



Georgia | 2025
Individual & Family Plans

	Secure	Gold Classic Standard	Gold Elite Saver Plus	Buena Salud Plateado Estándar Clásico	Silver Classic Standard	Silver Classic Standard Guided Care	Silver Classic Virtual Guided Care
The Basics							
Deductible (Individual / Family)	\$9,200 / \$18,400	\$1,500 / \$3,000	\$0 / \$0	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Pharmacy Deductible (Individual / Family)	N/A	N/A	\$200 / \$400	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,200 / \$18,400	\$7,800 / \$15,600	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$16,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Primary Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$40	\$0
Virtual Urgent Care	\$0 after deductible	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible (first 3 visit(s) at \$0)	\$30	\$10	\$40	\$40	\$40	\$50
Specialist Office Visits	\$0 after deductible	\$60	\$25	\$80	\$80	\$80	\$70
Urgent Care	\$0 after deductible	\$45	\$50	\$60	\$60	\$60	\$100
Emergency Room	\$0 after deductible	25% after deductible	\$500	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$0 after deductible	\$30	\$25	\$40	\$40	\$40	\$50
Labs	\$0 after deductible	25% after deductible	\$25	40% after deductible	40% after deductible	40% after deductible	\$75
X-rays & Diagnostic Imaging	\$0 after deductible	25% after deductible	\$75	40% after deductible	40% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	\$0 after deductible	25% after deductible	\$375	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	\$0 after deductible	25% after deductible	\$1,000 (copay applies for a maximum of 3 days per 1 admit)	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	\$0 after deductible	25% after deductible	\$500	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$15	\$3	\$20	\$20	\$20	\$3
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$10	\$20	\$20	\$20	\$30
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$75 after deductible	\$40	\$40	\$40	\$50
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	\$250 after deductible	\$80 after deductible	\$80 after deductible	\$80 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$250	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible	50% after deductible



Georgia | 2025
Individual & Family Plans

Silver Elite Saver Plus

Silver Simple

Silver Simple Diabetes

Silver Simple
MultiCondition Guided
Care

Silver Simple PCP Saver

Silver Simple PCP Saver
Guided Care

Bronze Classic 4700

The Basics

Deductible (Individual / Family)	\$0 / \$0	\$4,400 / \$8,800	\$6,500 / \$13,000	\$5,750 / \$11,500	\$5,750 / \$11,500	\$5,750 / \$11,500	\$4,700 / \$9,400
Pharmacy Deductible (Individual / Family)	\$200 / \$400	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$9,000 / \$18,000	\$8,550 / \$17,100	\$9,200 / \$18,400	\$8,750 / \$17,500	\$8,750 / \$17,500	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$10	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$60	\$20	\$0	\$0	\$10	\$10	\$70
Specialist Office Visits	\$100	\$70	\$40	\$35	\$80	\$80	\$125
Urgent Care	\$50	\$80	\$75	\$75	\$75	\$75	\$125
Emergency Room	50%	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$60	\$20	\$0	\$0	\$10	\$10	\$70
Labs	\$50	\$60	\$65	\$65	40% after deductible	40% after deductible	\$70
X-rays & Diagnostic Imaging	\$100	\$75 after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
MRIs & Advanced Imaging	50%	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	50%	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	50%	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$0	\$0	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$20	\$25	\$25	\$25	\$25	\$30
RX Brand: Preferred (Tier 2)	\$125	\$75	\$75 after deductible	\$75 after deductible	\$100	\$100	50% after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible



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Individual & Family Plans

**Bronze Classic 4700
Guided Care**

**Bronze Classic PCP
Saver Plus**

**Bronze Classic PCP
Saver Plus Guided Care**

**Bronze Classic
Standard**

**Bronze Classic
Standard Guided Care**

**Bronze Elite + PCP
Saver Plus**

Bronze Simple 2

The Basics

Deductible (Individual / Family)	\$4,700 / \$9,400	\$8,000 / \$16,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,500 / \$15,000	\$0 / \$0	\$9,100 / \$18,200
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	\$7,000 / \$14,000	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,100 / \$18,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$70	\$0	\$0	\$0	\$50	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$70	\$0	\$0	\$50	\$50	\$40	\$0 after deductible
Specialist Office Visits	\$125	50% after deductible	50% after deductible	\$100	\$100	\$125	\$0 after deductible
Urgent Care	\$125	\$100	\$100	\$75	\$75	\$75	\$0 after deductible
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$2,000	\$0 after deductible
Mental Health Office Visits	\$70	50% after deductible	50% after deductible	\$50	\$50	\$125	\$0 after deductible
Labs	\$70	\$75	\$75	50% after deductible	50% after deductible	\$50	\$0 after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$150	\$0 after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$750	\$0 after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$3,000 (copay applies for a maximum of 2 days per 1 admit)	\$0 after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$1,200	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$25	\$25	\$3	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$25	\$25	\$30	\$0 after deductible
RX Brand: Preferred (Tier 2)	50% after deductible	\$200 after deductible	\$200 after deductible	\$50 after deductible	\$50 after deductible	\$100 after deductible	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	\$100 after deductible	50% after deductible	\$0 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	\$500 after deductible	\$500 after deductible	50% after deductible	\$0 after deductible



Georgia | 2025
Individual & Family Plans

**Bronze Simple 2 Guided
Care**

The Basics

Deductible (Individual / Family)	\$9,100 / \$18,200
Pharmacy Deductible (Individual / Family)	N/A
Out-of-Pocket Max (Individual / Family)	\$9,100 / \$18,200
\$0 Preventive care	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>
HSA-Compatible?	No

Prices for Benefits

Virtual Primary Care	\$0
Virtual Urgent Care	\$0
Primary Care Office Visits	\$0 after deductible
Specialist Office Visits	\$0 after deductible
Urgent Care	\$0 after deductible
Emergency Room	\$0 after deductible
Mental Health Office Visits	\$0 after deductible
Labs	\$0 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible
MRIs & Advanced Imaging	\$0 after deductible
Inpatient Facility Fee	\$0 after deductible
Outpatient Facility Fee	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	\$0 after deductible
RX Brand: Specialty (Tier 4)	\$0 after deductible



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Individual & Family Plans

	Buena Salud Plateado Estándar Clásico CSR 150	Buena Salud Plateado Estándar Clásico CSR 200	Buena Salud Plateado Estándar Clásico CSR 250	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Classic Standard Guided Care CSR 150
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800	\$2,000 / \$4,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$20	\$40	\$0	\$20	\$40	\$0
Specialist Office Visits	\$10	\$40	\$80	\$10	\$40	\$80	\$10
Urgent Care	\$5	\$30	\$60	\$5	\$30	\$60	\$5
Emergency Room	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$20	\$40	\$0
Labs	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
X-rays & Diagnostic Imaging	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
MRIs & Advanced Imaging	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
Inpatient Facility Fee	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
Outpatient Facility Fee	25%	30% after deductible	40% after deductible	25%	30% after deductible	40% after deductible	25%
RX Generics: Preferred (Tier 1a)	\$0	\$10	\$20	\$0	\$10	\$20	\$0
RX Generics: Non-preferred (Tier 1b)	\$0	\$10	\$20	\$0	\$10	\$20	\$0
RX Brand: Preferred (Tier 2)	\$15	\$20	\$40	\$15	\$20	\$40	\$15
RX Brand: Non-preferred (Tier 3)	\$50	\$60 after deductible	\$80 after deductible	\$50	\$60 after deductible	\$80 after deductible	\$50
RX Brand: Specialty (Tier 4)	\$150	\$250 after deductible	\$350 after deductible	\$150	\$250 after deductible	\$350 after deductible	\$150



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Individual & Family Plans

	Silver Classic Standard Guided Care CSR 200	Silver Classic Standard Guided Care CSR 250	Silver Classic Virtual Guided Care CSR 150	Silver Classic Virtual Guided Care CSR 200	Silver Classic Virtual Guided Care CSR 250	Silver Elite Saver Plus CSR 150	Silver Elite Saver Plus CSR 200
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The Basics

Deductible (Individual / Family)	\$500 / \$1,000	\$3,000 / \$6,000	\$200 / \$400	\$1,200 / \$2,400	\$3,000 / \$6,000	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	\$50 / \$100	\$100 / \$200
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$6,400 / \$12,800	\$900 / \$1,800	\$2,500 / \$5,000	\$6,500 / \$13,000	\$1,400 / \$2,800	\$2,850 / \$5,700
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$20	\$40	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$40	\$5	\$15	\$45	\$0	\$15
Specialist Office Visits	\$40	\$80	\$10	\$25	\$70	\$10	\$35
Urgent Care	\$30	\$60	\$30	\$60	\$100	\$15	\$15
Emergency Room	30% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible	20%	30%
Mental Health Office Visits	\$20	\$40	\$5	\$15	\$45	\$0	\$15
Labs	30% after deductible	40% after deductible	\$25	\$35	\$75	\$10	\$20
X-rays & Diagnostic Imaging	30% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible	\$10	\$50
MRIs & Advanced Imaging	30% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible	20%	30%
Inpatient Facility Fee	30% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible	20%	30%
Outpatient Facility Fee	30% after deductible	40% after deductible	20% after deductible	30% after deductible	40% after deductible	20%	30%
RX Generics: Preferred (Tier 1a)	\$10	\$20	\$3	\$3	\$3	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$10	\$15	\$30	\$5	\$25
RX Brand: Preferred (Tier 2)	\$20	\$40	\$20	\$30	\$50	\$30	\$75
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible



Georgia | 2025
Individual & Family Plans

	Silver Elite Saver Plus CSR 250	Silver Simple CSR 150	Silver Simple CSR 200	Silver Simple CSR 250	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 250
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$725 / \$1,450	\$4,100 / \$8,200	\$0 / \$0	\$800 / \$1,600	\$4,400 / \$8,800
Pharmacy Deductible (Individual / Family)	\$200 / \$400	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$7,250 / \$14,500	\$1,850 / \$3,700	\$2,600 / \$5,200	\$7,050 / \$14,100	\$1,250 / \$2,500	\$2,800 / \$5,600	\$7,250 / \$14,500
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$60	\$5	\$15	\$20	\$0	\$0	\$0
Specialist Office Visits	\$100	\$10	\$50	\$70	\$5	\$25	\$40
Urgent Care	\$50	\$30	\$45	\$80	\$30	\$45	\$60
Emergency Room	50%	20%	25% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$60	\$0	\$15	\$20	\$0	\$0	\$0
Labs	\$50	\$10	\$30	\$60	\$10	\$35	\$60
X-rays & Diagnostic Imaging	\$100	\$10	\$30 after deductible	\$50 after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	50%	20%	25% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	50%	20%	25% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	50%	20%	25% after deductible	40% after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$3	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$30	\$5	\$5	\$15	\$5	\$10	\$20
RX Brand: Preferred (Tier 2)	\$125	\$30	\$60	\$75	\$15	\$60	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	20%	25% after deductible	40% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	20%	25% after deductible	40% after deductible	50%	50% after deductible	50% after deductible



Georgia | 2025
Individual & Family Plans

	Silver Simple MultiCondition Guided Care CSR 150	Silver Simple MultiCondition Guided Care CSR 200	Silver Simple MultiCondition Guided Care CSR 250	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver Guided Care CSR 150
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The Basics

Deductible (Individual / Family)	\$0 / \$0	\$800 / \$1,600	\$5,000 / \$10,000	\$0 / \$0	\$600 / \$1,200	\$4,750 / \$9,500	\$0 / \$0
Pharmacy Deductible (Individual / Family)	N/A	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	\$1,800 / \$3,600	\$3,000 / \$6,000	\$7,080 / \$14,160	\$1,800 / \$3,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No

Prices for Benefits

Virtual Primary Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$0	\$0	\$10	\$10	\$0
Specialist Office Visits	\$5	\$25	\$35	\$10	\$40	\$80	\$10
Urgent Care	\$30	\$45	\$60	\$30	\$50	\$75	\$30
Emergency Room	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$10	\$10	\$0
Labs	\$10	\$35	\$60	20%	40% after deductible	40% after deductible	20%
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$20	\$10	\$10	\$20	\$10
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$30	\$40	\$80	\$30
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	20%	40% after deductible	40% after deductible	20%



Georgia | 2025
Individual & Family Plans

**Silver Simple PCP Saver
Guided Care CSR 200** **Silver Simple PCP Saver
Guided Care CSR 250**

The Basics		
Deductible (Individual / Family)	\$600 / \$1,200	\$4,750 / \$9,500
Pharmacy Deductible (Individual / Family)	N/A	N/A
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$7,080 / \$14,160
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No
Prices for Benefits		
Virtual Primary Care	\$10	\$10
Virtual Urgent Care	\$0	\$0
Primary Care Office Visits	\$10	\$10
Specialist Office Visits	\$40	\$80
Urgent Care	\$50	\$75
Emergency Room	40% after deductible	40% after deductible
Mental Health Office Visits	\$10	\$10
Labs	40% after deductible	40% after deductible
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20
RX Brand: Preferred (Tier 2)	\$40	\$80
RX Brand: Non-preferred (Tier 3)	40% after deductible	40% after deductible
RX Brand: Specialty (Tier 4)	40% after deductible	40% after deductible

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.