



Ohio | 2026 Individual & Family Plans [1]

	Gold 3750 HSA Off Exchange	Gold 4000 Off Exchange	Silver 3000 Off Exchange	Silver 3750 Chronic Care CKM Off Exchange	Silver 3950 HSA Off Exchange
The Basics					
Deductible (Individual / Family)	\$3,750 / \$7,500	\$4,000 / \$8,000	\$3,000 / \$6,000	\$3,750 / \$7,500	\$3,950 / \$7,900
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)	\$8,300 / \$16,600	\$8,500 / \$17,000	\$9,500 / \$19,000	\$9,500 / \$19,000	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	No	No	No	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$0 after deductible	\$30	\$60	\$30	\$50 after deductible
Specialist Office Visits**	\$0 after deductible	\$90	\$95	\$95	\$50 after deductible
Urgent Care	\$0 after deductible	\$75	\$100	\$100	\$100 after deductible
Emergency Room	\$0 after deductible	\$750	\$500 after deductible	\$750 after deductible	\$500 after deductible
Mental Health Office Visits	\$0 after deductible	\$30	\$60	\$30	\$50 after deductible
Labs**	\$0 after deductible	\$15	\$25	\$25	\$0 after deductible
X-rays & Diagnostic Imaging	\$0 after deductible	25%	25% after deductible	40% after deductible	20% after deductible
MRIs & Advanced Imaging	\$0 after deductible	\$750 after deductible	25% after deductible	40% after deductible	20% after deductible
Inpatient Facility Fee	\$0 after deductible	25% after deductible	25% after deductible	40% after deductible	20% after deductible
Outpatient Facility Fee	\$0 after deductible	25% after deductible	25% after deductible	40% after deductible	20% after deductible
RX Generics: Preferred (Tier 1a)	\$4 after deductible	\$4	\$4	\$4	\$4 after deductible
RX Generics: Non-preferred (Tier 1b)	\$10 after deductible	\$15	\$35	\$35	\$15 after deductible
RX Brand: Preferred (Tier 2)	\$35 after deductible	\$50	\$100	\$100	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	\$75 after deductible	\$100	\$150 after deductible	\$150 after deductible	\$150 after deductible
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$400 after deductible	50% after deductible	50% 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



Ohio | 2026
Individual & Family Plans [1]

Silver 5300 Off
Exchange

Silver 6000 HSA Off
Exchange

Silver 7000 Off
Exchange

Bronze 3000 Off
Exchange

Bronze 7700 Off
Exchange

Bronze 8300 HSA Off
Exchange

The Basics

Deductible (Individual / Family)	\$5,300 / \$10,600	\$6,000 / \$12,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$7,700 / \$15,400	\$8,300 / \$16,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	\$3,000 / \$6,000	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,500 / \$19,000	\$8,300 / \$16,600	\$9,500 / \$19,000	\$10,150 / \$20,300	\$10,150 / \$20,300	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	Yes	No	No	No	Yes

Prices for Benefits [2]

Virtual Urgent Care [3]	\$0	\$0 after deductible	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$45	\$0 after deductible	\$50	\$75	\$75	\$0 after deductible
Specialist Office Visits**	\$100	\$0 after deductible	\$125	\$150	\$150 after deductible	\$0 after deductible
Urgent Care	\$100	\$0 after deductible	\$100	\$150	\$150	\$0 after deductible
Emergency Room	\$750 after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible	\$0 after deductible
Mental Health Office Visits	\$45	\$0 after deductible	\$50	\$75	\$75	\$0 after deductible
Labs**	\$15	\$0 after deductible	40%	\$15	\$25	\$0 after deductible
X-rays & Diagnostic Imaging	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible	\$0 after deductible
MRIs & Advanced Imaging	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible	\$0 after deductible
Inpatient Facility Fee	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible	\$0 after deductible
Outpatient Facility Fee	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$4	\$4 after deductible	\$4	\$4	\$4	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$25	\$10 after deductible	\$25	\$35	\$35	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$100	\$50 after deductible	\$100	50% after deductible	\$150	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	\$150 after deductible	\$145 after deductible	\$150 after deductible	50% after deductible	50% after deductible	\$0 after deductible
RX Brand: Specialty (Tier 4)	\$450 after deductible	50% after deductible	\$450 after deductible	50% after deductible	50% after deductible	\$0 after deductible

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Ohio | 2026
Individual & Family Plans [1]

Gold Elite Saver Plus

Gold Classic Standard

Gold Classic

Silver Elite Saver Plus

Silver Simple PCP Saver

The Basics

Deductible (Individual / Family)	None	\$2,000 / \$4,000	\$2,250 / \$4,500	None	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	\$250 / \$500	None	Integrated with Medical	\$750 / \$1,500	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$8,200 / \$16,400	\$7,500 / \$15,000	\$9,750 / \$19,500	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits [2]

Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$30	\$35	\$60	\$5
Specialist Office Visits**	\$25	\$60	\$40	\$100	\$80
Urgent Care	\$50	\$45	\$75	\$50	\$75
Emergency Room	\$550	25% after deductible	\$650	50%	40% after deductible
Mental Health Office Visits	\$25	\$30	\$35	\$60	\$5
Labs**	\$25	25% after deductible	\$50	\$50	40% after deductible
X-rays & Diagnostic Imaging	\$75	25% after deductible	\$75	\$100	40% after deductible
MRIs & Advanced Imaging	\$375	25% after deductible	\$375	50%	40% after deductible
Inpatient Facility Fee	\$1,100 (copay applies for a maximum of 3 days per 1 admit)	25% after deductible	30% after deductible	50%	40% after deductible
Outpatient Facility Fee	\$500	25% after deductible	30% after deductible	50%	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$15	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$15	\$15	\$30	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$30	\$50	\$185 after deductible	\$100
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

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Ohio | 2026 Individual & Family Plans [1]

	Silver Simple Chronic Care CKM	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)	\$5,900 / \$11,800	\$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)	\$10,150 / \$20,300	\$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 [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$40	\$0	\$0	\$0
Specialist Office Visits**	\$35	\$80	\$40	\$40	\$40
Urgent Care	\$75	\$60	\$75	\$75	\$75
Emergency Room	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$40	\$0	\$0	\$0
Labs**	\$65	40% after deductible	\$40	\$65	\$65
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$20	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$20	\$25	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$40	\$75 after deductible	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible

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Ohio | 2026
Individual & Family Plans [1]

Bronze Elite + PCP
Saver Plus

Bronze Classic 4700

Bronze Simple Breathe
Easy with Enhanced
COPD Benefits

Bronze Simple Chronic
Care CKM

Bronze Simple Diabetes

Bronze Classic
Standard

The Basics

Deductible (Individual / Family)	None	\$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
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,150 / \$20,300	\$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

Prices for Benefits [2]

Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$60	\$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	\$150	\$165	\$150	\$100
Urgent Care	\$100	\$125	\$200	\$200	\$200	\$75
Emergency Room	\$2,500	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$60	\$50	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50
Labs**	\$65	\$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
MRIs & Advanced Imaging	\$750	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
Outpatient Facility Fee	\$1,200	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	\$25
RX Generics: Non-preferred (Tier 1b)	\$35	\$30	\$30	\$30	\$30	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	50% after deductible	\$75 after deductible	50% 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	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 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.

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