| Pharmacy Deductible (Individual / Family) None Integrated with Medical \$7,000 / \$14,000 Integrated with Medical \$10,000 \$9,500 / \$19,000 \$10,150 / \$20,300 \$10,000 S0 Preventive care Image: Compatible of the Compatible of Compatible of the Compatible of Compatible | Kansas 2026 Individual & Family Plans | Gold Classic Standard | Silver Classic Standard | Bronze Elite + PCP Saver | Bronze Classic 4700 | Bronze Simple Diabetes | Bronze Classic Standard |
|--|--|-----------------------|-------------------------|-----------------------------|-------------------------|--------------------------------|----------------------------|
| Pharmacy Deductible (Individual / Family) None Integrated with Medical \$7,000 / \$14,000 Integrated with Medical \$10,000 / \$21,200 \$9,500 / \$19,000 \$10,150 / \$20,300 \$10,000 SO Preventive care Image: Solid Soli | The Basics | | | | | | |
| Out-of-Pocket Max (Individual / Family) \$8,200 / \$16,400 \$8,900 / \$17,800 \$10,600 / \$21,200 \$9,500 / \$19,000 \$10,150 / \$20,300 \$10,000 SD Preventive care Image: Compatible of the compatible of t | Deductible (Individual / Family) | \$2,000 / \$4,000 | \$6,000 / \$12,000 | None | \$4,700 / \$9,400 | \$5,500 / \$11,000 | \$7,500 / \$15,000 |
| So Preventive care | Pharmacy Deductible (Individual / Family) | None | Integrated with Medical | \$7,000 / \$14,000 | Integrated with Medical | Integrated with Medical | Integrated with Medical |
| Pedicated Care Team | Out-of-Pocket Max (Individual / Family) | \$8,200 / \$16,400 | \$8,900 / \$17,800 | \$10,600 / \$21,200 | \$9,500 / \$19,000 | \$10,150 / \$20,300 | \$10,000 / \$20,000 |
| No No No Yes Yes Yes Yes Yes Yes No Yes Prices for Benefits Prices for Benefits Prices for Benefits Prices for Benefits Since Since Yes Since Since Since Yes Sinc | \$0 Preventive care | \checkmark | ightharpoons | \checkmark | \checkmark | \checkmark | \checkmark |
| Prices for Benefits Virtual Urgent Care \$0 <t< td=""><td>Dedicated Care Team</td><td>\checkmark</td><td>ightharpoons</td><td>\checkmark</td><td>\checkmark</td><td>\checkmark</td><td>\checkmark</td></t<> | Dedicated Care Team | \checkmark | ightharpoons | \checkmark | \checkmark | \checkmark | \checkmark |
| Virtual Urgent Care \$0 <td>HSA-Compatible?</td> <td>No</td> <td>No</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> | HSA-Compatible? | No | No | Yes | Yes | Yes | Yes |
| Primary Care Office Visits \$30 \$40 \$50 \$70 \$50 (first 5 visit(s) at \$0) \$50 Specialist Office Visits \$60 \$80 \$125 \$125 \$150 \$50 Urgent Care \$45 \$60 \$75 \$80 \$200 \$50 after deductible \$5 | Prices for Benefits | | | | | | |
| Specialist Office Visits \$60 \$80 \$125 \$125 \$150 \$150 Urgent Care \$45 \$60 \$75 \$80 \$200 \$80 Emergency Room 25% after deductible 40% after deductible \$2,000 50% after deductible \$50 \$70 \$50 (first 5 visit(s) at \$0) \$8 Labs 25% after deductible 40% after deductible \$50 \$70 \$75 50% after deductible 50% after deductible< | Virtual Urgent Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Urgent Care \$45 \$60 \$75 \$80 \$200 \$50 \$fter deductible 50% after deductib | Primary Care Office Visits | \$30 | \$40 | \$50 | \$70 | \$50 (first 5 visit(s) at \$0) | \$50 |
| Emergency Room 25% after deductible 40% after deductible \$2,000 50% after deductible 50% after deductible 50% after deductible 50% after deductible Mental Health Office Visits \$30 \$40 \$125 \$70 \$50 (first 5 visit(s) at \$0) \$ | Specialist Office Visits | \$60 | \$80 | \$125 | \$125 | \$150 | \$100 |
| Mental Health Office Visits \$30 \$40 \$125 \$70 \$50 (first 5 visit(s) at \$0) \$ Labs 25% after deductible 40% after deductible \$50 \$70 \$75 50% after deductible | Urgent Care | \$45 | \$60 | \$75 | \$80 | \$200 | \$75 |
| Labs 25% after deductible 40% after deductible \$50 \$70 \$75 50% after deductible 50% after ded | Emergency Room | 25% after deductible | 40% after deductible | \$2,000 | 50% after deductible | 50% after deductible | 50% after deductible |
| X-rays & Diagnostic Imaging 25% after deductible 40% after deductible \$135 50% after deductible 50% after deductib | Mental Health Office Visits | \$30 | \$40 | \$125 | \$70 | \$50 (first 5 visit(s) at \$0) | \$50 |
| MRIs & Advanced Imaging 25% after deductible 40% after deductible \$750 50% after deductible 50% after deductible Inpatient Facility Fee 25% after deductible 40% after deductible maximum of 2 days per 1 admit) 50% after deductible 50% after | Labs | 25% after deductible | 40% after deductible | \$50 | \$70 | \$75 | 50% after deductible |
| Inpatient Facility Fee 25% after deductible 40% after deductible maximum of 2 days per 1 admit) 50% after deductible 50% after deductible 50% after deductible 0utpatient Facility Fee 25% after deductible 40% after deductible \$1,200 50% after deductible 50% after deductible 50% after deductible RX Generics: Preferred (Tier 1a) \$15 \$20 \$3 \$3 \$3 \$3 | X-rays & Diagnostic Imaging | 25% after deductible | 40% after deductible | \$135 | 50% after deductible | 50% after deductible | 50% after deductible |
| Inpatient Facility Fee 25% after deductible 40% after deductible maximum of 2 days per 1 admit) 50% after deductible 50% after deductib | MRIs & Advanced Imaging | 25% after deductible | 40% after deductible | \$750 | 50% after deductible | 50% after deductible | 50% after deductible |
| RX Generics: Preferred (Tier 1a) \$15 \$20 \$3 \$3 \$3 | Inpatient Facility Fee | 25% after deductible | 40% after deductible | maximum of 2 days per 1 | 50% after deductible | 50% after deductible | 50% after deductible |
| | Outpatient Facility Fee | 25% after deductible | 40% after deductible | \$1,200 | 50% after deductible | 50% after deductible | 50% after deductible |
| RX Generics: Non-preferred (Tier 1b) \$15 \$20 \$30 \$30 \$30 \$30 \$ | RX Generics: Preferred (Tier 1a) | \$15 | \$20 | \$3 | \$3 | \$3 | \$25 |
| | RX Generics: Non-preferred (Tier 1b) | \$15 | \$20 | \$30 | \$30 | \$30 | \$25 |
| RX Brand: Preferred (Tier 2) \$30 \$40 \$100 after deductible \$75 after deductible \$50 after | RX Brand: Preferred (Tier 2) | \$30 | \$40 | \$100 after deductible | 50% after deductible | \$75 after deductible | \$50 after deductible |
| RX Brand: Non-preferred (Tier 3) \$60 \$80 after deductible 50% after deductible 50% after deductible \$100 after | RX Brand: Non-preferred (Tier 3) | \$60 | \$80 after deductible | 50% after deductible | 50% after deductible | 50% after deductible | \$100 after deductible |
| RX Brand: Specialty (Tier 4) \$250 \$350 after deductible 50% after deductible 50% after deductible 50% after deductible \$50% after deductible | RX Brand: Specialty (Tier 4) | \$250 | \$350 after deductible | 50% after deductible | 50% after deductible | 50% after deductible | \$500 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

| Pharmacy Deductible (Individual / Family) None Integrated with Medical Integrated with Medical Out-of-Pocket Max (Individual / Family) \$2,200 / \$4,400 \$3,300 / \$6,600 \$7,400 / \$14,800 \$0 Preventive care ✓ ✓ ✓ Dedicated Care Team ✓ ✓ ✓ HSA-Compatible? No No No Prices for Benefits Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% | Kansas 2026 Individual & Family Plans | Silver Classic Standard CSR 150 | Silver Classic Standard CSR 200 | Silver Classic Standard CSR 250 |
|---|--|------------------------------------|------------------------------------|------------------------------------|
| Pharmacy Deductible (Individual / Family) None Integrated with Medical (Integrated with Medical (Integrated with Medical Out-of-Pocket Max (Individual / Family) \$2,200 / \$4,400 \$3,300 / \$6,600 \$7,400 / \$14,800 SO Preventive care ☑ ☑ ☑ ☑ Dedicated Care Team ☑ ☑ ☑ ☑ HSA-Compatible? No No No No Prices for Benefits Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$0 \$0 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after de | The Basics | | | |
| Out-of-Pocket Max (Individual / Family) \$2,200 / \$4,400 \$3,300 / \$6,600 \$7,400 / \$14,800 \$0 Preventive care ✓ ✓ ✓ Dedicated Care Team ✓ ✓ ✓ HSA-Compatible? No No No Prices for Benefits Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% a | Deductible (Individual / Family) | None | \$700 / \$1,400 | \$3,000 / \$6,000 |
| \$0 Preventive care ☑ | Pharmacy Deductible (Individual / Family) | None | Integrated with Medical | Integrated with Medical |
| Dedicated Care Team ✓ | Out-of-Pocket Max (Individual / Family) | \$2,200 / \$4,400 | \$3,300 / \$6,600 | \$7,400 / \$14,800 |
| HSA-Compatible? No No No Prices for Benefits Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Impatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 2) \$50 | \$0 Preventive care | \checkmark | \checkmark | ightharpoons |
| Prices for Benefits Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Non-preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 2 | Dedicated Care Team | \checkmark | \checkmark | ightharpoons |
| Virtual Urgent Care \$0 \$0 \$0 Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Non-preferred (Tier 2) \$15 \$20 </td <td>HSA-Compatible?</td> <td>No</td> <td>No</td> <td>No</td> | HSA-Compatible? | No | No | No |
| Primary Care Office Visits \$0 \$20 \$40 Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Non-preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Prices for Benefits | | | |
| Specialist Office Visits \$10 \$40 \$80 Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Virtual Urgent Care | \$0 | \$0 | \$0 |
| Urgent Care \$5 \$30 \$60 Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Primary Care Office Visits | \$0 | \$20 | \$40 |
| Emergency Room 25% 30% after deductible 40% after deductible Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Cutpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Specialist Office Visits | \$10 | \$40 | \$80 |
| Mental Health Office Visits \$0 \$20 \$40 Labs 25% 30% after deductible 40% after deductible 60% after deductible 70% after deductible 70 | Urgent Care | \$5 | \$30 | \$60 |
| Labs 25% 30% after deductible 40% after deductible X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Emergency Room | 25% | 30% after deductible | 40% after deductible |
| X-rays & Diagnostic Imaging 25% 30% after deductible 40% after deductible MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Mental Health Office Visits | \$0 | \$20 | \$40 |
| MRIs & Advanced Imaging 25% 30% after deductible 40% after deductible Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Labs | 25% | 30% after deductible | 40% after deductible |
| Inpatient Facility Fee 25% 30% after deductible 40% after deductible Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | X-rays & Diagnostic Imaging | 25% | 30% after deductible | 40% after deductible |
| Outpatient Facility Fee 25% 30% after deductible 40% after deductible RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | MRIs & Advanced Imaging | 25% | 30% after deductible | 40% after deductible |
| RX Generics: Preferred (Tier 1a) \$0 \$10 \$20 RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Inpatient Facility Fee | 25% | 30% after deductible | 40% after deductible |
| RX Generics: Non-preferred (Tier 1b) \$0 \$10 \$20 RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | Outpatient Facility Fee | 25% | 30% after deductible | 40% after deductible |
| RX Brand: Preferred (Tier 2) \$15 \$20 \$40 RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | RX Generics: Preferred (Tier 1a) | \$0 | \$10 | \$20 |
| RX Brand: Non-preferred (Tier 3) \$50 \$60 after deductible \$80 after deductible | RX Generics: Non-preferred (Tier 1b) | \$0 | \$10 | \$20 |
| | RX Brand: Preferred (Tier 2) | \$15 | \$20 | \$40 |
| RX Brand: Specialty (Tier 4) \$150 \$250 after deductible \$350 after deductible | RX Brand: Non-preferred (Tier 3) | \$50 | \$60 after deductible | \$80 after deductible |
| | RX Brand: Specialty (Tier 4) | \$150 | \$250 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

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.