



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
<b>The Basics</b>					
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
<b>Prices for Benefits [2]</b>					
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.

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	Silver 5300 Off Exchange	Silver 6000 HSA Off Exchange	Silver 7000 Off Exchange	Bronze 3000 Off Exchange	Bronze 7700 Off Exchange
<b>The Basics</b>					
Deductible (Individual / Family)	\$5,300 / \$10,600	\$6,000 / \$12,000	\$7,000 / \$14,000	\$3,000 / \$6,000	\$7,700 / \$15,400
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	\$3,000 / \$6,000	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
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	Yes	No	No	No
<b>Prices for Benefits [2]</b>					
Virtual Urgent Care [3]	\$0	\$0 after deductible	\$0	\$0	\$0
Primary Care Office Visits	\$45	\$0 after deductible	\$50	\$75	\$75
Specialist Office Visits**	\$100	\$0 after deductible	\$125	\$150	\$150 after deductible
Urgent Care	\$100	\$0 after deductible	\$100	\$150	\$150
Emergency Room	\$750 after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible
Mental Health Office Visits	\$45	\$0 after deductible	\$50	\$75	\$75
Labs**	\$15	\$0 after deductible	40%	\$15	\$25
X-rays & Diagnostic Imaging	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	\$0 after deductible	40% after deductible	40% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$4	\$4 after deductible	\$4	\$4	\$4
RX   Generics: Non-preferred (Tier 1b)	\$25	\$10 after deductible	\$25	\$35	\$35
RX   Brand: Preferred (Tier 2)	\$100	\$50 after deductible	\$100	50% after deductible	\$150
RX   Brand: Non-preferred (Tier 3)	\$150 after deductible	\$145 after deductible	\$150 after deductible	50% after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	\$450 after deductible	50% after deductible	\$450 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.

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**Bronze 8300 HSA Off  
Exchange**

### The Basics

Deductible (Individual / Family)	\$8,300 / \$16,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,300 / \$16,600
\$0 Preventive care	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>
HSA-Compatible?	Yes

### Prices for Benefits [2]

Virtual Urgent Care [3]	\$0 after deductible
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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\*\*Condition specific plans have additional \$0 benefits available. See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details.

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[1] 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.

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.

[2] 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.

[3] 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 may not be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.