



Texas | 2026
Individual & Family Plans

	Gold Elite	Gold Classic Standard	Gold Classic Standard Guided Care	Gold Simple Diabetes Guided Care	Gold Classic	Gold Classic Guided Care	Gold Simple Guided Care
The Basics							
Deductible (Individual / Family)	\$1,200 / \$2,400	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,300 / \$6,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$7,800 / \$15,600	\$8,200 / \$16,400	\$8,200 / \$16,400	\$9,800 / \$19,600	\$8,000 / \$16,000	\$8,000 / \$16,000	\$9,950 / \$19,900
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No	No
Prices for Benefits							
Virtual Primary Care	\$0	\$0	\$30	\$0	\$0	\$25	\$5
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$30	\$30	\$0	\$25	\$25	\$5
Specialist Office Visits	\$50	\$60	\$60	\$40	\$40	\$40	\$10
Urgent Care	\$50	\$45	\$45	\$100	\$75	\$75	\$50
Emergency Room	30% after deductible	25% after deductible	25% after deductible	20% after deductible	\$650	\$650	20% after deductible
Mental Health Office Visits	\$50	\$30	\$30	\$0	\$25	\$25	\$5
Labs	\$25	25% after deductible	25% after deductible	\$40	\$60	\$60	\$30
X-rays & Diagnostic Imaging	\$50	25% after deductible	25% after deductible	20% after deductible	\$50	\$50	\$30
MRIs & Advanced Imaging	30% after deductible	25% after deductible	25% after deductible	20% after deductible	\$375	\$375	20% after deductible
Inpatient Facility Fee	30% after deductible	25% after deductible	25% after deductible	20% after deductible	30% after deductible	30% after deductible	20% after deductible
Outpatient Facility Fee	30% after deductible	25% after deductible	25% after deductible	20% after deductible	30% after deductible	30% after deductible	20% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$15	\$15	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$30	\$15	\$15	\$20	\$20	\$20	\$10
RX Brand: Preferred (Tier 2)	\$75	\$30	\$30	\$75	\$50	\$50	\$65 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$60	\$60	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$250	\$250	50% after deductible	50% after deductible	50% after deductible	50% after deductible

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Texas | 2026
Individual & Family Plans

	Silver Classic	Silver Simple PCP Saver	Silver Simple PCP Saver Guided Care	Silver Simple Chronic Care CKM Guided Care	Silver Classic Standard
The Basics					
Deductible (Individual / Family)	\$5,500 / \$11,000	\$5,750 / \$11,500	\$5,750 / \$11,500	\$5,900 / \$11,800	\$6,000 / \$12,000
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	\$10,150 / \$20,300	\$10,150 / \$20,300	\$8,900 / \$17,800
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	\$0	\$0	\$10	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$35	\$10	\$10	\$0	\$40
Specialist Office Visits	\$60	\$70	\$70	\$35	\$80
Urgent Care	\$100	\$75	\$75	\$75	\$60
Emergency Room	\$750 after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$60	\$10	\$10	\$0	\$40
Labs	\$50	40% after deductible	40% after deductible	\$65	40% after deductible
X-rays & Diagnostic Imaging	\$70	40% after deductible	40% after deductible	50% after deductible	40% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	40% after deductible	50% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$20
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$25	\$20
RX Brand: Preferred (Tier 2)	\$75	\$100	\$100	\$75 after deductible	\$40
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$350 after deductible

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	Silver Classic Standard Guided Care	Silver Simple Women's Health with Menopause Benefits Guided Care	Silver Simple Breathe Easy with Enhanced COPD Benefits Guided Care	Silver Simple Guided Care	Silver Simple Diabetes Guided Care
The Basics					
Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,200 / \$12,400	\$6,300 / \$12,600	\$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)	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$9,300 / \$18,600	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits					
Virtual Primary Care	\$40	\$0	\$0	\$10	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$0	\$0	\$10	\$0
Specialist Office Visits	\$80	\$40	\$40	\$70	\$40
Urgent Care	\$60	\$75	\$75	\$100	\$75
Emergency Room	40% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$40	\$0	\$0	\$10	\$0
Labs	40% after deductible	\$40	\$65	50% after deductible	\$65
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	\$0	\$3	\$0
RX Generics: Non-preferred (Tier 1b)	\$20	\$25	\$25	\$20	\$25
RX Brand: Preferred (Tier 2)	\$40	\$75 after deductible	\$75 after deductible	\$125 after deductible	\$75 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 Elite + PCP Saver Plus	Bronze Classic 4700	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes	Bronze Classic Standard	Bronze Simple Breathe Easy with Enhanced COPD Benefits
The Basics						
Deductible (Individual / Family)	None	\$4,700 / \$9,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$9,000 / \$18,000
Pharmacy Deductible (Individual / Family)	\$6,500 / \$13,000	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	\$9,800 / \$19,600	\$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
Prices for Benefits						
Virtual Primary Care	\$0	N/A	N/A	N/A	N/A	N/A
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$40	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Specialist Office Visits	\$130	\$125	\$150	\$150	\$100	40% after deductible
Urgent Care	\$75	\$125	\$200	\$200	\$75	40% after deductible
Emergency Room	\$2,500	50% after deductible	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Mental Health Office Visits	\$130	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)	\$50	40% after deductible
Labs	\$65	\$70	\$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)	\$35	\$30	\$30	\$30	\$25	\$30
RX Brand: Preferred (Tier 2)	\$125 after deductible	50% after deductible	\$75 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	\$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

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	Gold 0 Guided Care Off Exchange	Gold 2000 Off Exchange	Gold 3750 HSA Off Exchange	Silver 3000 Guided Care Off Exchange	Silver 3000 Off Exchange	Buena Salud Plateado 3500 (fuera del mercado)
The Basics						
Deductible (Individual / Family)	None	\$2,000 / \$4,000	\$3,750 / \$7,500	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 / \$7,000
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,200 / \$18,400	\$8,500 / \$17,000	\$8,300 / \$16,600	\$9,500 / \$19,000	\$9,500 / \$19,000	\$9,500 / \$19,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	Yes	No	No	No
Prices for Benefits						
Virtual Primary Care	\$25	\$0	N/A	\$60	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0 after deductible	\$0	\$0	\$0
Primary Care Office Visits	\$25	\$30	\$0 after deductible	\$60	\$60	\$40
Specialist Office Visits	\$50	\$60	\$0 after deductible	\$95	\$95	\$100
Urgent Care	\$100	\$75	\$0 after deductible	\$100	\$100	\$100
Emergency Room	\$750	20% after deductible	\$0 after deductible	\$500 after deductible	\$500 after deductible	35% after deductible
Mental Health Office Visits	\$25	\$30	\$0 after deductible	\$60	\$60	\$40
Labs	\$15	20%	\$0 after deductible	\$25	\$25	\$15
X-rays & Diagnostic Imaging	\$50	20% after deductible	\$0 after deductible	25% after deductible	25% after deductible	35% after deductible
MRIs & Advanced Imaging	\$750	20% after deductible	\$0 after deductible	25% after deductible	25% after deductible	35% after deductible
Inpatient Facility Fee	50%	20% after deductible	\$0 after deductible	25% after deductible	25% after deductible	35% after deductible
Outpatient Facility Fee	50%	20% after deductible	\$0 after deductible	25% after deductible	25% after deductible	35% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$4	\$4 after deductible	\$4	\$4	\$4
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$10 after deductible	\$35	\$35	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$35 after deductible	\$100	\$100	\$100
RX Brand: Non-preferred (Tier 3)	\$150	\$150	\$75 after deductible	\$150 after deductible	\$150 after deductible	\$150 after deductible
RX Brand: Specialty (Tier 4)	30% (cost share applies, up to \$1,500)	50% after deductible	\$250 after deductible	50% after deductible	50% after deductible	\$300 after deductible

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	Silver 3750 Chronic Care CKM Guided Care Off Exchange	Silver 3750 Chronic Care CKM Off Exchange	Silver 6000 HSA Guided Care Off Exchange	Silver 6000 HSA Off Exchange	Bronze 3000 Off Exchange	Bronze 8300 HSA Off Exchange
The Basics						
Deductible (Individual / Family)	\$3,750 / \$7,500	\$3,750 / \$7,500	\$6,000 / \$12,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$8,300 / \$16,600
Pharmacy Deductible (Individual / Family)	Integrated with Medical	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	\$9,500 / \$19,000	\$8,300 / \$16,600	\$8,300 / \$16,600	\$10,150 / \$20,300	\$8,300 / \$16,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	Yes	Yes	No	Yes
Prices for Benefits						
Virtual Primary Care	\$30	\$0	N/A	N/A	\$0	N/A
Virtual Urgent Care	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0	\$0 after deductible
Primary Care Office Visits	\$30	\$30	\$0 after deductible	\$0 after deductible	\$75	\$0 after deductible
Specialist Office Visits	\$95	\$95	\$0 after deductible	\$0 after deductible	\$150	\$0 after deductible
Urgent Care	\$100	\$100	\$0 after deductible	\$0 after deductible	\$150	\$0 after deductible
Emergency Room	\$750 after deductible	\$750 after deductible	\$0 after deductible	\$0 after deductible	40% after deductible	\$0 after deductible
Mental Health Office Visits	\$30	\$30	\$0 after deductible	\$0 after deductible	\$75	\$0 after deductible
Labs	\$25	\$25	\$0 after deductible	\$0 after deductible	\$15	\$0 after deductible
X-rays & Diagnostic Imaging	40% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	40% after deductible	\$0 after deductible
MRIs & Advanced Imaging	40% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	40% after deductible	\$0 after deductible
Inpatient Facility Fee	40% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	40% after deductible	\$0 after deductible
Outpatient Facility Fee	40% after deductible	40% after deductible	\$0 after deductible	\$0 after deductible	40% after deductible	\$0 after deductible
RX Generics: Preferred (Tier 1a)	\$4	\$4	\$4 after deductible	\$4 after deductible	\$4	\$0 after deductible
RX Generics: Non-preferred (Tier 1b)	\$35	\$35	\$10 after deductible	\$10 after deductible	\$35	\$0 after deductible
RX Brand: Preferred (Tier 2)	\$100	\$100	\$50 after deductible	\$50 after deductible	50% after deductible	\$0 after deductible
RX Brand: Non-preferred (Tier 3)	\$150	\$150 after deductible	\$145 after deductible	\$145 after deductible	50% after deductible	\$0 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$0 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.

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.

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For 2026, Oscar Primary Care is available in TX (excluding non-elite EPO Bronze plans), NY (excluding Standard Silver, Standard Bronze, and Secure plans), FL (excluding HSA and Secure plans), AZ (excluding Secure plans), GA (excluding HSA and Secure plans), OK (excluding Secure plans). Oscar Primary Care providers are employed by Oscar Medical Group, not Oscar Insurance Company or its insurance plan affiliates. Oscar Primary Care is only available to members 18 years of age and older. Prescriptions, visits and services may be limited at the provider's discretion and Oscar Primary Care is not intended to be used in conjunction with another primary care consultation. Oscar Care in-person visits in conjunction with your virtual visit may have a copayment. Due to medical licensing laws, you must be in your home state at the time of your virtual visit.

On HMO plans in GA and TX, and on EPO plans in Northern and Central FL markets there may be a cost share associated with your visit. Please view plan details [here](#) (opens in new window) for more detailed information

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.