



Florida | 2026 Individual & Family Plans

	Gold Elite Saver Plus with AdventHealth	Gold Classic Standard	Gold Classic Standard with AdventHealth	Gold Simple	Gold Simple with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X	X (Broad Network)	X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X	

The Basics

Deductible (Individual / Family)	None	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Pharmacy Deductible (Individual / Family)	\$3,000 / \$6,000	None	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,500 / \$19,000	\$8,200 / \$16,400	\$8,200 / \$16,400	\$9,950 / \$19,900	\$9,950 / \$19,900
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No

Prices for Benefits

Primary Care Visits	\$20	\$30	\$30	\$5	\$5
Virtual Visits Oscar Primary Care	\$20	\$30	\$30	\$0	\$5
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$40	\$60	\$60	\$10	\$10
Urgent Care	\$50	\$45	\$45	\$50	\$50
Emergency Room	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Mental Health Office Visits	\$20	\$30	\$30	\$5	\$5
Labs	\$25	25% after deductible	25% after deductible	\$40	\$40
X-rays & Diagnostic Imaging	\$50	25% after deductible	25% after deductible	\$40	\$40
MRIs & Advanced Imaging	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Inpatient Facility Fee	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
Outpatient Facility Fee	35%	25% after deductible	25% after deductible	20% after deductible	20% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$15	\$15	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$15	\$15	\$15	\$10	\$10
RX Brand: Preferred (Tier 2)	50% after deductible	\$30	\$30	\$65 after deductible	\$65 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$60	\$60	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$250	\$250	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



Florida | 2026 Individual & Family Plans

	Silver Elite	Silver Elite with AdventHealth	Silver Simple PCP Saver	Silver Simple PCP Saver with AdventHealth	Silver Simple Chronic Care CKM	Silver Simple Chronic Care CKM with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia		X		X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	
The Basics						
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,900 / \$11,800	\$5,900 / \$11,800
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$9,750 / \$19,500	\$9,850 / \$19,700	\$9,250 / \$18,500	\$9,250 / \$18,500	\$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						
Primary Care Visits	\$25	\$25	\$20	\$20	\$0	\$0
Virtual Visits Oscar Primary Care	\$0	\$25	\$0	\$20	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$65	\$65	\$80	\$80	\$35	\$35
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75
Emergency Room	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$25	\$25	\$20	\$20	\$0	\$0
Labs	50% after deductible	\$30	\$35	\$35	\$65	\$65
X-rays & Diagnostic Imaging	\$50 after deductible	\$50 after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$200 after deductible	\$200 after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	\$350 after deductible	\$350 after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$35	\$35	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$125	\$125	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	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	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



Florida | 2026 Individual & Family Plans

	Silver Classic Standard	Silver Classic Standard with AdventHealth	Silver Simple Women's Health with Menopause Benefits	Silver Simple Breathe Easy with Enhanced COPD Benefits	Silver Simple Diabetes	Silver Simple Diabetes with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X (Broad Network)	X	X	X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X	X	X	

The Basics

Deductible (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$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	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,900 / \$17,800	\$8,900 / \$17,800	\$10,150 / \$20,300	\$9,600 / \$19,200	\$10,000 / \$20,000	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No

Prices for Benefits

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



Florida | 2026 Individual & Family Plans

	Bronze Elite + PCP Saver Plus	Bronze Elite + PCP Saver Plus with AdventHealth	Bronze Classic 4700	Bronze Classic 4700 with AdventHealth	Bronze Simple Chronic Care CKM	Bronze Simple Diabetes
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia		X		X	X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	X

The Basics

Deductible (Individual / Family)	None	None	\$4,700 / \$9,400	\$4,700 / \$9,400	\$5,500 / \$11,000	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$10,600 / \$21,200	\$10,150 / \$20,300	\$9,200 / \$18,400	\$10,150 / \$20,300	\$10,150 / \$20,300
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	Yes	Yes	Yes

Prices for Benefits

Primary Care Visits	\$50	\$50	\$70	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)
Virtual Visits Oscar Primary Care	\$0	\$50	\$0	\$70	\$50	\$50
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$125	\$125	\$125	\$125	\$150	\$150
Urgent Care	\$75	\$75	\$125	\$125	\$200	\$200
Emergency Room	\$2,500	\$2,500	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$125	\$125	\$70	\$70	\$50 (first 5 visit(s) at \$0)	\$50 (first 5 visit(s) at \$0)
Labs	\$65	\$65	\$70	\$70	\$75	\$75
X-rays & Diagnostic Imaging	\$150	\$150	\$150	\$150	50% after deductible	50% after deductible
MRIs & Advanced Imaging	\$750	\$750	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	\$3,000 (copay applies for a maximum of 2 days per 1 admit)	\$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
Outpatient Facility Fee	\$1,200	\$1,200	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$35	\$35	\$35	\$35	\$30	\$30
RX Brand: Preferred (Tier 2)	\$125 after deductible	\$125 after deductible	50% after deductible	50% after deductible	\$75 after deductible	\$75 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	50% after deductible	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	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



Florida | 2026 Individual & Family Plans

	Bronze Classic Standard	Bronze Classic Standard with AdventHealth	Bronze Simple Breathe Easy with Enhanced COPD Benefits	Silver Classic Standard CSR 150	Silver Classic Standard CSR 150 with AdventHealth	Silver Classic Standard CSR 200
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X (Broad Network)	X	X	X (Broad Network)	X	X (Broad Network)
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X	X		X

The Basics

Deductible (Individual / Family)	\$7,500 / \$15,000	\$7,500 / \$15,000	\$9,000 / \$18,000	None	None	\$700 / \$1,400
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	None	None	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,600 / \$21,200	\$2,200 / \$4,400	\$2,200 / \$4,400	\$3,300 / \$6,600
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	Yes	Yes	No	No	No

Prices for Benefits

Primary Care Visits	\$50	\$50	40% after deductible	\$0	\$0	\$20
Virtual Visits Oscar Primary Care	\$0	\$50	\$0	\$0	\$0	\$20
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$100	\$100	40% after deductible	\$10	\$10	\$40
Urgent Care	\$75	\$75	40% after deductible	\$5	\$5	\$30
Emergency Room	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
Mental Health Office Visits	\$50	\$50	40% after deductible	\$0	\$0	\$20
Labs	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
X-rays & Diagnostic Imaging	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
MRIs & Advanced Imaging	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
Inpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
Outpatient Facility Fee	50% after deductible	50% after deductible	40% after deductible	25%	25%	30% after deductible
RX Generics: Preferred (Tier 1a)	\$25	\$25	\$3	\$0	\$0	\$10
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$30	\$0	\$0	\$10
RX Brand: Preferred (Tier 2)	\$50 after deductible	\$50 after deductible	\$75 after deductible	\$15	\$15	\$20
RX Brand: Non-preferred (Tier 3)	\$100 after deductible	\$100 after deductible	50% after deductible	\$50	\$50	\$60 after deductible
RX Brand: Specialty (Tier 4)	\$500 after deductible	\$500 after deductible	50% after deductible	\$150	\$150	\$250 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



Florida | 2026 Individual & Family Plans

	Silver Classic Standard CSR 200 with AdventHealth	Silver Classic Standard CSR 250	Silver Classic Standard CSR 250 with AdventHealth	Silver Elite CSR 150	Silver Elite CSR 150 with AdventHealth	Silver Elite CSR 200
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X	X (Broad Network)	X		X	
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Pam Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X		X
The Basics						
Deductible (Individual / Family)	\$700 / \$1,400	\$3,000 / \$6,000	\$3,000 / \$6,000	None	None	None
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	None	None	None
Out-of-Pocket Max (Individual / Family)	\$3,300 / \$6,600	\$7,400 / \$14,800	\$7,400 / \$14,800	\$1,500 / \$3,000	\$1,300 / \$2,600	\$3,500 / \$7,000
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Primary Care Visits	\$20	\$40	\$40	\$0	\$0	\$10
Virtual Visits Oscar Primary Care	\$20	\$0	\$40	\$0	\$0	\$10
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$40	\$80	\$80	\$15	\$5	\$30
Urgent Care	\$30	\$60	\$60	\$15	\$15	\$30
Emergency Room	30% after deductible	40% after deductible	40% after deductible	50%	50%	50%
Mental Health Office Visits	\$20	\$40	\$40	\$0	\$0	\$10
Labs	30% after deductible	40% after deductible	40% after deductible	50%	\$10	50%
X-rays & Diagnostic Imaging	30% after deductible	40% after deductible	40% after deductible	\$20	\$20	\$30
MRIs & Advanced Imaging	30% after deductible	40% after deductible	40% after deductible	\$75	\$75	\$75
Inpatient Facility Fee	30% after deductible	40% after deductible	40% after deductible	50%	50%	50%
Outpatient Facility Fee	30% after deductible	40% after deductible	40% after deductible	\$75	\$200	\$200
RX Generics: Preferred (Tier 1a)	\$10	\$20	\$20	\$0	\$0	\$3
RX Generics: Non-preferred (Tier 1b)	\$10	\$20	\$20	\$10	\$5	\$25
RX Brand: Preferred (Tier 2)	\$20	\$40	\$40	\$20	\$20	\$75
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	\$80 after deductible	\$80 after deductible	50%	50%	50%
RX Brand: Specialty (Tier 4)	\$250 after deductible	\$350 after deductible	\$350 after deductible	50%	50%	50%

*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



Florida | 2026 Individual & Family Plans

	Silver Elite CSR 200 with AdventHealth	Silver Elite CSR 250	Silver Elite CSR 250 with AdventHealth	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
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X		X	X	X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton		X		X	X	X
The Basics						
Deductible (Individual / Family)	None	\$5,000 / \$10,000	\$5,000 / \$10,000	None	\$900 / \$1,800	\$5,200 / \$10,400
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$3,350 / \$6,700	\$7,500 / \$15,000	\$7,500 / \$15,000	\$1,450 / \$2,900	\$2,900 / \$5,800	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Primary Care Visits	\$10	\$25	\$25	\$0	\$0	\$0
Virtual Visits Oscar Primary Care	\$10	\$0	\$25	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$30	\$65	\$65	\$5	\$25	\$40
Urgent Care	\$30	\$50	\$50	\$15	\$45	\$75
Emergency Room	50%	50% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Mental Health Office Visits	\$10	\$25	\$25	\$0	\$0	\$0
Labs	\$30	50% after deductible	\$30	\$10	\$35	\$65
X-rays & Diagnostic Imaging	\$30	\$50 after deductible	\$50 after deductible	30%	30% after deductible	50% after deductible
MRIs & Advanced Imaging	\$75	\$200 after deductible	\$200 after deductible	30%	30% after deductible	50% after deductible
Inpatient Facility Fee	50%	50% after deductible	50% after deductible	30%	30% after deductible	50% after deductible
Outpatient Facility Fee	\$200	\$350 after deductible	\$350 after deductible	30%	30% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$3	\$3	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$25	\$25	\$25	\$6	\$25	\$25
RX Brand: Preferred (Tier 2)	\$75	\$75	\$75	\$40	\$75	\$75
RX Brand: Non-preferred (Tier 3)	50%	50% after deductible	50% after deductible	50%	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	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



Florida | 2026 Individual & Family Plans

	Silver Simple Chronic Care CKM CSR 150	Silver Simple Chronic Care CKM CSR 150 with AdventHealth	Silver Simple Chronic Care CKM CSR 200	Silver Simple Chronic Care CKM CSR 200 with AdventHealth	Silver Simple Chronic Care CKM CSR 250	Silver Simple Chronic Care CKM CSR 250 with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia		X		X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	
The Basics						
Deductible (Individual / Family)	None	None	\$800 / \$1,600	\$800 / \$1,600	\$5,000 / \$10,000	\$5,000 / \$10,000
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,350 / \$6,700	\$3,350 / \$6,700	\$8,100 / \$16,200	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Primary Care Visits	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Visits Oscar Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$5	\$25	\$25	\$35	\$35
Urgent Care	\$30	\$30	\$45	\$45	\$60	\$60
Emergency Room	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0	\$0
Labs	\$10	\$10	\$35	\$35	\$60	\$60
X-rays & Diagnostic Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$10	\$10	\$20	\$20
RX Brand: Preferred (Tier 2)	\$15	\$15	\$60	\$60	\$60 after deductible	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% 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



Florida | 2026 Individual & Family Plans

	Silver Simple Diabetes CSR 150	Silver Simple Diabetes CSR 150 with AdventHealth	Silver Simple Diabetes CSR 200	Silver Simple Diabetes CSR 200 with AdventHealth	Silver Simple Diabetes CSR 250	Silver Simple Diabetes CSR 250 with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia		X		X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	
The Basics						
Deductible (Individual / Family)	None	None	\$800 / \$1,600	\$800 / \$1,600	\$4,600 / \$9,200	\$4,600 / \$9,200
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$1,550 / \$3,100	\$3,350 / \$6,700	\$3,350 / \$6,700	\$8,100 / \$16,200	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Primary Care Visits	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Visits Oscar Primary Care	\$0	\$0	\$0	\$0	\$0	\$0
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$5	\$5	\$25	\$25	\$40	\$40
Urgent Care	\$30	\$30	\$45	\$45	\$60	\$60
Emergency Room	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Mental Health Office Visits	\$0	\$0	\$0	\$0	\$0	\$0
Labs	\$10	\$10	\$35	\$35	\$60	\$60
X-rays & Diagnostic Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
MRIs & Advanced Imaging	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Inpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
Outpatient Facility Fee	30%	30%	30% after deductible	30% after deductible	50% after deductible	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$0	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$10	\$10	\$20	\$20
RX Brand: Preferred (Tier 2)	\$15	\$15	\$60	\$60	\$60 after deductible	\$60 after deductible
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% 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



Florida | 2026 Individual & Family Plans

	Silver Simple PCP Saver CSR 150	Silver Simple PCP Saver CSR 150 with AdventHealth	Silver Simple PCP Saver CSR 200	Silver Simple PCP Saver CSR 200 with AdventHealth	Silver Simple PCP Saver CSR 250	Silver Simple PCP Saver CSR 250 with AdventHealth
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia		X		X		X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X		X		X	
The Basics						
Deductible (Individual / Family)	None	None	\$850 / \$1,700	\$850 / \$1,700	\$4,800 / \$9,600	\$4,800 / \$9,600
Pharmacy Deductible (Individual / Family)	None	None	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,750 / \$3,500	\$1,750 / \$3,500	\$3,100 / \$6,200	\$3,100 / \$6,200	\$7,900 / \$15,800	\$7,900 / \$15,800
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No	No
Prices for Benefits						
Primary Care Visits	\$5	\$5	\$10	\$10	\$10	\$10
Virtual Visits Oscar Primary Care	\$0	\$5	\$0	\$10	\$0	\$10
Virtual Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visits	\$15	\$15	\$40	\$40	\$80	\$80
Urgent Care	\$30	\$30	\$50	\$50	\$75	\$75
Emergency Room	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$5	\$5	\$10	\$10	\$10	\$10
Labs	\$10	\$10	\$15	\$15	\$20	\$20
X-rays & Diagnostic Imaging	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	20%	20%	40% after deductible	40% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$0	\$3	\$3	\$3	\$3
RX Generics: Non-preferred (Tier 1b)	\$5	\$5	\$10	\$10	\$30	\$30
RX Brand: Preferred (Tier 2)	\$30	\$30	\$40	\$40	\$100	\$100
RX Brand: Non-preferred (Tier 3)	50%	50%	50% after deductible	50% after deductible	50% after deductible	50% after deductible
RX Brand: Specialty (Tier 4)	50%	50%	50% 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



Florida | 2026 Individual & Family Plans

	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
Counties: Charlotte, Flagler, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, Volusia	X	X	X
Counties: Alachua, Bay, Brevard, Broward, Citrus, Clay, Duval, Escambia, Hernando, Leon, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, St. John's, Saint Lucie, Santa Rosa, Sarasota, Walton	X	X	X

The Basics

Deductible (Individual / Family)	None	\$870 / \$1,740	\$5,500 / \$11,000
Pharmacy Deductible (Individual / Family)	None	Integrated with Medical	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$1,550 / \$3,100	\$3,350 / \$6,700	\$8,100 / \$16,200
\$0 Preventive care	✓	✓	✓
Dedicated Care Team	✓	✓	✓
HSA-Compatible?	No	No	No

Prices for Benefits

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

[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.

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.

[2] 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.

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

[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 won't be eligible for \$0 visits. Prescriptions, visits and services may be limited per provider discretion.