductible	$250 after deductible	$500 after deductible	$750 after deductible	25% after deductible
Mental Health Office Visits	$15	$50 after deductible	$10 after deductible	$55	$45	$50
Labs	$15	$0 after deductible	$0 after deductible	$15	$15	25%
X-rays & Diagnostic Imaging	35% after deductible	20% after deductible	$0 after deductible	30% after deductible	50% after deductible	25% after deductible
MRIs & Advanced Imaging	35% after deductible	20% after deductible	$0 after deductible	$750 after deductible	50% after deductible	25% after deductible
Inpatient Facility Fee	35% after deductible	20% after deductible	$0 after deductible	30% after deductible	50% after deductible	25% after deductible
Outpatient Facility Fee	35% after deductible	20% after deductible	$0 after deductible	30% after deductible	50% after deductible	25% after deductible
RX | Generics: Preferred (Tier 1a)	$4	$4 after deductible	$4 after deductible	$4	$4	$4
RX | Generics: Non-preferred (Tier 1b)	$25	$15 after deductible	$15 after deductible	$25	$25	$25
RX | Brand: Preferred (Tier 2)	$100	$75 after deductible	$75 after deductible	$100	$100	$100
RX | Brand: Non-preferred (Tier 3)	$150 after deductible	$150 after deductible	$150 after deductible	$150	$150 after deductible	$150 after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	$350 after deductible	$350 after deductible	$350 after deductible	$350 after deductible	$350 after deductible

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

Ohio | 2025 Individual & Family Plans	Silver Classic Standard	Silver Elite Saver Plus	Silver Simple Chronic Care CKM	Silver Simple Diabetes	Silver Simple PCP Saver	Bronze 3000 Off Exchange
The Basics						
Deductible (Individual / Family)	$5,000 / $10,000	$0 / $0	$5,750 / $11,500	$5,900 / $11,800	$5,750 / $11,500	$3,000 / $6,000
Pharmacy Deductible (Individual / Family)	N/A	$500 / $1,000	N/A	N/A	N/A	$3,000 / $6,000
Out-of-Pocket Max (Individual / Family)	$8,000 / $16,000	$9,100 / $18,200	$9,200 / $18,400	$8,750 / $17,500	$8,900 / $17,800	$9,200 / $18,400
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$40	$60	$0	$0	$5	$75
Specialist Office Visits	$80	$100	$35	$40	$80	$150
Urgent Care	$60	$50	$75	$75	$75	$150
Emergency Room	40% after deductible	50%	50% after deductible	50% after deductible	40% after deductible	30% after deductible
Mental Health Office Visits	$40	$60	$0	$0	$5	$75
Labs	40% after deductible	$50	$65	$65	40% after deductible	30%
X-rays & Diagnostic Imaging	40% after deductible	$100	50% after deductible	50% after deductible	40% after deductible	30% after deductible
MRIs & Advanced Imaging	40% after deductible	50%	50% after deductible	50% after deductible	40% after deductible	30% after deductible
Inpatient Facility Fee	40% after deductible	50%	50% after deductible	50% after deductible	40% after deductible	30% after deductible
Outpatient Facility Fee	40% after deductible	50%	50% after deductible	50% after deductible	40% after deductible	30% after deductible
RX | Generics: Preferred (Tier 1a)	$20	$3	$0	$0	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$20	$30	$25	$25	$25	$35
RX | Brand: Preferred (Tier 2)	$40	$180 after deductible	$75 after deductible	$75 after deductible	$100	50% after deductible
RX | Brand: Non-preferred (Tier 3)	$80 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible

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

Ohio | 2025
Individual & Family Plans

	Bronze 5000 HSA Off Exchange	Bronze 7000 Off Exchange	Bronze 8000 HSA Off Exchange	Bronze Classic 4700	Bronze Classic PCP Saver	Bronze Classic PCP Saver (Select)
The Basics						
Deductible (Individual / Family)	$5,000 / $10,000	$7,000 / $14,000	$8,000 / $16,000	$4,700 / $9,400	$7,750 / $15,500	$7,750 / $15,500
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$8,000 / $16,000	$9,200 / $18,400	$8,000 / $16,000	$9,200 / $18,400	$9,100 / $18,200	$9,150 / $18,300
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	Yes	No	Yes	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0 after deductible	$0	$0 after deductible	$0	$0	$0
Primary Care Office Visits	30% after deductible	$75	$0 after deductible	$60	$30	$25
Specialist Office Visits	30% after deductible	$150	$0 after deductible	$125	$90 after deductible	$90 after deductible
Urgent Care	30% after deductible	$150	$0 after deductible	$125	$100	$100
Emergency Room	30% after deductible	50% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	30% after deductible	$75	$0 after deductible	$60	$90 after deductible	$90 after deductible
Labs	30% after deductible	50%	$0 after deductible	$70	$50 after deductible	$50 after deductible
X-rays & Diagnostic Imaging	30% after deductible	50% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	30% after deductible	50% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	30% after deductible	50% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	30% after deductible	50% after deductible	$0 after deductible	50% after deductible	$1,200 after deductible	$1,200 after deductible
RX | Generics: Preferred (Tier 1a)	$4 after deductible	$3	$0 after deductible	$3	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$15 after deductible	$35	$0 after deductible	$30	$30	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$100	$0 after deductible	50% after deductible	$200	$200
RX | Brand: Non-preferred (Tier 3)	$150 after deductible	30% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$350 after deductible	30% after deductible	$0 after deductible	50% after deductible	50% after deductible	50% after deductible

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

Ohio | 2025 Individual & Family Plans	**Bronze Classic Standard**	**Bronze Simple HSA**
The Basics		
Deductible (Individual / Family)	$7,500 / $15,000	$5,000 / $10,000
Pharmacy Deductible (Individual / Family)	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$9,200 / $18,400	$7,450 / $14,900
$0 Preventive care	☑	☑
Dedicated Care Team	☑	☑
HSA-Compatible?	No	Yes
Prices for Benefits		
Virtual Urgent Care	$0	$0 after deductible
Primary Care Office Visits	$50	$50 after deductible
Specialist Office Visits	$100	$90 after deductible
Urgent Care	$75	$75 after deductible
Emergency Room	50% after deductible	50% after deductible
Mental Health Office Visits	$50	$50 after deductible
Labs	50% after deductible	$50 after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$25	$3 after deductible
RX | Generics: Non-preferred (Tier 1b)	$25	$25 after deductible
RX | Brand: Preferred (Tier 2)	$50 after deductible	$200 after deductible
RX | Brand: Non-preferred (Tier 3)	$100 after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	$500 after deductible	50% after deductible

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

Ohio | 2025
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)	$0 / $0	$500 / $1,000	$3,000 / $6,000	$0 / $0	$0 / $0	$0 / $0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	$50 / $100	$250 / $500	$400 / $800
Out-of-Pocket Max (Individual / Family)	$2,000 / $4,000	$3,000 / $6,000	$6,400 / $12,800	$1,500 / $3,000	$2,850 / $5,700	$7,300 / $14,600
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$20	$40	$0	$15	$60
Specialist Office Visits	$10	$40	$80	$10	$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	$15	$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 after deductible	$100 after deductible	$180 after deductible
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

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

Ohio | 2025
Individual & Family Plans

	Silver Simple Chronic Care CKM CSR 150	Silver Simple Chronic Care CKM CSR 200	Silver Simple Chronic Care CKM CSR 250	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250
The Basics						
Deductible (Individual / Family)	$0 / $0	$800 / $1,600	$5,000 / $10,000	$0 / $0	$800 / $1,600	$4,000 / $8,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$1,400 / $2,800	$3,000 / $6,000	$7,350 / $14,700	$1,400 / $2,800	$3,000 / $6,000	$7,350 / $14,700
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Virtual Urgent Care	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$0	$0	$0	$0	$0
Specialist Office Visits	$5	$25	$35	$5	$25	$40
Urgent Care	$30	$45	$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	$0
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

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

Ohio | 2025
Individual & Family Plans

	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250
The Basics			
Deductible (Individual / Family)	$0 / $0	$600 / $1,200	$4,500 / $9,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	$1,750 / $3,500	$3,000 / $6,000	$7,200 / $14,400
$0 Preventive care	☑	☑	☑
Dedicated Care Team	☑	☑	☑
HSA-Compatible?	No	No	No
Prices for Benefits			
Virtual Urgent Care	$0	$0	$0
Primary Care Office Visits	$5	$5	$5
Specialist Office Visits	$15	$40	$80
Urgent Care	$30	$50	$75
Emergency Room	20%	40% after deductible	40% after deductible
Mental Health Office Visits	$5	$5	$5
Labs	20%	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	20%	40% after deductible	40% after deductible
MRIs & Advanced Imaging	20%	40% after deductible	40% after deductible
Inpatient Facility Fee	20%	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	40% after deductible	40% after deductible
RX | Generics: Preferred (Tier 1a)	$0	$3	$3
RX | Generics: Non-preferred (Tier 1b)	$5	$10	$20
RX | Brand: Preferred (Tier 2)	$30	$40	$80
RX | Brand: Non-preferred (Tier 3)	20%	40% after deductible	40% after deductible
RX | Brand: Specialty (Tier 4)	20%	40% after deductible	40% after deductible

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

Disclaimers:

Benefits may be subject to deductible. Oscar has specific rates with in-network providers. Members pay Oscar's rate with in-network providers until reaching the plan's deductible. For coinsurance, member pays coinsurance percentage of the rate until deductible and out-of-pocket max is reached. Plan pays 100% thereafter.

The first 3 non-preventive visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

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 Primary Care: For 2025, 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.

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.

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 form numbers OSC-TX-IVL-HMO-GOLD-0-GUIDED-CARE-EOC-2025, OSC-TX-IVL-HMO-EOC-2025-HIX/OSC-TX-IVL-HMO-EOC-2025/OSC-TX-S-IVL-EOC-2025[-HIX]/OSC-TX-S-IVL-EOC-2025/OSC-TX-IVL-EOC-2025-HIX/OSC-TX-IVL-EOC-2025 and associated filing numbers OHIN-134128360/OHIN-134079760/OHIN-134079717/OHIN-134080906/OHIN-134080911/OHIN-134128348/OHIN-134128297/OHIN-134128360. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2025/OSC-VA-IVL-EOC-2025-HIX with associated filing number 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 Managed Care of South Florida, Inc. in Florida, Oscar Health Plan of New York, Inc. in New York, and Oscar Managed Care in Texas.