

Ohio | 2026 Individual & Family Plans [1]

	Gold 3750 HSA Off Exchange Cleveland Clinic	Gold 4000 Off Exchange Cleveland Clinic	Silver 3000 Off Exchange Cleveland Clinic	Silver 3750 Chronic Care CKM Off Exchange Cleveland Clinic	Silver 3950 HSA Off Exchange Cleveland Clinic
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 Cleveland Clinic	Silver 6000 HSA Off Exchange Cleveland Clinic	Silver 7000 Off Exchange Cleveland Clinic	Bronze 3000 Off Exchange Cleveland Clinic	Bronze 7700 Off Exchange Cleveland Clinic	Bronze 8300 HSA Off Exchange Cleveland Clinic
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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Cleveland Clinic | Ohio | 2026 Individual & Family Plans

Gold Elite Saver Plus | Cleveland Clinic

Gold Elite | Cleveland Clinic

Gold Classic Standard | Cleveland Clinic

Silver Elite Saver Plus | Cleveland Clinic

Silver Simple PCP Saver | Cleveland Clinic

Silver Simple Chronic Care CKM | Cleveland Clinic

The Basics

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

Prices for Benefits [2]

Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$25	\$30	\$60	\$5	\$0
Specialist Office Visits**	\$25	\$50	\$60	\$100	\$80	\$35
Urgent Care	\$50	\$50	\$45	\$50	\$75	\$75
Emergency Room	\$550	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Mental Health Office Visits	\$25	\$50	\$30	\$60	\$5	\$0
Labs**	\$25	\$25	25% after deductible	\$50	40% after deductible	\$65
X-rays & Diagnostic Imaging	\$75	\$75	25% after deductible	\$100	40% after deductible	50% after deductible
MRIs & Advanced Imaging	\$375	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Inpatient Facility Fee	\$1,100 (copay applies for a maximum of 3 days per 1 admit)	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
Outpatient Facility Fee	\$500	30% after deductible	25% after deductible	50%	40% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$15	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$25	\$15	\$30	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75 after deductible	\$75	\$30	\$185 after deductible	\$100	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	\$60	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	\$250	50% after deductible	50% after deductible	50% after deductible

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Ohio | 2026 Individual & Family Plans [1]

	Silver Classic Standard Cleveland Clinic	Silver Simple Women's Health with Menopause Benefits Cleveland Clinic	Silver Simple Breathe Easy with Enhanced COPD Benefits Cleveland Clinic	Silver Simple Diabetes Cleveland Clinic	Bronze Simple HSA Cleveland Clinic
The Basics					
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,500 / \$13,000	\$5,000 / \$10,000
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)	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$10,000 / \$20,000	\$8,000 / \$16,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0 after deductible
Primary Care Office Visits	\$40	\$0	\$0	\$0	\$50 after deductible
Specialist Office Visits**	\$80	\$40	\$40	\$40	\$90 after deductible
Urgent Care	\$60	\$75	\$75	\$75	\$75 after deductible
Emergency Room	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$0	\$0	\$0	\$50 after deductible
Labs**	40% after deductible	\$40	\$65	\$65	\$50 after deductible
X-rays & Diagnostic Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$20	\$0	\$3	\$3	\$3 after deductible
RX Generics: Non-preferred (Tier 1b)	\$20	\$25	\$25	\$25	\$25 after deductible
RX Brand: Preferred (Tier 2)	\$40	\$75 after deductible	\$75 after deductible	\$75 after deductible	\$200 after deductible
RX Brand: Non-preferred (Tier 3)	\$80 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	\$350 after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Bronze Simple Breathe Easy with Enhanced COPD Benefits | Cleveland Clinic

Bronze Simple Chronic Care CKM | Cleveland Clinic

Bronze Simple Diabetes | Cleveland Clinic

Bronze Classic Standard | Cleveland Clinic

Bronze Classic PCP Saver | Cleveland Clinic

The Basics

Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,750 / \$15,500
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	\$10,150 / \$20,300	\$10,150 / \$20,300	\$10,000 / \$20,000	\$9,750 / \$19,500
\$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 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$30
Specialist Office Visits**	\$150	\$165	\$150	\$100	\$90 after deductible
Urgent Care	\$200	\$200	\$200	\$75	\$100
Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$50	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	\$90 after deductible
Labs**	\$75	\$75	\$75	50% after deductible	\$50 after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	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	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$1,200 after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$25	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$30	\$30	\$25	\$30
RX Brand: Preferred (Tier 2)	\$75 after deductible	50% after deductible	\$75 after deductible	\$50 after deductible	\$200
RX Brand: Non-preferred (Tier 3)	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	\$500 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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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.