



Tennessee | 2026  
Individual & Family Plans

	Gold Elite	Gold Classic Standard	Silver Simple PCP Saver	Silver Simple Chronic Care CKM	Silver Classic Standard
<b>The Basics</b>					
Deductible (Individual / Family)	\$500 / \$1,000	\$2,000 / \$4,000	\$5,700 / \$11,400	\$5,900 / \$11,800	\$6,000 / \$12,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,000 / \$14,000	\$8,200 / \$16,400	\$10,000 / \$20,000	\$10,150 / \$20,300	\$8,900 / \$17,800
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
<b>Prices for Benefits</b>					
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$15	\$30	\$5	\$0	\$40
Specialist Office Visits	\$75	\$60	\$80	\$35	\$80
Urgent Care	\$50	\$45	\$75	\$75	\$60
Emergency Room	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$15	\$30	\$5	\$0	\$40
Labs	\$30	25% after deductible	40% after deductible	\$65	40% after deductible
X-rays & Diagnostic Imaging	\$100	25% after deductible	40% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	25% after deductible	40% after deductible	50% after deductible	40% after deductible
RX   Generics: Preferred (Tier 1a)	\$3	\$15	\$3	\$3	\$20
RX   Generics: Non-preferred (Tier 1b)	\$25	\$15	\$25	\$25	\$20
RX   Brand: Preferred (Tier 2)	\$75	\$30	\$100	\$75 after deductible	\$40
RX   Brand: Non-preferred (Tier 3)	50% after deductible	\$60	50% after deductible	50% after deductible	\$80 after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	\$250	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](https://hioscar.com/brokers)



Tennessee | 2026  
Individual & Family Plans

**Silver Simple Women's  
Health with Menopause  
Benefits**

**Silver Simple Breathe  
Easy with Enhanced  
COPD Benefits**

**Silver Classic**

**Silver Simple Diabetes**

**The Basics**

Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,500 / \$13,000	\$6,500 / \$13,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,150 / \$20,300	\$9,600 / \$19,200	\$9,400 / \$18,800	\$10,000 / \$20,000
\$0 Preventive care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dedicated Care Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HSA-Compatible?	No	No	No	No

**Prices for Benefits**

Virtual Urgent Care	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$0	\$40	\$0
Specialist Office Visits	\$40	\$40	\$80	\$40
Urgent Care	\$75	\$75	\$100	\$75
Emergency Room	50% after deductible	50% after deductible	\$750 after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$40	\$0
Labs	\$40	\$65	\$50	\$65
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	\$100	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX   Generics: Preferred (Tier 1a)	\$3	\$0	\$3	\$0
RX   Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$25
RX   Brand: Preferred (Tier 2)	\$75 after deductible	\$75 after deductible	\$75	\$75 after deductible
RX   Brand: Non-preferred (Tier 3)	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

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Tennessee | 2026  
Individual & Family Plans

	Bronze Elite + PCP Saver Plus	Bronze Simple Breathe Easy with Enhanced COPD Benefits	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes	Bronze Classic Standard	Bronze Simple
<b>The Basics</b>						
Deductible (Individual / Family)	None	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$9,000 / \$18,000
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)	\$9,900 / \$19,800	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,000 / \$20,000	\$10,600 / \$21,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes	Yes
<b>Prices for Benefits</b>						
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Specialist Office Visits	\$130	\$150	\$150	\$150	\$100	40% after deductible
Urgent Care	\$75	\$200	\$200	\$200	\$75	40% after deductible
Emergency Room	\$2,000	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$130	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Labs	\$50	\$75	\$75	\$75	50% after deductible	40% after deductible
X-rays & Diagnostic Imaging	\$150	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	\$750	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% 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	40% after deductible
Outpatient Facility Fee	\$1,200	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
RX   Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$25	\$3
RX   Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$30	\$25	\$25
RX   Brand: Preferred (Tier 2)	\$100 after deductible	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$50 after deductible	40% after deductible
RX   Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$100 after deductible	50% after deductible
RX   Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$500 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](https://hioscar.com/brokers)



Tennessee | 2026  
Individual & Family Plans

Silver Classic CSR 150

Silver Classic CSR 200

Silver Classic CSR 250

Silver Classic Standard  
CSR 150

Silver Classic Standard  
CSR 200

The Basics

Deductible (Individual / Family)	None	None	\$4,000 / \$8,000	None	\$700 / \$1,400
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,900 / \$3,800	\$3,250 / \$6,500	\$7,500 / \$15,000	\$2,200 / \$4,400	\$3,300 / \$6,600
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$20	\$40	\$0	\$20
Specialist Office Visits	\$5	\$50	\$80	\$10	\$40
Urgent Care	\$15	\$50	\$80	\$5	\$30
Emergency Room	\$500	\$750	\$750 after deductible	25%	30% after deductible
Mental Health Office Visits	\$0	\$20	\$40	\$0	\$20
Labs	\$10	\$30	\$50	25%	30% after deductible
X-rays & Diagnostic Imaging	\$15	\$60	\$75	25%	30% after deductible
MRIs & Advanced Imaging	20%	30%	40% after deductible	25%	30% after deductible
Inpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible
Outpatient Facility Fee	20%	30%	40% after deductible	25%	30% after deductible
RX   Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$0	\$10
RX   Generics: Non-preferred (Tier 1b)	\$5	\$25	\$25	\$0	\$10
RX   Brand: Preferred (Tier 2)	\$15	\$75	\$75	\$15	\$20
RX   Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	\$50	\$60 after deductible
RX   Brand: Specialty (Tier 4)	50%	50%	50% after deductible	\$150	\$250 after deductible

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	Silver Classic Standard 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	Silver Simple Chronic Care CKM CSR 150
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**The Basics**

Deductible (Individual / Family)	\$3,000 / \$6,000	None	\$900 / \$1,800	\$5,200 / \$10,400	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	\$7,400 / \$14,800	\$1,450 / \$2,900	\$2,900 / \$5,800	\$8,100 / \$16,200	\$1,500 / \$3,000
\$0 Preventive care	<input checked="" type="checkbox"/>				
Dedicated Care Team	<input checked="" type="checkbox"/>				
HSA-Compatible?	No	No	No	No	No

**Prices for Benefits**

Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$0	\$0	\$0	\$0
Specialist Office Visits	\$80	\$5	\$25	\$40	\$5
Urgent Care	\$60	\$15	\$45	\$75	\$30
Emergency Room	40% after deductible	30%	30% after deductible	50% after deductible	30%
Mental Health Office Visits	\$40	\$0	\$0	\$0	\$0
Labs	40% after deductible	\$10	\$35	\$65	\$10
X-rays & Diagnostic Imaging	40% after deductible	30%	30% after deductible	50% after deductible	30%
MRIs & Advanced Imaging	40% after deductible	30%	30% after deductible	50% after deductible	30%
Inpatient Facility Fee	40% after deductible	30%	30% after deductible	50% after deductible	30%
Outpatient Facility Fee	40% after deductible	30%	30% after deductible	50% after deductible	30%
RX   Generics: Preferred (Tier 1a)	\$20	\$0	\$0	\$0	\$0
RX   Generics: Non-preferred (Tier 1b)	\$20	\$5	\$10	\$20	\$5
RX   Brand: Preferred (Tier 2)	\$40	\$15	\$60	\$60 after deductible	\$15
RX   Brand: Non-preferred (Tier 3)	\$80 after deductible	50%	50% after deductible	50% after deductible	50%
RX   Brand: Specialty (Tier 4)	\$350 after deductible	50%	50% after deductible	50% after deductible	50%

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Individual & Family Plans

Silver Simple Chronic Care CKM CSR 200    Silver Simple Chronic Care CKM CSR 250    Silver Simple Diabetes CSR 150    Silver Simple Diabetes CSR 200    Silver Simple Diabetes CSR 250    Silver Simple PCP Saver CSR 150

**The Basics**

Deductible (Individual / Family)	\$800 / \$1,600	\$5,000 / \$10,000	None	\$800 / \$1,600	\$4,600 / \$9,200	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical	None
Out-of-Pocket Max (Individual / Family)	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200	\$1,800 / \$3,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No

**Prices for Benefits**

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

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Tennessee | 2026  
Individual & Family Plans

Silver Simple PCP Saver CSR 200    Silver Simple PCP Saver CSR 250    Silver Simple Women's Health with Menopause Benefits CSR 150    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)	\$800 / \$1,600	\$4,500 / \$9,000	None	\$870 / \$1,740	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$7,700 / \$15,400	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200
\$0 Preventive care	<input checked="" type="checkbox"/>				
Dedicated Care Team	<input checked="" type="checkbox"/>				
HSA-Compatible?	No	No	No	No	No

**Prices for Benefits**

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

\*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](https://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.

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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.