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Texas | 2026
Individual & Family Plans [1]

	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	Silver 3750 Chronic Care CKM Guided Care Off Exchange
The Basics						
Deductible (Individual / Family)	$0 / $0	$2,000 / $4,000	$3,750 / $7,500	$3,000 / $6,000	$3,000 / $6,000	$3,750 / $7,500
Pharmacy Deductible (Individual / Family)	$0 / $0	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 [2]						
Virtual Primary Care [3]	$25	$0	N/A	$60	$0	$30
Virtual Urgent Care [4]	$0	$0	$0 after deductible	$0	$0	$0
Primary Care Office Visits	$25	$30	$0 after deductible	$60	$60	$30
Specialist Office Visits**	$50	$60	$0 after deductible	$95	$95	$95
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	$750 after deductible
Mental Health Office Visits	$25	$30	$0 after deductible	$60	$60	$30
Labs**	$15	20%	$0 after deductible	$25	$25	$25
X-rays & Diagnostic Imaging	$50	20% after deductible	$0 after deductible	25% after deductible	25% after deductible	40% after deductible
MRIs & Advanced Imaging	$750	20% after deductible	$0 after deductible	25% after deductible	25% after deductible	40% after deductible
Inpatient Facility Fee	50%	20% after deductible	$0 after deductible	25% after deductible	25% after deductible	40% after deductible
Outpatient Facility Fee	50%	20% after deductible	$0 after deductible	25% after deductible	25% after deductible	40% 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	$35
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
RX | Brand: Specialty (Tier 4)	30% (cost share applies, up to $1,500 per script)	50% after deductible	$250 after deductible	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

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Texas | 2026 Individual & Family Plans [1]	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	$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	$3,000 / $6,000	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$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	Yes	Yes	No	Yes
Prices for Benefits [2]					
Virtual Primary Care [3]	$0	N/A	N/A	$0	N/A
Virtual Urgent Care [4]	$0	$0 after deductible	$0 after deductible	$0	$0 after deductible
Primary Care Office Visits	$30	$0 after deductible	$0 after deductible	$75	$0 after deductible
Specialist Office Visits**	$95	$0 after deductible	$0 after deductible	$150	$0 after deductible
Urgent Care	$100	$0 after deductible	$0 after deductible	$150	$0 after deductible
Emergency Room	$750 after deductible	$0 after deductible	$0 after deductible	40% after deductible	$0 after deductible
Mental Health Office Visits	$30	$0 after deductible	$0 after deductible	$75	$0 after deductible
Labs**	$25	$0 after deductible	$0 after deductible	$15	$0 after deductible
X-rays & Diagnostic Imaging	40% after deductible	$0 after deductible	$0 after deductible	40% after deductible	$0 after deductible
MRIs & Advanced Imaging	40% after deductible	$0 after deductible	$0 after deductible	40% after deductible	$0 after deductible
Inpatient Facility Fee	40% after deductible	$0 after deductible	$0 after deductible	40% after deductible	$0 after deductible
Outpatient Facility Fee	40% after deductible	$0 after deductible	$0 after deductible	40% after deductible	$0 after deductible
RX | Generics: Preferred (Tier 1a)	$4	$4 after deductible	$4 after deductible	$4	$0 after deductible
RX | Generics: Non-preferred (Tier 1b)	$35	$10 after deductible	$10 after deductible	$35	$0 after deductible
RX | Brand: Preferred (Tier 2)	$100	$50 after deductible	$50 after deductible	50% after deductible	$0 after deductible
RX | Brand: Non-preferred (Tier 3)	$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	$0 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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[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.

Plans sold in Texas use policy form numbers OSC-TX-IVL-HMO-GOLD-0-GUIDED-CARE-EOC-2025, OSC-TX-IVL-HMO-EOC-2025-HIX/OSC-TX-IVL-HMO-EOC-2025/OSC-TX-S-IVL-EOC-2025[-HIX]/OSC-TX-S-IVL-EOC-2025/OSC-TX-IVL-EOC-2025-HIX/OSC-TX-IVL-EOC-2025 and associated filing numbers OHIN-134128360/OHIN-134079760/OHIN-134079717/OHIN-134080906/OHIN-134080911/OHIN-134128348/OHIN-134128297/OHIN-134128360. Plans sold in Virginia use policy form number OSC-VA-IVL-EOC-2025/OSC-VA-IVL-EOC-2025-HIX with associated filing number 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.

[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] 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.

[4] 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.