



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

*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 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
The Basics					
Deductible (Individual / Family)	None	\$4,700 / \$9,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	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
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$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)
Specialist Office Visits**	\$125	\$125	\$150	\$165	\$150
Urgent Care	\$100	\$125	\$200	\$200	\$200
Emergency Room	\$2,500	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)
Labs**	\$65	\$70	\$75	\$75	\$75
X-rays & Diagnostic Imaging	\$150	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
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
Outpatient Facility Fee	\$1,200	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$35	\$30	\$30	\$30	\$30
RX Brand: Preferred (Tier 2)	\$125 after deductible	50% after deductible	\$75 after deductible	50% after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Ohio | 2026 Individual & Family Plans [1]

	Bronze Classic Standard	Silver Classic Standard CSR 150	Silver Classic Standard CSR 200	Silver Classic Standard CSR 250	Silver Elite Saver Plus CSR 150
The Basics					
Deductible (Individual / Family)	\$7,500 / \$15,000	None	\$700 / \$1,400	\$3,000 / \$6,000	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	\$50 / \$100
Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$1,700 / \$3,400
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$50	\$0	\$20	\$40	\$0
Specialist Office Visits**	\$100	\$10	\$40	\$80	\$10
Urgent Care	\$75	\$5	\$30	\$60	\$15
Emergency Room	50% after deductible	25%	30% after deductible	40% after deductible	20%
Mental Health Office Visits	\$50	\$0	\$20	\$40	\$0
Labs**	50% after deductible	25%	30% after deductible	40% after deductible	\$10
X-rays & Diagnostic Imaging	50% after deductible	25%	30% after deductible	40% after deductible	\$10
MRIs & Advanced Imaging	50% after deductible	25%	30% after deductible	40% after deductible	20%
Inpatient Facility Fee	50% after deductible	25%	30% after deductible	40% after deductible	20%
Outpatient Facility Fee	50% after deductible	25%	30% after deductible	40% after deductible	20%
RX Generics: Preferred (Tier 1a)	\$25	\$0	\$10	\$20	\$0
RX Generics: Non-preferred (Tier 1b)	\$25	\$0	\$10	\$20	\$5
RX Brand: Preferred (Tier 2)	\$50 after deductible	\$15	\$20	\$40	\$30 after deductible
RX Brand: Non-preferred (Tier 3)	\$100 after deductible	\$50	\$60 after deductible	\$80 after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$500 after deductible	\$150	\$250 after deductible	\$350 after deductible	50% after deductible

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Ohio | 2026
Individual & Family Plans [1]

Silver Elite Saver Plus
CSR 200

Silver Elite Saver Plus
CSR 250

Silver Simple Breathe
Easy with Enhanced
COPD Benefits CSR 150

Silver Simple Breathe
Easy with Enhanced
COPD Benefits CSR 200

Silver Simple Breathe
Easy with Enhanced
COPD Benefits CSR 250

The Basics

Deductible (Individual / Family)	None	None	None	\$900 / \$1,800	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,100 / \$6,200	\$8,000 / \$16,000	\$1,450 / \$2,900	\$3,350 / \$6,700	\$8,100 / \$16,200
\$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	\$15	\$60	\$0	\$0	\$0
Specialist Office Visits**	\$30	\$100	\$5	\$25	\$40
Urgent Care	\$15	\$50	\$15	\$45	\$75
Emergency Room	30%	50%	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$15	\$60	\$0	\$0	\$0
Labs**	\$20	\$50	\$10	\$35	\$65
X-rays & Diagnostic Imaging	\$50	\$100	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	50%	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	30%	50%	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	30%	50%	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$30	\$5	\$6	\$25
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$185 after deductible	\$20	\$40	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible

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Ohio | 2026 Individual & Family Plans [1]

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

The Basics

Deductible (Individual / Family)	None	\$800 / \$1,600	\$5,500 / \$11,000	None	\$800 / \$1,600
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,400 / \$2,800	\$3,350 / \$6,700	\$8,200 / \$16,400	\$1,550 / \$3,100	\$3,350 / \$6,700
\$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	\$0	\$0	\$0	\$0
Specialist Office Visits**	\$5	\$25	\$35	\$5	\$25
Urgent Care	\$30	\$45	\$60	\$30	\$45
Emergency Room	30%	30% after deductible	50% after deductible	30%	30% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0
Labs**	\$10	\$35	\$60	\$10	\$35
X-rays & Diagnostic Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible
MRIs & Advanced Imaging	30%	30% after deductible	50% after deductible	30%	30% after deductible
Inpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible
Outpatient Facility Fee	30%	30% after deductible	50% after deductible	30%	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$10	\$25	\$5	\$10
RX Brand: Preferred (Tier 2)	\$15	\$60	\$60 after deductible	\$15	\$60
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50% after deductible	50% after deductible	50%	50% after deductible

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Ohio | 2026
Individual & Family Plans [1]

Silver Simple Diabetes
CSR 250

Silver Simple PCP Saver
CSR 150

Silver Simple PCP Saver
CSR 200

Silver Simple PCP Saver
CSR 250

Silver Simple Women's
Health with Menopause
Benefits CSR 150

The Basics

Deductible (Individual / Family)	\$4,600 / \$9,200	None	\$800 / \$1,600	\$5,750 / \$11,500	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	\$8,100 / \$16,200	\$1,850 / \$3,700	\$3,175 / \$6,350	\$7,650 / \$15,300	\$1,550 / \$3,100
\$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	\$5	\$5	\$5	\$0
Specialist Office Visits**	\$40	\$15	\$50	\$80	\$5
Urgent Care	\$60	\$30	\$50	\$75	\$30
Emergency Room	50% after deductible	20%	40% after deductible	40% after deductible	30%
Mental Health Office Visits	\$0	\$5	\$5	\$5	\$0
Labs**	\$60	20%	40% after deductible	40% after deductible	\$10
X-rays & Diagnostic Imaging	50% after deductible	20%	40% after deductible	40% after deductible	30%
MRIs & Advanced Imaging	50% after deductible	20%	40% after deductible	40% after deductible	30%
Inpatient Facility Fee	50% after deductible	20%	40% after deductible	40% after deductible	30%
Outpatient Facility Fee	50% after deductible	20%	40% after deductible	40% after deductible	30%
RX Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$25	\$5	\$10	\$25	\$5
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$30	\$50	\$100	\$15
RX Brand: Non-preferred (Tier 3)	50% after deductible	50%	50% after deductible	50% after deductible	50%
RX Brand: Specialty (Tier 4)	50% after deductible	50%	50% after deductible	50% after deductible	50%

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Ohio | 2026
Individual & Family Plans [1]

Silver Simple Women's
Health with Menopause
Benefits CSR 200

Silver Simple Women's
Health with Menopause
Benefits CSR 250

The Basics

Deductible (Individual / Family)	\$870 / \$1,740	\$5,750 / \$11,500
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,350 / \$6,700	\$8,200 / \$16,400
\$0 Preventive care	✓	✓
Dedicated Care Team	✓	✓
HSA-Compatible?	No	No

Prices for Benefits [2]

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