

Oscar New York Plans 2017

What you pay for certain benefits can get tricky. We've highlighted the most common scenarios below. Check the plan's Summary of Benefits & Coverage or call one of our plan guides if you have questions.

| | Simple | | | | | Market | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|----------|---|
| | Secure | Bronze | Silver | Gold | Platinum | Bronze | Silver | Gold | Platinum | |
| The Basics | | | | | | | | | | |
| Free 24/7 calls with doctors | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Up to \$240/year in step tracking rewards | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Free preventive care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Individual Deductible* | \$7,150 | \$7,150 | \$7,150 | \$3,000 | \$1,500 | \$4,000 | \$2,000 | \$600 | \$0 | |
| Individual Out-of-Pocket Max* | \$7,150 | \$7,150 | \$7,150 | \$3,000 | \$1,500 | \$7,150 | \$6,750 | \$4,000 | \$2,000 | |
| Prices before you meet your deductible | | | | | | | | | | |
| Primary Care visits | 3 for \$0 | Full Price | \$10 | \$10 | \$10 | Full Price | Full Price | Full Price | \$15 | |
| Specialist visits | Full Price | Full Price | \$50 | \$50 | \$50 | Full Price | Full Price | Full Price | \$35 | |
| Mental Health visits | Full Price | Full Price | \$50 | \$50 | \$50 | Full Price | Full Price | Full Price | \$15 | |
| Physical, Occupational, and Speech Therapy | Full Price | Full Price | \$50 | \$50 | \$50 | Full Price | Full Price | Full Price | \$25 | |
| Urgent Care | Full Price | Full Price | \$100 | \$100 | \$100 | Full Price | Full Price | Full Price | \$55 | |
| Labs | Full Price | Full Price | \$25 | \$25 | \$25 | Full Price | Full Price | Full Price | \$35 | |
| Generic Drugs | Full Price | \$5 | \$0 | \$0 | \$0 | Full Price | \$10 | \$10 | \$10 | |
| Preferred Brand Drugs | Full Price | Full Price | \$50 | \$50 | \$50 | Full Price | \$35 | \$35 | \$35 | |
| Non-Preferred Brand Drugs | Full Price | Full Price | Full Price | Full Price | Full Price | Full Price | \$70 | \$70 | \$70 | |
| Specialty Drugs | Full Price | Full Price | Full Price | Full Price | Full Price | Full Price | \$70 | \$70 | \$70 | |
| Prices after you meet your deductible | | | | | | | | | | |
| Primary Care visits | | | | | | 50% | \$30 | \$25 | \$15 | |
| Specialist visits | | | | | | 50% | \$50 | \$40 | \$35 | |
| Mental Health visits | | | | | | 50% | \$30 | \$25 | \$15 | |
| Physical, Occupational, and Speech Therapy | | | | | | 50% | \$30 | \$30 | \$25 | |
| Urgent Care | | | | | | 50% | \$70 | \$60 | \$55 | |
| Labs | | | | | | 50% | \$50 | \$40 | \$35 | |
| Xrays & Diagnostic Imaging | | | | | | 50% | \$50 | \$40 | \$35 | |
| MRIs & Advanced Imaging | | | | | | 50% | \$50 | \$40 | \$35 | |
| Emergency Room | | | | | | 50% | \$250 | \$150 | \$100 | |
| Inpatient Facility & Skilled Nursing Facility | | | | | | 50% | \$1,500 | \$1,000 | \$500 | |
| Outpatient Facility | | | | | | 50% | \$100 | \$100 | \$100 | |
| Outpatient Professional | | | | | | 50% | \$100 | \$100 | \$100 | |
| Generic Drugs | | | | | | | \$10 | \$10 | \$10 | |
| Preferred Brand Drugs | | | | | | | \$35 | \$35 | \$35 | |
| Non-Preferred Brand Drugs | | | | | | | \$70 | \$70 | \$70 | |
| Specialty Drugs | | | | | | | \$70 | \$70 | \$70 | |

Why aren't there copays or coinsurance amounts here?

With our Simple plans, you pay for covered services up to your deductible. After that, Oscar pays for everything.

No more copays. No coinsurance.

* Family deductibles and maxes are simply twice the individual amounts
 "Full Price" - Member pays Oscar's negotiated rate until reaching the plan's deductible

Oscar New York Rates 2017

Ready to sign up? Talk with your broker to get a quote.

| | Simple | | | | | Market | | | |
|----------------------------------|----------|------------|------------|------------|------------|------------|------------|------------|------------|
| | Secure | Bronze | Silver | Gold | Platinum | Bronze | Silver | Gold | Platinum |
| Premium | | | | | | | | | |
| Individual | \$164.14 | \$424.52 | \$483.44 | \$634.68 | \$735.91 | \$429.25 | \$542.29 | \$678.04 | \$779.62 |
| Individual + Spouse | \$328.28 | \$849.03 | \$966.89 | \$1,269.37 | \$1,471.82 | \$858.49 | \$1,084.59 | \$1,356.08 | \$1,559.23 |
| Individual + Child | \$279.04 | \$721.68 | \$821.86 | \$1,078.96 | \$1,251.04 | \$729.72 | \$921.90 | \$1,152.67 | \$1,325.35 |
| Family | \$467.80 | \$1,209.87 | \$1,377.82 | \$1,808.85 | \$2,097.34 | \$1,223.35 | \$1,545.53 | \$1,932.41 | \$2,221.91 |
| Child Only | - | - | - | - | - | \$176.85 | \$223.42 | \$279.35 | \$321.20 |
| Premium with age 29 rider | | | | | | | | | |
| Individual | \$164.91 | \$426.90 | \$486.17 | \$638.12 | \$739.70 | \$431.63 | \$545.29 | \$681.56 | \$783.50 |
| Individual + Spouse | \$329.82 | \$853.79 | \$972.33 | \$1,276.24 | \$1,479.39 | \$863.25 | \$1,090.59 | \$1,363.12 | \$1,567.01 |
| Individual + Child | \$280.35 | \$725.72 | \$826.48 | \$1,084.81 | \$1,257.48 | \$733.77 | \$927.00 | \$1,158.66 | \$1,331.96 |
| Family | \$469.99 | \$1,216.66 | \$1,385.58 | \$1,818.65 | \$2,108.13 | \$1,230.14 | \$1,554.09 | \$1,942.45 | \$2,232.99 |

* Family deductibles and maxes are simply twice the individual amounts
 "Full Price" - Member pays Oscar's negotiated rate until reaching the plan's deductible



We've built a quality provider network, the Oscar way.

The 2017 Oscar New York Network.

In 2017 Oscar will be introducing a proprietary network in New York that will provide access to over 20,000 in-network providers and 31 area hospitals. Oscar's 2016 network will remain in effect with no change until January 1, 2017. Oscar's plans cover care received with doctors and hospitals in our network, and you never need a referral. Out of network care will not be covered except in the case of an emergency.

Our 2017 Participating Hospitals:

Bronx

- Montefiore Medical Center - Moses Campus
- Montefiore Westchester Square
- Montefiore Medical Center - Wakefield Campus
- The Children's Hospital at Montefiore
- Montefiore Medical Center - Einstein Campus

Kings

- Mount Sinai Brooklyn
- Brooklyn Hospital Center
- Kingsbrook Jewish Medical Center

Nassau

- Mercy Medical Center
- St. Francis Hospital
- St. Joseph Hospital
- South Nassau Communities Hospital
- Winthrop University Hospital

Rockland

- Nyack Hospital

New York

- Mount Sinai Beth Israel
- Mount Sinai Hospital
- New York Eye & Ear Infirmary of Mount Sinai
- Mount Sinai Roosevelt
- Mount Sinai St Luke's

Queens

- Flushing Hospital Medical Center
- Jamaica Hospital Medical Center
- Mount Sinai Hospital of Queens
- Medisys Health Network

Suffolk

- Brookhaven Memorial Hospital Medical Center
- Good Samaritan Hospital Medical Center
- John T. Mather Memorial Hospital
- St. Catherine of Siena Medical Center
- St. Charles Hospital & Rehabilitation Center

Richmond

- Richmond University Medical Center

Westchester

- Montefiore Mount Vernon Hospital
- Montefiore New Rochelle White Plains Hospital Center

Here's a simple guide to help pick a plan.

Answer a few questions to find the plan options that minimize yearly costs:

- 1. **Prescriptions:** Do you take any prescription medications?
- 2. **Healthcare Needs:** Are you managing a chronic condition or have a planned procedure?
- 3. **Doctors:** Do you regularly see a doctor or therapist?

Answers to client questions:

| 1) Prescriptions? | 2) Healthcare Needs? | 3) Doctors? | Plan Recommendations |
|----------------------------------|-------------------------------|-------------|---|
| None / Generic | "No" (low healthcare needs) | No | Simple Secure (under 30) or Simple Bronze |
| None / Generic | "No" (low healthcare needs) | Yes | Simple Silver |
| None / Generic | "Yes" (high healthcare needs) | n/a | Simple Gold or Simple Platinum |
| Preferred Brand | "No" (low healthcare needs) | No | Market Silver |
| Preferred Brand | "No" (low healthcare needs) | Yes | Simple Silver |
| Preferred Brand | "Yes" (high healthcare needs) | n/a | Simple Gold or Simple Platinum |
| Non-Preferred Brand or Specialty | "No" (low healthcare needs) | n/a | Market Silver |
| Non-Preferred Brand or Specialty | "Yes" (high healthcare needs) | n/a | Market Gold or Market Platinum |

We've simplified our plan portfolio for 2017. Here's how 2016 plans will be mapped.

- Simple** | All Simple plans will be auto enrolled in 2017 Simple plan
- Simple+** | No Simple+ plans in 2017; all Simple+ plans will be auto enrolled into a 2017 Simple plan
- Classic** | No Classic plans in 2017; all Classic plans will be auto enrolled into a 2017 Market plan **except** Classic Bronze, which will be enrolled in Simple Bronze
- Market** | All market plans will be auto enrolled into a 2017 Market plan



Nongroup Enrollment/Change Request New York Off-Exchange

Choose your plan

| | |
|-----------------|-----------------|
| Simple Secure | Market Bronze |
| Simple Bronze | Market Silver |
| Simple Silver | Market Gold |
| Simple Gold | Market Platinum |
| Simple Platinum | |

Select if you'd like to purchase a rider to cover dependent(s) aged 26-29

Note: Pediatric Dental coverage is included in all medical plans

Oscar ID (if changing an existing plan)

Who are you buying insurance for?

| | | |
|---------------------|---------------------|-----------------------------------|
| Individual | Parent & Child(ren) | Child Only (see back for info) |
| Individual & Spouse | Family | |

Type of Activity

| | | |
|------------------|-----------------------|----------------------------|
| Add dependent | Change benefit plan | Update name and/or address |
| Remove dependent | Marital status change | |

Special enrollment period (following a triggering event, see list in instructions)

Requested Start Date ____/____/____ Date of Event ____/____/____

Reason

Choose your plan

*If you have a disabled dependent over age 26, please contact us at brokers@hioscar.com to request a disabled dependent form

| | Name (First, Middle Initial, Last) | Is dependent disabled?* | Gender (M/F) | Social Security No. | Date of Birth (MM/DD/YYYY) | Enrolled in Medicare? |
|--------------------|------------------------------------|-------------------------|--------------|---------------------|----------------------------|-----------------------|
| Applicant | | | | | | |
| Spouse | | | | | | |
| Child dependent(s) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Just a few more questions

| | | | | | | |
|--|----------------|---------------|---------|------------------|----------|----------|
| Home address | Apt # | City | County | State | Zip code | |
| Home phone | Cell phone | Email address | | | | |
| Primary language (if other than English) | Marital status | Single | Married | Domestic Partner | | |
| If your mailing address is different than your home address, please enter it below | | | | | | |
| Name | Address | Apt # | City | County | State | Zip code |

GA / Broker info (if applicable)

| | Name | Writing number | Agency name | Phone | Email |
|-----------|-------------------------|-----------------|--------------------------|---------------------|---------------------------------------|
| GA | Savoy Associates | | | | |
| Broker | James Eckardt | LA747282 | Peak Advisors Inc | 631-207-1800 | info@peakinsuranceadvisors.com |
| Co-broker | | | | | |

Please Read the Following Terms & Conditions Carefully

I understand that upon review of my Contract that I may cancel it. Any request to cancel must be made in writing within 10 days from the date I receive the Contract. On behalf of myself and any covered dependents, to the extent permitted by law, I hereby authorize all health care providers who have rendered service to any of us and any payers of claims to provide to Oscar any records pertaining to care provided, claims paid and/or our medical history. I authorize Oscar to provide such information to network physicians for the purpose of continuity of care, medical management, etc. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. I am applying for coverage for myself, my spouse and my eligible dependent children named on this application. All statements made within this form are true and accurate to the best of my knowledge.

_____/_____/_____
Signature Date

By typing your name, you are signing this Agreement electronically and consenting to its terms & conditions. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. Note that Oscar will use either your qualifying event date or date the application was submitted to Oscar to determine your effective date of coverage. We will not use the signature date on this application.

Instructions for making changes to your contract

1. Write the current contract holder's information (name, address, date of birth, gender, SSN, phone, and email).
Exception: if you are making a change to the contract holder's name or address, please write the new name or address (see below for further instructions).
2. Enter current Oscar member ID.
3. Follow the instructions below for the specific change you want to make.
4. Enter the month you want the change to take effect in the "Effective Date of Coverage" field.

Adding a dependent

- Check the "Add Dependent" box.
- Indicate the date of qualifying event:
 - Date of birth or adoption (Congrats!).
 - Date other health insurance coverage was lost.
- Enter the new dependent's information in the eligible family members section.

Removing a dependent

- Check the "Remove Dependent" box.
- Enter the information of the dependent being removed in the eligible family members section.

Updating name and/or address

- Check the "Update Name and/or Address" box.
- If changing the contract holder's name and/or address: Enter the new name/address in the appropriate fields at the top of the form. Please include all other identifying information as well (date of birth, SSN, telephone number, email address).
- If changing the name of a dependent: Enter the new name of the dependent in the appropriate field under the eligible family members section. Please include the other identifying information as well (gender, SSN, and date of birth).

Changing benefit plan

- Check the "Change Benefit Plan" box.
- Enter the contract holder's information in the appropriate fields at the top of the form.
- In the choose your plan section at the top, indicate the plan you'd like to switch into. Please be aware that if your contract is an Individual & Spouse, Parent & Child(ren), or Family, the change will be applied to everyone on the contract.

Marital status change

- Check the "Marital Status Change" box.
- Indicate the date on which your marital status changed.
- If you're including a new family member (spouse or domestic partner), check the "Add Dependent" box and enter the new family member's information in the eligible family members section.
- If you're removing an existing family member, check the "Remove Dependent" box and enter the information of the person being removed in the eligible family members section.

Eligibility

1. You must not be enrolled in Medicare.
2. Pediatric dental is a mandatory Essential Health Benefit under the Affordable Care Act (ACA) and is automatically included in all Oscar plans. Benefits are provided to any covered person under the age of 19.

Triggering events

1. Loss of eligibility for minimum essential coverage but not if lost due to non-payment of premium
2. Dependent attained age 26 and lost coverage
3. Marketplace changed your subsidy determination
4. New dependent due to marriage, domestic partnership, birth, adoption, placement for adoption, or a child support order or other court order.
5. Gained access to New York plans as a result of permanent move to New York
6. No longer incarcerated
7. Became lawfully present
8. Gained status as an Indian
9. Enrollment or non-enrollment in another qualified health plan was unintentional, inadvertent, or erroneous and was the result of the error, misrepresentation, or agent of a health plan or the Exchange
10. Can demonstrate another qualified health plan in which prospective member was enrolled substantially violated a material provision of its contract
11. Became pregnant as certified by a health care professional and previously did not have health insurance

For a list of qualifying event documentation, please see hioscar.com/brokers/resources

Child only plan

You must list a responsible party if the subscriber is under 18. Please put this responsible party information in the Applicant field and the child's information in the Child dependent(s) field. Please make sure to select "Child only" under the "Who are you buying insurance for?" section. Note that you can only pick a standard metal plan for a child only plan. Also, there can only be one child per child only plan.

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Special enrollment – Qualifying life event guidelines

All SEP enrollees are required to provide documentation of their qualifying life event (QLE) according to the chart below. Brokers should collect this documentation from their client at the time of sale, review for validity, and submit to their General Agent along with this application. All documentation will be audited by Oscar.

| Qualifying event | Required Documentation | Effective date of coverage |
|---|---|---|
| Loss of minimal essential coverage | | |
| Lost your job (voluntarily or involuntarily) Employer stopped offering health insurance Insurance through employer is no longer affordable or is no longer minimum essential coverage | Termination notice from prior employer/insurer indicating loss of coverage | Either: <ul style="list-style-type: none"> • 1st of the month following event, or • 1st of month following date Oscar receives application |
| Aging out | Letter from prior carrier indicating a person is aging out | |
| Divorce, annulment, legal separation, or end of domestic partnership | Copy of divorce decree or other relevant proof | |
| Death of a spouse | Copy of death certificate | |
| COBRA coverage terminated | Letter from COBRA administrator or prior carrier indicating loss of COBRA coverage | |
| No longer eligible for Medicaid or Child Health Plus | Letter from Medicaid/CHP indicating loss of coverage | |
| Non-loss of coverage events | | |
| Moved into Oscar's service area | Proof of residence from both new address and old address. Proof of residence from old address must be dated within the past 120 days and proof of residence from new address must be from within the previous 45 days. | Either: <ul style="list-style-type: none"> • 1st of the month following event, or • 1st of month following date Oscar receives application |
| Gained a dependent through marriage or domestic partnership | Copy of marriage certificate or certificate of domestic partnership. If domestic partnership registration does not exist in coverage area, please see Oscar's off exchange certificate of coverage for alternate means of establishing proof of domestic partnership. | 1st of month following date Oscar receives application |
| Gained a child dependent or became a child dependent through birth, adoption, placement for adoption, a child support order or another court order | Copy of birth/adoption certificate or proof of birth from hospital reflecting date of birth. Copy of court order or child support order. | If Oscar receives notice of birth/adoption within 60 days of birth, member may choose effective date: <ul style="list-style-type: none"> • 1st of month in which event occurs, • 1st of month following event, • 1st of month after plan selection if that is later than the first two options, • 1st of following month after plan selection if that is later than the first two options. If Oscar receives notice after 60 days, coverage begins on the 1st of month in which Oscar receives the application. |



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Qualifying event

Required Documentation

Effective date of coverage

| Non-loss of coverage events (continued) | | |
|--|--|---|
| Pregnancy | Certification from healthcare provider | 1st of month in which you become certified as pregnant, or 1st of month following certification |
| Released from incarceration | Proof of release from incarceration | <p>If signup between 1st-15th of month: 1st of month following date Oscar receives the application</p> <p>If signup between 16th-end of month: 1st of 2nd month following date Oscar receives the application</p> |
| Became lawfully present | Proof of lawfully present status. Please see: healthcare.gov/immigrants/lawfully-present-immigrants/ for more details | |
| Member of a federally recognized Indian tribe | Proof of status | |
| Enrollment or non-enrollment in another qualified health plan was unintentional, inadvertent or erroneous and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the Exchange | Letter from Exchange verifying eligibility to enroll in a new plan | |
| Can demonstrate another qualified health plan in which prospective member was enrolled substantially violated a material provision of its contract. | Letter from Exchange verifying eligibility to enroll in a new plan | |
| Determined newly eligible or newly ineligible for advance payments of the premium tax credit or have a change in eligibility for costsharing reductions | Letter from the Exchange indicating eligibility change for advanced premium tax credits or cost-sharing reduction plans | |



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