



Illinois | 2026
Individual & Family Plans [1]

	Secure	Gold Classic Standard	Gold Simple	Buena Salud Plateado 4360 CSR 150	Silver Classic Standard CSR 150	Silver Simple Diabetes CSR 150
The Basics						
Deductible (Individual / Family)	\$10,600 / \$21,200	\$2,000 / \$4,000	\$3,300 / \$6,600	\$0 / \$0	\$0 / \$0	\$0 / \$0
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200	\$8,200 / \$16,400	\$9,950 / \$19,900	\$1,500 / \$3,000	\$2,200 / \$4,400	\$1,550 / \$3,100
\$0 Preventive care	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓
HSA-Compatible?	Yes	No	No	No	No	No
Prices for Benefits [2]						
Virtual Urgent Care [3]	\$0 after deductible	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0 after deductible	\$30	\$5	\$5	\$0	\$0
Specialist Office Visits**	\$0 after deductible	\$60	\$10	\$10	\$10	\$5
Urgent Care	\$0 after deductible	\$45	\$50	\$50	\$5	\$30
Emergency Room	\$0 after deductible	25% after deductible	20% after deductible	25%	25%	30%
Mental Health Office Visits	\$0 after deductible	\$30	\$5	\$10	\$0	\$0
Labs**	\$0 after deductible	25% after deductible	\$30	\$10	25%	\$10
X-rays & Diagnostic Imaging	\$0 after deductible	25% after deductible	\$30	25%	25%	30%
MRIs & Advanced Imaging	\$0 after deductible	25% after deductible	20% after deductible	25%	25%	30%
Inpatient Facility Fee	\$0 after deductible	25% after deductible	20% after deductible	25%	25%	30%
Outpatient Facility Fee	\$0 after deductible	25% after deductible	20% after deductible	25%	25%	30%
RX Generics: Preferred (Tier 1a)	\$0 after deductible	\$15	\$3	\$0	\$0	\$0
RX Generics: Non-preferred (Tier 1b)	\$0 after deductible	\$15	\$10	\$5	\$0	\$5
RX Brand: Preferred (Tier 2)	\$0 after deductible	\$30	\$65 after deductible	\$15	\$15	\$15
RX Brand: Non-preferred (Tier 3)	\$0 after deductible	\$60	50% after deductible	\$50	\$50	50%
RX Brand: Specialty (Tier 4)	\$0 after deductible	\$250	50% after deductible	\$300	\$150	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.
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Illinois | 2026 Individual & Family Plans [1]

	Silver Elite Saver Plus Rx Copay CSR 150	Silver Elite Saver Plus Rx Copay CSR 200	Silver Elite Saver Plus Rx Copay	Silver Elite Saver Plus Rx Copay CSR 250	Silver Classic Standard CSR 200
The Basics					
Deductible (Individual / Family)	\$50 / \$100	\$100 / \$200	\$500 / \$1,000	\$500 / \$1,000	\$700 / \$1,400
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)	\$1,500 / \$3,000	\$3,500 / \$7,000	\$9,500 / \$19,000	\$8,200 / \$16,400	\$3,300 / \$6,600
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$15	\$50	\$45	\$20
Specialist Office Visits**	\$10	\$30	\$100	\$90	\$40
Urgent Care	\$15	\$15	\$50	\$50	\$30
Emergency Room	20% after deductible	30% after deductible	50% after deductible	50% after deductible	30% after deductible
Mental Health Office Visits	\$0	\$15	\$50	\$45	\$20
Labs**	\$10	\$20	\$50	\$50	30% after deductible
X-rays & Diagnostic Imaging	\$10	\$50	\$100	\$100	30% after deductible
MRIs & Advanced Imaging	20% after deductible	30% after deductible	50% after deductible	50% after deductible	30% after deductible
Inpatient Facility Fee	20% after deductible	30% after deductible	50% after deductible	50% after deductible	30% after deductible
Outpatient Facility Fee	20% after deductible	30% after deductible	50% after deductible	50% after deductible	30% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$3	\$3	\$3	\$10
RX Generics: Non-preferred (Tier 1b)	\$5	\$20	\$30	\$25	\$10
RX Brand: Preferred (Tier 2)	\$30	\$50	\$100	\$100	\$20
RX Brand: Non-preferred (Tier 3)	\$200	\$400	\$500	\$500	\$60 after deductible
RX Brand: Specialty (Tier 4)	\$400	\$550	\$650	\$650	\$250 after deductible

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Illinois | 2026 Individual & Family Plans [1]

	Buena Salud Plateado 4360 CSR 200	Silver Simple Diabetes CSR 200	Silver Classic Standard CSR 250	Buena Salud Plateado 4360 CSR 250	Buena Salud Plateado 4360
The Basics					
Deductible (Individual / Family)	\$800 / \$1,600	\$800 / \$1,600	\$3,000 / \$6,000	\$3,250 / \$6,500	\$4,360 / \$8,720
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)	\$3,000 / \$6,000	\$3,350 / \$6,700	\$7,400 / \$14,800	\$7,500 / \$15,000	\$9,700 / \$19,400
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	No	No
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$20	\$0	\$40	\$40	\$40
Specialist Office Visits**	\$40	\$25	\$80	\$80	\$80
Urgent Care	\$75	\$45	\$60	\$100	\$100
Emergency Room	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Health Office Visits	\$20	\$0	\$40	\$40	\$40
Labs**	\$20	\$35	40% after deductible	\$40	\$40
X-rays & Diagnostic Imaging	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible
MRIs & Advanced Imaging	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible
Inpatient Facility Fee	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	30% after deductible	40% after deductible	40% after deductible	40% after deductible
RX Generics: Preferred (Tier 1a)	\$4	\$0	\$20	\$4	\$4
RX Generics: Non-preferred (Tier 1b)	\$10	\$10	\$20	\$20	\$20
RX Brand: Preferred (Tier 2)	\$20	\$60	\$40	\$40	\$40
RX Brand: Non-preferred (Tier 3)	\$60 after deductible	50% after deductible	\$80 after deductible	\$80 after deductible	\$80 after deductible
RX Brand: Specialty (Tier 4)	\$300 after deductible	50% after deductible	\$350 after deductible	\$300 after deductible	\$300 after deductible

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Illinois | 2026 Individual & Family Plans [1]

	Silver Simple Diabetes CSR 250	Silver Classic Standard	Silver Simple Diabetes	Bronze Elite + PCP Saver Plus Rx	Bronze Classic Standard
The Basics					
Deductible (Individual / Family)	\$4,600 / \$9,200	\$6,000 / \$12,000	\$6,500 / \$13,000	\$0 / \$0	\$7,500 / \$15,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	\$8,100 / \$16,200	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$8,100 / \$16,200	\$8,900 / \$17,800	\$10,000 / \$20,000	\$10,600 / \$21,200	\$10,000 / \$20,000
\$0 Preventive care	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓
HSA-Compatible?	No	No	No	Yes	Yes
Prices for Benefits [2]					
Virtual Urgent Care [3]	\$0	\$0	\$0	\$0	\$0
Primary Care Office Visits	\$0	\$40	\$0	\$50	\$50
Specialist Office Visits**	\$40	\$80	\$40	\$150	\$100
Urgent Care	\$60	\$60	\$75	\$75	\$75
Emergency Room	50% after deductible	40% after deductible	50% after deductible	\$2,500	50% after deductible
Mental Health Office Visits	\$0	\$40	\$0	\$50	\$50
Labs**	\$60	40% after deductible	\$65	\$65	50% after deductible
X-rays & Diagnostic Imaging	50% after deductible	40% after deductible	50% after deductible	\$150	50% after deductible
MRIs & Advanced Imaging	50% after deductible	40% after deductible	50% after deductible	\$750	50% after deductible
Inpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	\$3,000 (copay applies max 2 days per 1 admit)	50% after deductible
Outpatient Facility Fee	50% after deductible	40% after deductible	50% after deductible	\$1,200	50% after deductible
RX Generics: Preferred (Tier 1a)	\$0	\$20	\$0	\$3	\$25
RX Generics: Non-preferred (Tier 1b)	\$20	\$20	\$25	\$35	\$25
RX Brand: Preferred (Tier 2)	\$60 after deductible	\$40	\$75 after deductible	\$125 after deductible	\$50 after deductible
RX Brand: Non-preferred (Tier 3)	50% after deductible	\$80 after deductible	50% after deductible	\$500 after deductible	\$100 after deductible
RX Brand: Specialty (Tier 4)	50% after deductible	\$350 after deductible	50% after deductible	\$750 after deductible	\$500 after deductible

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Illinois | 2026
Individual & Family Plans [1]

Bronze Simple

The Basics

Deductible (Individual / Family)	\$9,000 / \$18,000
Pharmacy Deductible (Individual / Family)	Integrated with Medical
Out-of-Pocket Max (Individual / Family)	\$10,600 / \$21,200
\$0 Preventive care	☒
Dedicated Care Team	☒
HSA-Compatible?	Yes

Prices for Benefits [2]

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

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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.