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Michigan | 2026 Individual & Family Plans [1]	Gold Elite Saver Plus	Gold Classic Standard	Silver Simple PCP Saver	Silver Classic	Silver Classic Standard	Bronze Elite + PCP Saver Plus
The Basics						
Deductible (Individual / Family)	$0 / $0	$2,000 / $4,000	$5,500 / $11,000	$5,600 / $11,200	$6,000 / $12,000	$0 / $0
Pharmacy Deductible (Individual / Family)	$200 / $400	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	$6,500 / $13,000
Out-of-Pocket Max (Individual / Family)	$8,600 / $17,200	$8,200 / $16,400	$9,800 / $19,600	$8,400 / $16,800	$8,900 / $17,800	$10,150 / $20,300
$0 Preventive care	☑	☑	☑	☑	☑	☑
Dedicated Care Team	☑	☑	☑	☑	☑	☑
HSA-Compatible?	No	No	No	No	No	Yes
Prices for Benefits [2]						
Virtual Urgent Care [3]	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$0	$30	$20	$35	$40	$45
Specialist Office Visits	$30	$60	$70	$80	$80	$130
Urgent Care	$50	$45	$75	$80	$60	$80
Emergency Room	$500	25% after deductible	40% after deductible	$750 after deductible	40% after deductible	$2,000
Mental Health Office Visits	$0	$30	$20	$35	$40	$130
Labs	$25	25% after deductible	40% after deductible	$50	40% after deductible	$50
X-rays & Diagnostic Imaging	$75	25% after deductible	40% after deductible	$70	40% after deductible	$130
MRIs & Advanced Imaging	$375	25% after deductible	40% after deductible	50% after deductible	40% after deductible	$750
Inpatient Facility Fee	$1,000 (copay applies for a max 3 days per 1 admit)	25% after deductible	40% after deductible	50% after deductible	40% after deductible	$3,000
Outpatient Facility Fee	$500	25% after deductible	40% after deductible	50% after deductible	40% after deductible	$1,200
RX | Generics: Preferred (Tier 1a)	$3	$15	$3	$3	$20	$3
RX | Generics: Non-preferred (Tier 1b)	$15	$15	$25	$30	$20	$30
RX | Brand: Preferred (Tier 2)	$75 after deductible	$30	$100	$75	$40	$100 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	$60	50% after deductible	50% after deductible	$80 after deductible	50% after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	$250	50% after deductible	50% after deductible	$350 after deductible	50% after deductible

*All benefits subject to plan approval.
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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Michigan | 2026 Individual & Family Plans [1]	Bronze Classic 4700	Bronze Classic Standard	Bronze Classic Standard
The Basics			
Deductible (Individual / Family)	$4,700 / $9,400	$7,500 / $15,000	$7,500 / $15,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	$9,100 / $18,200	$10,000 / $20,000	$10,000 / $20,000
$0 Preventive care	☑	☑	☑
Dedicated Care Team	☑	☑	☑
HSA-Compatible?	Yes	Yes	Yes
Prices for Benefits [2]			
Virtual Urgent Care [3]	$0	$0	$0
Primary Care Office Visits	$70	$50	$50
Specialist Office Visits	$125	$100	$100
Urgent Care	$80	$75	$75
Emergency Room	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	$70	$50	$50
Labs	$70	50% after deductible	50% after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	50% after deductible
RX | Generics: Preferred (Tier 1a)	$3	$25	$25
RX | Generics: Non-preferred (Tier 1b)	$30	$25	$25
RX | Brand: Preferred (Tier 2)	50% after deductible	$50 after deductible	$50 after deductible
RX | Brand: Non-preferred (Tier 3)	50% after deductible	$100 after deductible	$100 after deductible
RX | Brand: Specialty (Tier 4)	50% after deductible	$500 after deductible	$500 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 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.

[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] 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.