

**State:** New York **Filing Company:** Oscar Insurance Corporation  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /

### Filing at a Glance

Company: Oscar Insurance Corporation  
 Product Name: Oscar 2015 On Exchange Prior approval filing  
 State: New York  
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense  
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
 Filing Type: Prior Approval Exchange Form & Rate Filing  
 Date Submitted: 07/03/2014  
 SERFF Tr Num: OHIN-129616646  
 SERFF Status: Assigned  
 State Tr Num: 2014070030  
 State Status:  
 Co Tr Num:  
  
 Implementation: 01/01/2015  
 Date Requested:  
 Author(s):   
 Reviewer(s):   
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
  
 State Filing Description:

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### General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 07/03/2014
	State Status Changed:
Deemer Date:	Created By: Jill Trachtenberg Stein
Submitted By: Jill Trachtenberg Stein	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

**Filing Description:**  
 On exchange rate adjustment filing

### Company and Contact

#### Filing Contact Information

[Redacted]	[Redacted]

#### Filing Company Information

Oscar Insurance Corporation	CoCode: 15281	State of Domicile: New York
295 Lafayette Street	Group Code:	Company Type: Insurance
6th Floor	Group Name:	State ID Number:
New York City, NY 10012	FEIN Number: 46-2043136	
(646) 403-3677 ext. [Phone]		

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

### State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Article 42
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No

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4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group prefilling notification, out-of-state, or a report filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Prior approval rate adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes

SERFF Tracking #:

OHIN-129616646

State Tracking #:

2014070030

Company Tracking #:

State: New York

Filing Company: Oscar Insurance Corporation

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: Oscar 2015 On Exchange Prior approval filing

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## Form Schedule

Lead Form Number: Oscar EPO NY XP 2015

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Oscar EPO NY XP 2015		CER	Initial			

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

SERFF Tracking #:

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Company Tracking #:

State:

New York

Filing Company:

Oscar Insurance Corporation

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Oscar 2015 On Exchange Prior approval filing

Project Name/Number:

/

## Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Oscar Insurance Corporation	Increase	4.920%	4.920%	\$798,055	9,140	\$16,220,641	12.700%	-15.200%

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**Rate Review Detail**

**COMPANY:**

Company Name: Oscar Insurance Corporation  
 HHS Issuer Id: 74289

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Oscar Bronze	74289NY008		584
Oscar Bronze Child(ren) Only	74289NY013		10
Oscar Bronze Edge	74289NY010		2046
Oscar Bronze Edge Plus	74289NY009		336
Oscar Gold	74289NY003		873
Oscar Gold Child(ren) Only	74289NY012		5
Oscar Gold Edge	74289NY004		302
Oscar Platinum	74289NY001		1597
Oscar Platinum Child(ren)	74289NY011		15
Oscar Platinum Edge	74289NY002		410
Oscar Secure	74289NY016		796
Oscar Silver	74289NY005		843
Oscar Silver Child(ren) Only	74289NY014		16
Oscar Silver Edge	74289NY006		2956
Oscar Silver Edge Plus	74289NY007		769

Trend Factors:

**FORMS:**

New Policy Forms: Oscar EPO NY XP 2015, Oscar EPO NY XP Child Only 2015, Oscar EPO NY XP Catastrophic 2015

Affected Forms:

Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 11,559  
 Benefit Change: Increase  
 Percent Change Requested: Min: -15.2 Max: 12.7 Avg: 4.92

**PRIOR RATE:**

Total Earned Premium: 12,976,513.00  
 Total Incurred Claims: 5,518,935.00  
 Annual \$: Min: 170.31 Max: 565.84 Avg: 384.72

**REQUESTED RATE:**

Projected Earned Premium: 72,520,572.00

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**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /  
Projected Incurred Claims: 51,974,153.00  
Annual \$: Min: 170.31 Max: 565.84 Avg: 384.72

**SERFF Tracking #:**

OHIN-129616646

**State Tracking #:**

2014070030

**Company Tracking #:****State:**

New York

**Filing Company:**

Oscar Insurance Corporation

**TOI/Sub-TOI:**

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

**Product Name:**

Oscar 2015 On Exchange Prior approval filing

**Project Name/Number:**

/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Oscar On-Exchange Rate Manual		New		On Exchange Rate Manual 2015 FINAL.pdf,



OSCAR INSURANCE CORPORATION  
RATE MANUAL FOR ON-EXCHANGE PRODUCTS

EFFECTIVE:  
JANUARY 1, 2015

HIOS ID: 74289NY

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# Product Name, Product Description, HIOS/Plan ID and Rates

## Platinum

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Platinum (Child Only)	Child Only	74289NY0110001					\$249.62
Oscar Platinum Standard	Standard, No Dental, Dependent Age 26	74289NY0010001	\$605.86	\$1,211.73	\$1,029.97	\$1,726.71	
Oscar Platinum Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0010002	\$610.54	\$1,221.07	\$1,037.91	\$1,740.03	
Oscar Platinum Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0020001	\$609.69	\$1,219.39	\$1,036.48	\$1,737.63	
Oscar Platinum Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0020002	\$614.38	\$1,228.76	\$1,044.44	\$1,750.98	
Oscar Simple 1000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0410001	\$586.03	\$1,172.05	\$996.25	\$1,670.18	
Oscar Simple 1000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0410002	\$590.64	\$1,181.28	\$1,004.09	\$1,683.33	

## Gold

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Gold (Child Only)	Child Only	74289NY0120001					\$216.06
Oscar Gold Standard	Standard, Dental, Dependent Age 26	74289NY0030001	\$524.41	\$1,048.82	\$891.49	\$1,494.56	
Oscar Gold Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0030002	\$528.01	\$1,056.02	\$897.62	\$1,504.84	
Oscar Gold Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0040001	\$529.19	\$1,058.39	\$899.63	\$1,508.20	
Oscar Gold Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0040002	\$532.84	\$1,065.69	\$905.84	\$1,518.61	
Oscar Simple 2000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0540001	\$505.45	\$1,010.90	\$859.26	\$1,440.53	
Oscar Simple 2000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0540002	\$509.03	\$1,018.06	\$865.35	\$1,450.73	

## Silver

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Silver (Child Only)	Child Only	74289NY0140001					\$183.61
Oscar Silver Standard	Standard, Dental, Dependent Age 26	74289NY0050001	\$445.65	\$891.30	\$757.61	\$1,270.11	
Oscar Silver Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0050002	\$449.15	\$898.31	\$763.56	\$1,280.09	
Oscar Silver Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0060001	\$407.51	\$815.03	\$692.77	\$1,161.41	
Oscar Silver Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0060002	\$410.82	\$821.65	\$698.40	\$1,170.85	
Oscar Silver Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0070001	\$439.02	\$878.03	\$746.33	\$1,251.20	
Oscar Silver Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0070002	\$442.50	\$884.99	\$752.25	\$1,261.12	
Oscar Simple 4500	Non-Standard 3, No Dental, Dependent Age 26	74289NY0500001	\$404.04	\$808.08	\$686.87	\$1,151.51	
Oscar Simple 4500; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0500002	\$407.34	\$814.68	\$692.48	\$1,160.91	

## Bronze

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Bronze (Child Only)	Child Only	74289NY0130001					\$148.76
Oscar Bronze Standard	Standard, Dental, Dependent Age 26	74289NY0080001	\$361.06	\$722.12	\$613.80	\$1,029.02	
Oscar Bronze Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0080002	\$363.93	\$727.86	\$618.68	\$1,037.20	
Oscar Bronze Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0100001	\$342.99	\$685.98	\$583.09	\$977.53	
Oscar Bronze Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0100002	\$345.77	\$691.55	\$587.82	\$985.46	
Oscar Bronze Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0090001	\$382.35	\$764.69	\$649.99	\$1,089.69	
Oscar Bronze Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0090002	\$385.35	\$770.70	\$655.10	\$1,098.25	
Oscar Simple 6600	Non-Standard 3, No Dental, Dependent Age 26	74289NY0520001	\$349.68	\$699.37	\$594.46	\$996.60	
Oscar Simple 6600; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0520002	\$352.49	\$704.98	\$599.23	\$1,004.59	

## Catastrophic

Product Name	Product Description	Plan ID	Premium Per Contract			
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)
Oscar Catastrophic	Standard, No Dental, Dependent Age 26	74289NY0160001	\$184.92	\$369.83	\$314.36	\$527.01

# PLAN DESCRIPTIONS

Standard Plans									
	Platinum	Gold	Silver	Silver CSR 200-250% FPL	Silver CSR 150-200% FPL	Silver CSR 100-150% FPL	Bronze	Catastrophic	
Single/Family Deductible	\$0/\$0	\$600/\$1,200	\$2,000/\$4,000	\$1,200/\$2,400	\$250/\$500	\$0/\$0	\$3,000/\$6,000	\$6,600/\$13,200	
Deductible Also Applies to Drugs	No	No	No	No	No	No	Yes	Yes	
Generics Subject to Deductible	No	No	No	No	No	No	Yes	Yes	
Single/Family OOP Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$5,500/\$11,000	\$5,200/\$10,400	\$2,000/\$4,000	\$1,000/\$2,000	\$6,350/\$12,700	\$6,600/\$13,200	
Name	Platinum	Gold	Silver	Silver	Silver	Silver	Bronze	Catastrophic	
<b>Medical Copays/Coinsurance</b>									
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Primary Care Physician (PCP)	\$15	\$25	\$30	\$30	\$15	\$10	50%	0%	
# PCP visits covered in full	0	0	0	0	0	0	0	3	
Specialist	\$35	\$40	\$50	\$50	\$35	\$20	50%	0%	
Emergency Room	\$100	\$150	\$150	\$150	\$75	\$50	50%	0%	
Urgent Care	\$55	\$60	\$70	\$70	\$50	\$30	50%	0%	
Ambulance Copay	\$100	\$150	\$150	\$150	\$75	\$50	50%	0%	
Inpatient Facility	\$500	\$1,000	\$1,500	\$1,500	\$250	\$100	50%	0%	
Outpatient Facility - Surgery	\$100	\$100	\$100	\$100	\$75	\$25	50%	0%	
PT/OT/ST	\$25	\$30	\$30	\$30	\$25	\$15	50%	0%	
Pediatric Glasses	10%	20%	30%	25%	10%	5%	50%	0%	
DME/Prosthetics	10%	20%	30%	25%	10%	5%	50%	0%	
Surgeon - IP/OP Facility	\$100	\$100	\$100	\$100	\$75	\$25	50%	0%	
\$500 copay credit?	No	No	No	No	No	No	No	No	
Rewards?	No	No	No	No	No	No	No	No	
<b>Drug Copays/Coinsurance</b>									
Generic	\$10	\$10	\$10	\$10	\$9	\$6	\$10	0%	
Preferred	\$30	\$35	\$35	\$35	\$20	\$15	\$35	0%	
Non-Preferred	\$60	\$70	\$70	\$70	\$40	\$30	\$70	0%	
Oscar AV									
	88.1%	79.1%	70.7%	74.0%	86.7%	93.4%	62.0%	#N/A	

Oscar Variants												
	Platinum Edge	Gold Edge	Silver Edge	Silver Edge Plus	Bronze Edge	Bronze Edge Plus	Silver Edge CSR 200-250% FPL	Silver Edge CSR 150-200% FPL	Silver Edge CSR 100-150% FPL	Silver Edge Plus CSR 200-250% FPL	Silver Edge Plus CSR 150-200% FPL	Silver Edge Plus CSR 100-150% FPL
Single/Family Deductible	\$0/\$0	\$600/\$1,200	\$5,000/\$10,000	\$2,500/\$5,000	\$6,600/\$13,200	\$4,000/\$8,000	\$2,700/\$5,400	\$350/\$700	\$0/\$0	\$2,000/\$4,000	\$275/\$550	\$0/\$0
Deductible Also Applies to Drugs	No	No	No	No	Yes	Yes	No	No	No	No	No	No
Generics Subject to Deductible	No	No	No	No	Yes	Yes	No	No	No	No	No	No
Single/Family OOP Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$6,100/\$12,200	\$5,600/\$11,200	\$6,600/\$13,200	\$6,600/\$13,200	\$4,500/\$9,000	\$2,300/\$4,600	\$1,500/\$3,000	\$4,950/\$9,900	\$2,550/\$5,100	\$1,200/\$2,400
Name	Platinum Edge	Gold Edge	Silver Edge	Silver Edge Plus	Bronze Edge	Bronze Edge Plus	Silver Edge 250	Silver Edge 200	Silver Edge 150	Silver Edge Plus	Silver Edge Plus	Silver Edge Plus
<b>Medical Copays/Coinsurance</b>												
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	\$15	\$25	\$30	\$30	0%	\$30	\$30	\$15	\$10	\$30	\$15	\$10
# PCP visits covered in full	2	2	2	2	2	2	2	2	2	2	2	2
Specialist	\$35	\$40	\$50	\$50	0%	\$50	\$50	\$35	\$20	\$50	\$35	\$20
Emergency Room	\$100	\$150	\$150	\$250	0%	\$150	\$150	\$125	\$100	\$250	\$125	\$100
Urgent Care	\$55	\$60	\$70	\$70	0%	\$70	\$70	\$50	\$30	\$70	\$50	\$30
Ambulance Copay	\$100	\$150	50%	50%	0%	\$150	50%	\$75	\$50	\$150	\$75	\$50
Inpatient Facility	\$500	\$1,000	\$1,500	\$2,000	0%	\$1,500	\$1,500	\$250	\$100	\$2,000	\$250	\$100
Outpatient Facility - Surgery	\$100	\$100	\$100	\$100	0%	\$100	\$100	\$75	\$25	\$100	\$75	\$25
PT/OT/ST	\$25	\$30	\$30	\$30	0%	\$30	\$30	\$25	\$15	\$30	\$25	\$15
Pediatric Glasses	10%	20%	30%	30%	0%	30%	30%	10%	5%	25%	10%	5%
DME/Prosthetics	10%	20%	30%	30%	0%	30%	30%	10%	5%	25%	10%	5%
Surgeon - IP/OP Facility	\$100	\$100	\$100	\$100	0%	\$100	\$100	\$75	\$25	\$100	\$75	\$25
\$500 copay credit?	No	No	No	No	No	No	No	No	No	No	No	No
Rewards?	No	No	No	No	No	No	No	No	No	No	No	No
<b>Drug Copays/Coinsurance</b>												
Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred	\$30	\$35	\$35	\$35	\$0	\$35	\$35	\$20	\$15	\$35	\$20	\$15
Non-Preferred	\$150	\$150	\$150	\$150	\$0	\$150	\$150	\$150	\$130	\$150	\$150	\$130
Oscar AV												
	90.6%	81.8%	68.0%	72.0%	59.4%	61.9%	73.5%	87.3%	94.2%	74.0%	88.0%	95.0%

	Simple 1000	Simple 2000	Simple 4500	Simple 6600	Simple 4500 CSR 200-250%	Simple 4500 CSR 150-200%	Simple 4500 CSR 100-150%
Single/Family Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$6,600/\$13,200	\$3,500/\$7,000	\$1,200/\$2,400	\$500/\$1,000
Deductible Also Applies to Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generics Subject to Deductible	No	No	No	No	No	No	No
Single/Family OOP Maximum Name	\$1,000/\$2,000 Simple 1000	\$2,000/\$4,000 Simple 2000	\$4,500/\$9,000 Simple 4500	\$6,600/\$13,200 Simple 6600	\$3,500/\$7,000 Simple 4500	\$1,200/\$2,400 Simple 4500	\$500/\$1,000 Simple 4500
<b>Medical Copays/Coinsurance</b>							
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
# PCP visits covered in full	2	2	2	2	2	2	2
Specialist	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Emergency Room	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Urgent Care	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Ambulance Copay	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Inpatient Facility	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Outpatient Facility - Surgery	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
PT/OT/ST	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Pediatric Glasses	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
DME/Prosthetics	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Surgeon - IP/OP Facility	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
\$500 copay credit?	No	No	No	No	No	No	No
Rewards?	No	No	No	No	No	No	No
<b>Drug Copays/Coinsurance</b>							
Generic	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Preferred	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Non-Preferred	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Oscar AV							
	89.5%	81.8%	68.8%	62.0%	73.3%	87.7%	94.1%

## RATING REGIONS

- The plans and corresponding rates in this manual are the commensurate rates and only for available for plans being sold through the NYS Health Benefit Exchange. These plans are not available “off-exchange”.
- The rates and plans are available in the following rating regions and counties only:
  - Region 4
    - Bronx
    - Kings (Brooklyn)
    - New York (Manhattan)
    - Queens
    - Richmond (Staten Island)
    - Rockland
    - Westchester
  - Region 8
    - Nassau
    - Suffolk

# RATING CLASSES

All rates are community rated with no age or lifestyle rating discount or surcharge factors. The rates are developed for 5 tiers:

- Single
- Single and Spouse
- Single and Child/Children
- Single, Spouse and Child/Children
- Child Only (under age 21)

# Commission Schedule and Fees

No commissions will be paid for the sale of individual products in this manual.

# UNDERWRITING GUIDELINES

There are no Oscar-specific underwriting guidelines in addition to those established by the NYS Health Benefit Exchange for individual coverage.

**State:** New York **Filing Company:** Oscar Insurance Corporation  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Rate Filing Instructions for On and Off Exchange Plans
<b>Bypass Reason:</b>	No response required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum/Actuarial Certification
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Oscar Ind Prod On-Exchange 2015.pdf Oscar Insurance Corporation Part II Justification-3.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Oscar Insurance Corporation Part II Justification-3.pdf Oscar Ind Prod On-Exchange 2015.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Value Calculations
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	AV Screenshots Nonstandard.pdf AV Screenshots Standard.pdf Nonstandard CSRs.pdf Standard CSRs.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 11-General Information
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 11.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

**State:** New York **Filing Company:** Oscar Insurance Corporation  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	Exhibit 13-Narrative Summary and Numerical Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 13.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 14A-Indiv Requested Percentage Changes
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final EXHIBIT 14A.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Exhibit 14B-Sm Grp Requested Percentage Changes
<b>Bypass Reason:</b>	Oscar does not offer small group products.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final EXHIBIT 15A.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
<b>Bypass Reason:</b>	Oscar does not offer small group products.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 16-Summary of Policy Form & Product Changes
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final EXHIBIT 16.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	

**SERFF Tracking #:**

OHIN-129616646

**State Tracking #:**

2014070030

**Company Tracking #:**

**State:**

New York

**Filing Company:**

Oscar Insurance Corporation

**TOI/Sub-TOI:**

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

**Product Name:**

Oscar 2015 On Exchange Prior approval filing

**Project Name/Number:**

/

**Status Date:**

SERFF Tracking #:

OHIN-129616646

State Tracking #:

2014070030

Company Tracking #:

State:

New York

Filing Company:

Oscar Insurance Corporation

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Oscar 2015 On Exchange Prior approval filing

Project Name/Number:

/

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# Oscar Insurance Corporation

## Individual On-Exchange Rate Filing

Effective January 1, 2015

Prepared for:  
**Oscar Insurance Corporation**

Prepared by:

  
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## ATTACHMENTS

Attachment A	Proposed premium rates for Oscar Insurance Corporation's Individual On-Exchange Plans
Attachment B	Plan Adjusted Index Rate Development
Attachment C	Plan Adjusted Index Rate Calibration
Attachment D	Actuarial Value Pricing Values
Attachment E	Description of Quality Improvement/Cost Containment Programs

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## GENERAL INFORMATION

### DOCUMENT OVERVIEW

This document contains the Part III Actuarial Memorandum for Oscar Insurance Corporation (Oscar) individual block of business, effective January 1, 2015. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of this actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part 1 Unified Rate Review Template and New York State Department of Financial Services' Exhibit 18 "Index Rate/Plan Design Adjustment Worksheet", which supports compliance with the rate adjustment filings pursuant to Section 4308(c) of New York's prior approval laws. This information may not be appropriate for other purposes.

This actuarial memorandum is subject to the terms and conditions of the Consulting Services Agreement between Oscar and Milliman, Inc. (Milliman) dated November 6, 2012. This information is intended for use by the New York State Department of Financial Services (NYDFS), the Center for Consumer Information and Insurance Oversight (CCIO), and their subcontractors to assist in the review of Oscar's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum prepared for Oscar by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

### COMPANY IDENTIFYING INFORMATION

**Company legal name:** Oscar Insurance Corporation

**State:** New York

**HIOS Issuer ID:** 74289

**Market:** Individual

**Effective Date:** January 1, 2015

### COMPANY CONTACT INFORMATION

**Primary Contact Name:** [REDACTED]

**Primary Contact Telephone Number:** [REDACTED]

**Primary Contact E-mail Address:** [REDACTED]

## PROPOSED RATE INCREASE(S)

The proposed rates for Oscar's individual plans to be offered for sale on New York State's Health Benefit Exchange are presented in Attachment A.

Table 1 summarizes proposed rate increases by product effective January 1, 2015.

<b>Table 1</b> <b>Oscar Insurance Corporation - On Exchange</b> <b>Summary of Proposed Rate Increases</b>			
<b>Product</b>	<b><u>2014 Single Premium Rate</u></b>	<b><u>2015 Single Premium Rate</u></b>	<b><u>Rate Increase</u></b>
Platinum Standard	\$566.36	\$605.86	7.0%
Gold Standard	\$486.49	\$524.41	7.8%
Silver Standard	\$419.41	\$445.65	6.3%
Bronze Standard	\$339.54	\$361.06	6.3%
Platinum Edge	\$552.88	\$609.69	10.3%
Gold Edge	\$469.51	\$529.19	12.7%
Silver Edge	\$384.72	\$407.51	5.9%
Silver Edge Plus	\$413.04	\$439.02	6.3%
Bronze Edge	\$329.69	\$342.99	4.0%
Bronze Edge Plus	\$364.55	\$382.35	4.9%
Platinum Simple	n/a	\$586.03	n/a
Gold Simple	n/a	\$505.45	n/a
Silver Simple	n/a	\$404.04	n/a
Bronze Simple	n/a	\$349.68	n/a
Catastrophic	\$217.95	\$184.92	-15.2%

Table 2 includes significant factors driving the proposed rate increases.

<b>Table 2</b> <b>Oscar Insurance Corporation</b> <b>Attribution Analysis of Proposed Rate Increases</b>	
<b><u>Factor</u></b>	<b><u>Value</u></b>
Total Paid Claims Change Factor	1.057
Transitional Federal Program Factor	1.063
Morbidity Change Factor	0.915
Administrative Expense & Profit Change Factor	0.968
Taxes & Fees Change Factor	1.005
Demographic & Conversion Factor Change	1.038
CSR Change Factor	1.019
Benefit Changes Factor	1.007
HCG Model Change Factor	0.991
<b>Total Average Rate Increase</b>	<b>1.058</b>

---

The Unified Rate Review Template (URRT) indicates a much higher rate increase by product than what is indicated in the tables above. The overall average rate increase over all products is 5.8% and no rate increases exceed 12.7% on Exchange at the product level, while the URRT indicates increases on many products as high as 28%. This is a result of absence of the conversion factor from the URRT which is needed convert the plan adjusted index rates to single premium rates, as New York is a community rated state that does not allow age rating. The difference in plan adjusted index rates from 2014 to 2015 is a result of a change in the demographics assumptions which are used to calculate both the plan adjusted index rate and the conversion factor, which converts the plan adjusted index rate to rates by family composition tier. For 2014, our demographics included a higher proportion of children and thus more family contracts with children, producing lower plan adjusted index rates offset by higher conversion factors. For 2015, our demographic assumptions, based on New York State enrollment reports through May 2014, indicate a much lower proportion of children enrolled in the individual market and thus fewer family contracts with children, producing higher plan adjusted index rates that are offset by lower conversion factors.

The rate increases in the URRT are artificial rate increases as these are not the final premiums charged to members, which are charged on a family composition rather than per member basis.

#### MEDICAL INFLATION & INCREASED UTILIZATION

Changes to the overall premium level are needed because of anticipated increases in Oscar's contracts with its providers and utilization levels anticipated in 2015.

#### FEDERAL TRANSITIONAL REINSURANCE PROGRAM CHANGES

Federal transitional reinsurance program benefit limits and total nationwide available funding have changed from 2014. The claims threshold upon which reinsurance recoveries are triggered has been updated from \$60,000 to \$45,000 and the federal coinsurance percentage has been updated from 80% to 50%; additionally, the total nationwide funds available for the reinsurance program decreases from \$10 billion in 2014 to \$6 billion in 2015. These combine to result in an increase in the individual rates. These revisions are discussed in further detail later in the memorandum.

#### ANTICIPATED MORBIDITY

Oscar is anticipating the average morbidity of the single risk pool for New York to decrease from the levels assumed in 2014 as healthier members continue to enroll in the individual market in 2015. These revisions are discussed in further detail later in the memorandum.

#### AMINISTRATIVE EXPENSE & PROFIT CHANGE

Oscar is recognizing lower administrative expenses in 2015 from what was included in their 2014 premium rates.

2015 TAXES AND FEES

Table 3 Oscar Insurance Corporation Anticipated Taxes & Fees Changes			
Item	2014	2015	Reason for Adjustment
Health Insurer Fee	0.0%	0.5%	As Oscar was a new carrier in 2014, the Health Insurer Fee expected to be paid in 2014 was assumed as zero as Oscar had no market share in 2013, on which the 2014 fee is based. The fee as a percent of premium has changed due to anticipated net premiums Oscar expected to collect in 2014, on which the 2015 fee is based, relative to applicable nationwide premiums written.
Reinsurance Contribution Fee	\$5.25 PMPM	\$3.67 PMPM	Nationwide funds available for the reinsurance program decreases from \$10 billion in 2014 to \$6 billion in 2015, resulting in the need for lower federal collections in 2015.

CHANGES IN DEMOGRAPHICS & CONVERSION FACTOR CHANGE

Enrollment reports in New York State’s individual market through May 2014 indicate that only approximately 12% of enrolled lives are children versus the 35% that was assumed in Oscar’s 2014 rating, indicating a lower proportion of contracts with dependent children. This necessitates a change in the overall claims level, offset by a change in the conversion factor used to convert Oscar’s gross premiums to premium rates by family composition tier. These revisions are discussed in further detail later in the memorandum.

CHANGES IN 2015 CSR PREMIUM LOAD

The 2014 rating of Oscar’s plans assumed that Oscar would not enroll any members in its Silver Cost-Sharing Variation plans. However, Oscar’s actual enrollment year-to-date exceeds what was assumed in the 2014 filing. This necessitates a change in the overall premium level. These revisions are discussed in further detail later in the memorandum.

PROSPECTIVE BENEFIT CHANGES

Effective January 1, 2015 benefits have changed based on state requirements and business decisions. The following are a list of the benefit changes:

- Catastrophic: increased the deductible and out-of-pocket maximum from \$6,400 / \$12,800 to \$6,600 / \$13,200 Single / Family
- Platinum Edge: decreased the deductible from \$275 / \$550 to \$0 Single / Family
- Gold Edge: decreased the deductible from \$1,300 / \$2,600 to \$600 / \$1,200 Single / Family
- Silver Edge: decreased the out-of-pocket maximum from \$6,350 / \$12,700 to \$6,100 / \$12,200 Single / Family and reduced free PCP visits from 3 to 2
- Bronze Edge Plus: increased the out-of-pocket maximum from \$6,350 / \$12,700 to \$6,600 / \$13,200 Single / Family and increased free PCP visits from 1 to 2
- Bronze Edge: increased the deductible and out-of-pocket maximum from \$6,350 / \$12,700 to \$6,600 / \$13,200 Single / Family

CHANGES IN HCG MODELS

Oscar’s 2014 premium rates were developed using a manual rating approach and Milliman’s 2012 HCGs. Oscar’s 2015 premium rates were also developed using a manual rating approach, but updated to Milliman’s 2014 HCGs.

OVERVIEW OF PRICING METHODOLOGY

The plans shown in Attachment A are existing and new plans to be offered for sale on the New York Health Benefits Exchange effective January 1, 2015. We used the following methodology to develop these rates.

- Underlying Claims Experience: As Oscar does not have any historical experience on which to base its premium rating, we used Milliman’s 2014 HCGs, adjusted for Oscar’s provider network reimbursement levels and its care management protocols, to develop a set of manual rates. The manual rate development is described in detail in this actuarial memorandum.
- Morbidity: The manual rates were adjusted to reflect the relative health status of the population Oscar expects to enroll in 2015.
- Trend: Medical utilization rates were trended 1.3% per annum (for 12 months of trend) from 2014 HCG levels to 2015 levels, using the secular medical utilization trend levels by service category from the HCGs. Medical unit costs are reflective of Oscar’s anticipated 2015 contracted rates. The pharmacy rates are reflective of Oscar’s anticipated 2015 contracts with their Pharmacy Benefit Manager (i.e., Average Wholesale Price discounts, dispensing fees, rebates, and formulary).
- Risk Adjustment and Transitional Reinsurance: We adjusted the projected claims to reflect payments to or from the individual risk adjustment pool as a result of the ACA risk adjustment effective in 2015. We also reduced the claims for the expected amount of reimbursement from the Federal Transitional Reinsurance Program.
- Benefit Adjustment: The projected claims were adjusted to reflect the benefits that will be offered for each of the products to be offered on the Health Benefit Exchange.
- The resulting incurred claim estimate was converted to premium rates using an average loss ratio of 87.7%.
- The premium rates reflect the following taxes and fees:

<b>Table 4 Oscar Insurance Corporation Summary of Taxes and Fees</b>	
<b>Description</b>	<b>Amount</b>
Premium Tax	1.75% of Premium
New York State Section 206 Assessment	0.8% of Premium
Comparative Effectiveness Research	\$0.17 PMPM
Health Insurer Provider Fee	0.5% of Premium
Contributions to the Federal Transitional Reinsurance Program	\$3.67 PMPM
Risk Adjustment Administrative Fee	\$0.08 PMPM
Exchange User Fee	0.0% of Premium

The rate development is based on generally accepted actuarial rating principles for community rated individual blocks of business. The requested rate increase is not the same across all products and plans. This is a result of the pricing methodology employed in developing Oscar's rates, which is described in further detail below.

We calculated Oscar's premium rates using actuarial cost models, based on Milliman's HCGs, calibrated to the anticipated morbidity of the individual market in New York State, Oscar's anticipated contracts with its providers in 2015, its managed care protocols, and service area. The HCG actuarial cost models consider utilization and average charge levels for roughly 60 benefit categories. These models make provision, by type of service category, for benefit characteristics such as copays, deductibles, coinsurance, and out-of-pocket maximums. For each type of service category, utilization is adjusted to reflect the anticipated changes due to the actuarial value of each plan (i.e., using plan behavior change factors). The formula below shows how the cost models calculate the net claims costs per member per month (PMPM).

*Rate Net Claims Costs PMPM =*

$$\left[ \sum_{i=1}^{60} \left( \frac{Util_i \times AvgChg_i - CopayUtil_i \times Copay_i}{12,000} \right) \right] - Ded - Coins + OOPMax$$

Where,

- i* = Type of service category
- Util<sub>i</sub>* = Service utilization per 1,000 members per year
- AvgChg<sub>i</sub>* = Average Charge per service
- CopayUtil<sub>i</sub>* = Copay utilization per 1,000 members per year
- Copay<sub>i</sub>* = Average Copay per service
- Ded* = Value of deductible PMPM
- Coins* = Value of coinsurance PMPM
- OOPMax* = Value of out-of-pocket maximum PMPM

To calculate the final net claims cost PMPMs, we incorporated the anticipated reinsurance recoveries as well as the expected risk adjustment transfers. The final monthly per member rates are equal to the net claims cost calculated above divided by 1 minus administrative expenses and contribution to surplus/underwriting loss, plus additional taxes and fees.

$$Gross\ Premium\ Rate\ per\ Member\ per\ Month = \frac{Net\ Claims\ Cost + Reins + RiskAdj\ PMPM}{(1 - Admin - Profit - ACA\ \&\ State\ Taxes\ \&\ Fees)}$$

By using the cost model approach to price Oscar's benefit plans, actuarial relativities are appropriately re-calculated – and thus maintained – every year. This ensures that rates for all products and benefit options reflect only actuarial relativities due solely to benefit differences. The cost model approach also helps to preserve actuarial relativities between plans. Thus, our cost model approach is somewhat different from the commonly used approach of applying a single rate increase to all products within a single risk pool and results in potentially different rate increases by plan.

## EXPERIENCE PERIOD PREMIUM AND CLAIMS

Not applicable as Oscar is a newly licensed health insurer and has no inforce business and no historical experience. Premium rates presented are 100% manually rated.

## BENEFIT CATEGORIES

The benefit categories described below are based on the algorithm used by Milliman's HCGs. The HCG grouper uses a combination of Diagnosis Based Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 codes), Healthcare Common Procedural Coding System codes (HCPC), and revenue codes to allocate detailed claims into roughly 60 benefit categories. Service classification may also be dependent on criteria such as site of service, physician specialty, and procedure code modifier (e.g., anesthesia modifier). The HCG grouper is updated annually to incorporate any new codes so the classification methodology remains current.

We assigned the manual data utilization and cost information to benefit categories as shown in Worksheet 1, Section I of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

### INPATIENT HOSPITAL

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

### OUTPATIENT HOSPITAL

Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

### PROFESSIONAL

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

### OTHER MEDICAL

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services, in addition to any services provided on a capitated basis. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

### PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## PROJECTION FACTORS

Not applicable. Oscar did not have historical experience during the base period. We made no adjustments to the experience period claims as the rates are 100% manually rated.

## CREDIBILITY MANUAL RATE DEVELOPMENT

As Oscar is a newly licensed health insurer in New York as of 2014, we developed a set of manual rates for Oscar's Health Benefit Exchange individual plans.

### SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED IN MANUAL RATE DEVELOPMENT

The basis of the manual rates is an average claim cost PMPM for Oscar's service area, developed utilizing information contained in Milliman's HCGs along with enrollment reports provided for the individual market by NYDFS through May 2014 (*Summary of Membership Survey by Market Segment as of (05-31-2014)*). We estimated the claim costs using information from these enrollment reports as well as internal Milliman's HCGs to calibrate the experience data. The result was a 2014 claim cost and premium for Oscar's service area.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually.

The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The Guidelines are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the Guidelines have been updated and expanded annually since that time. The Guidelines are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

### ADJUSTMENTS MADE TO THE DATA

This section includes a description of each factor used to project the manual allowed claims to the projection period, and supporting information related to the development of those factors.

#### Changes in the Morbidity of the Population Insured

The HCGs represent claim levels for typical large group plans. The Health Benefit Exchange is a market for individual plans. In our rating of Oscar's individual plans, we first estimated the small group utilization level and then contemplated an additional adjustment needed to convert the small group utilization level to an individual utilization level.

Prior to the implementation of ACA, the expected utilization differential between a typical large group and small group claim levels could be as high as 15%. The expectation post-2014, after implementation of all the ACA provisions, is that small group utilization levels will more closely resemble large group experience. Therefore, we assume that small group claim levels will be 5% higher than the HCG estimated large group levels.

To estimate utilization levels for the individual single risk pool, we analyzed the relationship between individual and small group using available market research along with Milliman's internal research. Deloitte released a report for the New York Department of Financial Services, "*Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets*" in March 2013. The report focused on New York and in their report Deloitte states that they expect the relationship between individual and small group post-ACA could be anywhere from 5.3% to 11.1%. Milliman internal research indicates that this relationship may be as low as 0% to 5%. Using both sources as guides, along with discussions with Oscar who believes that the individual members enrolling in 2015 will be healthier than those who enrolled in 2014 once the individual mandate takes a stronger hold of the market in 2015, we assumed a 0% differential between individual and small group morbidity levels.

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## Changes in Demographics

To reflect the average statewide demographics for purposes of pricing Oscar's non-catastrophic plans, we applied an age/gender distribution consistent with the New York State enrollment report through May 2014, but assuming that additional younger members continue to enroll in the ACA-compliant individual marketplace during 2015, resulting in a younger average age (approximately 41.5) than what was reported in the May 2014 enrollment report year-to-date (43.0).

The catastrophic plan covers only specified eligibility categories - those under the age of 30 and hardship cases. Members meeting hardship exemptions can also enroll in this plan and we estimate that about 10% of the catastrophic population will include those aged 30 and over based on New York's enrollment report through May 2014. As such, we adjusted our catastrophic demographics to be consistent with the New York enrollment report for this population in order to develop a separate set of starting costs for the catastrophic plan.

## Trend (Cost/Utilization)

We calibrated Milliman's 2014 HCGs with Oscar's anticipated service area, their anticipated provider contracts, and medical management programs. Oscar is filing rates in the New York City Area (Region 4) and the Long Island Area (Region 8). We assume no differences in cost between these two regions. The pharmacy rates are reflective of Oscar's anticipated 2015 contracts with their Pharmacy Benefit Manager (i.e., Average Wholesale Price discounts, dispensing fees, rebates, and formulary). Medical utilization rates were trended 1.3% per annum (for 12 months of trend) from Milliman's 2014 HCG levels to the mid-point of the effective date.

## Inclusion of Capitation Payments

The following services will be paid on a capitated basis and were added to our HCG net claims cost estimates, by metal level tier, as indicated in Oscar's agreements with its vendors.

- Pediatric Vision

## Changes in Benefits

We made the following adjustments to reflect the expected differences in benefits covered in the HCGs and the benefits expected to be covered in the projection period, as shown in the Other column of Worksheet 1, Section II. We reflected the following mandated benefits required under state law, which are not reflected in the starting experience period claims:

- Gym reimbursement benefit
- Autism benefit

We also included surcharges for the Health Care Reform Act (HCRA) and Graduate Medical Education (GME), which are New York State-specific claims surcharges.

The resulting allowed and net claims costs for each plan reflect differences due to cost sharing and the impact of plan behavior change. We applied plan behavior change factors at the service line level, using the HHS factors presented in the *HHS Notice of Benefit and Payment Parameters for 2014* for the risk adjustment program, which are the same factors that will apply for the 2015 benefit year, as shown in the table below:

**Table 5  
Plan Behavior Change Factors Used for Each Metal Tier in  
the Payment Transfer Formula**

<b>Metal Level</b>	<b>Induced Demand Factors</b>
<b>Catastrophic</b>	1.00
<b>Bronze</b>	1.00
<b>Silver</b>	1.03
<b>Gold</b>	1.08
<b>Platinum</b>	1.15

We used the same plan behavior change factors for each plan within each metal level tier, after renormalizing for the effective tier in the underlying HCG data which is reflective of a Platinum plan.

**Cost Sharing Reduction Plan Adjustment**

Individuals with income less than 250% of the federal poverty level (FPL) may purchase the cost sharing reduction (CSR) variations of Oscar’s Silver plan. When a member purchases one of these plans, a portion of the member cost share is paid for by the Federal subsidy (up to the Federal actuarial value limit). The amount of the subsidy is based on the difference in cost sharing between the Cost Sharing Variation plan and the Silver plan. However, from the member’s perspective, the resulting plan has an actuarial value above a Silver plan resulting in an expected increase in utilization due to the lower cost sharing. The risk transfer does not account for the cost of this increased utilization (as the risk adjustment formula simply transfers funds from one payer to another); therefore an adjustment needs to be made to include this cost in the premium rate development.

To develop the value of this adjustment, we allocated the total difference of the plan behavior change that will not otherwise be collected through CSR payments across all plans using an assumed distribution of members anticipated in these plans.

**To Age 29 Rider**

We developed the adjustment for dependent coverage through Age 29 using Miliman’s HCGs in combination with the anticipated take-up rate of this plan. We spread the adjustment over the gross premium rate; however we do not believe that Single and Two Party contracts would have a reason to purchase this rider as they do not have dependents; these rates are provided for completeness only.

**CREDIBILITY OF EXPERIENCE**

Not applicable. Oscar does not have relevant and credible experience in the base period to use in rate development; therefore, the 2015 rate development is based solely on manual rates.

**PAID TO ALLOWED RATIO**

The following table provides support for the average paid to allowed ratio shown in Worksheet 1, Section III. The table also demonstrates that the ratio is consistent with membership projections by plan included in Worksheet 2.

<b>Table 6</b> <b>Oscar Insurance Corporation</b> <b>Paid to Allowed Average Factor Support Exhibit</b>		
	<b>Worksheet 1, Section III</b>	<b>Worksheet 2 Section IV</b>
Allowed Per Member Per Month	\$503.62	\$503.62
Paid Per Member Per Month	\$360.93	\$360.93
Average Paid to Allowed Ratio	71.7%	71.7%

Using the approach described above in the Credibility Manual Rate Development section, we calculated expected net claims costs PMPM for each plan. We then took a weighted average across the entire pool using projected member months by plan as the weighting to estimate the *Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM*. We then divided this by the *Projected Allowed Experience Claims PMPM* to develop the *Paid to Allowed Average Factor in the Projection Period*.

## RISK ADJUSTMENT AND REINSURANCE

### PROJECTED RISK ADJUSTMENT PMPM

Oscar is a new health insurer in 2014. The premium rates are based on Milliman's HCGs adjusted for the morbidity of the individual population insured and the New York State average demographics based on enrollment through May 2014. Since the purpose of risk adjustment is to bring all carriers to the same morbidity level, our pricing methodology started with expected average allowed charges for the entire New York individual market, i.e., an expected risk adjustment factor of 1.00. Therefore, we did not make any specific adjustment to reflect payments into, or from, the individual risk pool for the risk adjustment program.

### PROJECTED ACA REINSURANCE RECOVERIES NET OF REINSURANCE PREMIUM

We priced all of Oscar's individual plans using cost models based on Milliman's HCGs. As part of that process, we calibrated claim probability distribution Tables (CPDs) to each benefit design that reflected the expected frequency and cost of claims for that plan. Each CPD was used to calculate the value of the deductible and out-of-pocket maximum for that particular plan and was also used to estimate the value of any recoveries from the transitional reinsurance program. The premium rate for each plan is reduced by the value of the expected recoveries on a percent of premium approach, after being allocated using anticipated 2015 enrollment in Oscar's on and off Exchange plans.

We developed the reinsurance recoveries using the parameters described in the preamble of the *Exchange and Insurance Market Standards for 2015 and Beyond* posted on the Federal Register on May 27, 2014, which indicate that CMS may modify the 2015 reinsurance parameters, finalized at a \$70,000 attachment point, up to \$250,000 cap and paid at 50% coinsurance in the *2015 Benefit and Payment Parameter Notice*, to a \$45,000 attachment point based on Oscar's assumptions that these comments may be put forth as proposed rules in the 2016 Benefit and Payment Parameter Notice when it is released in the fall of 2014. We assumed that Oscar will receive 75% of the value of these estimated recoveries based on individual enrollment projections for 2015, where the 75% factor reflects that benefits in 2015 are capped at \$6 billion nationwide.

We estimate the net market-wide PMPM impact of the transitional reinsurance program to be (\$29.57).

## NON-BENEFIT EXPENSES AND PROFIT & RISK

### ADMINISTRATIVE EXPENSE LOAD

The following table summarizes retention components included in rate development.

<b>Table 7</b>				
<b>Oscar Insurance Corporation</b>				
<b>Illustration of Administrative Expenses by URRT Worksheet 1 Category</b>				
<b>Retention Description</b>	<b>PMPM</b>	<b>% Premium</b>	<b>Basis</b>	<b>Annotation</b>
<u>Administrative Expense Load</u>				
General Admin	\$51.61	12.7%	% of Premium	(1)
+ Commission	\$0.00	0.0%	% of Premium	(2)
Subtotal: Administrative Expense Load	\$51.61	12.7%		(3) = (1) + (2)
+ Profit and Risk Load	(\$17.65)	-4.3%	% of Premium	(4)
Subtotal: Profit and Risk Load	(\$17.65)	-4.3%		(5) = (4)
<u>Taxes and Fees</u>				
Comparative Effectiveness Research Fee	\$0.17	0.0%	PMPM	(6)
+ Premium Tax	\$7.13	1.8%	% of Premium	(7)
+ State Surcharges	\$3.26	0.8%	% of Premium	(8)
+ Health Insurer Provider Fee	\$2.00	0.5%	% of Premium	(9)
+ Reinsurance Fee	\$3.67	0.9%	PMPM	(10)
+ Risk Adjustment Fee	\$0.08	0.0%	PMPM	(11)
+ Exchange Fee	\$0.00	0.0%	% of Premium	(12)
Subtotal: Taxes and Fees	\$16.30	4.0%		(13) = (6) + (7) + ... + (12)
<b>Total Retention</b>	<b>\$50.26</b>	<b>12.3%</b>		<b>(14) = (3) + (5) + (13)</b>

The proposed premium rates reflect an 8.3% administrative load (excluding taxes and fees). Similar to 2014, Oscar's estimated 2015 administrative expenses of 12.7% are higher than the 8.3% reflected in its premium rates (due to the lack of economies of scale). Oscar is recognizing the remaining expenses as underwriting losses.

The majority of Oscar's administrative costs have been evenly proportioned to each metal tier. For customer service expenses, and marketing and administrative expenses, though, Oscar has recognized that there are increased interactions with members in certain plans. Whenever possible, Oscar's strategy is to direct members to self-service using HiOscar.com when it comes to benefits and eligibility issues, provider selection, case management, and disease management. For 2015, Oscar's customer service and medical management contracts will reflect differing levels of service required by product in their fee structure.

### PROFIT (CONTRIBUTION TO SURPLUS) & RISK MARGIN

The proposed rates do not reflect an allowance for profit margin. Oscar anticipates an underwriting loss in 2015, generated as a result of having excess administrative expenses due to its startup position and low enrollment and the need to be in a competitive

position to attract increased enrollment to ultimately grow the business to cover the Company's administrative expenses. Despite the anticipated losses, Oscar expects to meet all statutory capital requirements, as required by the state.

**TAXES AND FEES**

The following taxes and fees are included in the premium rates:

<b>Table 8</b> <b>Oscar Insurance Corporation</b> <b>Summary of Taxes and Fees</b>	
<b>Description</b>	<b>Amount</b>
Premium Tax	1.75% of Premium
New York State Section 206 Assessment	0.8% of Premium
Comparative Effectiveness Research	\$0.17 PMPM
Health Insurer Provider Fee	0.5% of Premium
Contributions to the Federal Transitional Reinsurance Program	\$3.67 PMPM
Risk Adjustment Administrative Fee	\$0.08 PMPM
Exchange User Fee	0.0% of Premium

**PROJECTED LOSS RATIO**

The projected average loss ratio is 87.7%. This average loss ratio is calculated consistently with New York's methodology of claims over premium, without any adjustment to the numerator for expenses related to claims and quality improvement or deductions from the premium for state and/or ACA taxes and fees. Under section 4308(c)(3)(A) of New York Insurance Law<sup>1</sup>, the expected minimum loss ratio for an individual contract form cannot be less than 82%. The average pricing loss ratio for Oscar's individual products using this method in 2015 is 87.7%. The following table demonstrates Oscar's premium development and loss ratio calculation using rounded values.

<b>Table 9</b> <b>Oscar Insurance Corporation</b> <b>Projected New York Medical Loss Ratio Exhibit</b>	
	<b>All Business</b>
Member Months	240,000
Claims	\$390.42
Transitional Recoveries (Received)	-\$33.24
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
<b>MLR Numerator</b>	<b>\$357.18</b>
Premium	\$407.45
<b>MLR Denominator</b>	<b>\$407.45</b>
<b>Average Loss Ratio</b>	<b>87.7%</b>

<sup>1</sup> As amended by Chapter 107 of the laws of 2010.

An additional demonstration with the federal medical loss ratio requirements is presented in the table below. The projected average loss ratio using this method is 93.3%. This loss ratio is calculated consistently with the MLR methodology according to the National Association of Insurance Commissioners as prescribed by 211 CMR 147.00. The following table demonstrates Oscar's premium development and MLR calculation using rounded values.

<b>Table 10</b>	
<b>Oscar Insurance Corporation</b>	
<b>Projected Federal Medical Loss Ratio Exhibit</b>	
	<b>All Business</b>
Member Months	240,000
Claims	\$390.42
Claim-Related Retention (QI/Health IT)	\$0.00
Transitional Recoveries (Received)	-\$29.57
Risk Adjustment Paid (Received)	\$0.08
Risk Corridors Paid (Received)	\$0.00
<b>MLR Numerator</b>	<b>\$360.93</b>
Premium	\$407.45
Premium-Related Retention (Taxes/Fees)	\$12.56
<b>MLR Denominator</b>	<b>\$394.89</b>
<b>Loss Ratio</b>	<b>91.4%</b>
<i>Credibility Adjustment</i>	<i>1.9%</i>
<b>Credibility Adjusted Loss Ratio</b>	<b>93.3%</b>

## SINGLE RISK POOL

As Oscar is a new health insurer in 2014 it has no claims experience on which to base its premium rating. The single risk pool is developed using Milliman's HCGs and the premium rates for all of Oscar's plans are developed using this single risk pool, established according to the requirements in 45 CFR Section 156.80(d).

## INDEX RATE

The Index Rate for the projection period represents the estimated average allowed claims experience PMPM of all non-grandfathered plans for Essential Health Benefits (EHB). It is allowed claims PMPM for EHB. Note that there are no additional benefits being offered beyond the EHB benefits. The projected index rate reflects the projected 2015 mixture of catastrophic/non-

catastrophic enrollment and the projected mixture of risk morbidity that Oscar expects to receive in the Single Risk Pool. It is not adjusted for payments and charges under the risk adjustment and reinsurance program or for Exchange User Fees.

As Oscar is a new health insurer in 2014 and has no claims experience, it does not have an experience period index rate.

## MARKET ADJUSTED INDEX RATE

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

Table 11 Oscar Insurance Corporation Marked Adjusted Index Rate Development	
Index Rate	\$503.62
Net Risk Adjustment	1.000
Net Transitional Reinsurance	0.941
Exchange Fee	1.000
<b>Impact of Market Reforms</b>	<b>0.941</b>
<b>Market Adjusted Index Rate</b>	<b>\$474.12</b>

The Market Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

The Net Transitional Reinsurance factor above was developed by calculating the impact of removing the net market-wide PMPM impact of the transitional reinsurance program (i.e. 1 - \$29.57 / \$503.62). These values are consistent with what is presented on New York's Exhibit 18.

## PLAN ADJUSTED INDEX RATES

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rates using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The cost sharing adjustment was developed utilizing Milliman's 2014 HCGs. The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the HHS plan behavior change factors from the 2015 Benefit and Payment Parameter Notice.
- Provider network, delivery system and utilization management adjustment
  - There are no expected differences in the provider network and/or utilization management between plans
- Adjustment for benefits in addition to the EHBs
  - There are no additional benefits beyond EHBs expected on any of Oscar's proposed plans
- Adjustment for distribution and administrative costs

- Impact of specific eligibility categories for the catastrophic plan

Attachment B demonstrates the Plan Adjusted Index Rate development for each plan.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and therefore are not calibrated. Conversion and tier factors are applied to the plan adjusted index rate to arrive at the final premium rates by family composition tier.

## CALIBRATION

As New York State is a purely community rated market (i.e., no age or tobacco rating permitted), there are no age calibration factors (i.e., 1.0). Similarly, as Oscar does not vary rates in its service area, the geography calibration factor is 1.0. Attachment C demonstrates the calibration performed for each plan.

## CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. Given community rating rules in the State of New York, it is the product of the Plan Adjusted Index Rate, the geographic rating factor (if applicable), the conversion factor, and the family tier factors mandated by the New York.

A conversion factor is required to convert the premium from a PMPM basis to a single premium basis. Oscar's conversion factor is 1.086. We developed this factor by starting with the distribution of members and contracts by census cell from Milliman's HCGs, and adjusting the proportion of contracts with children using enrollment reports released by the NYDFS through May 2014. The development of the conversion factor is shown in below.

<b>Table 12</b>				
<b>Oscar Insurance Corporation</b>				
<b>Calculation of Conversion Factor</b>				
<b>Tier</b>	<b>Total Contracts</b>	<b>Total Members</b>	<b>Total Members per Contract</b>	<b>New York Mandated Tier Factor</b>
Single Adult	7,170	7,170	1.00	1.00
Individual & Spouse	2,322	4,644	2.00	2.00
Parent & Child(ren)	119	403	3.39	1.70
Two Parents & Child(ren)	389	1,816	4.67	2.85
Child Only	393	393	1.00	0.41
Total	10,393	14,426	1.39	1.28
Conversion Factor (members per contract / average tier factor)				1.086

Oscar does not vary rates in its service area, which includes two New York rating regions filed (Region 4 and Region 8).

Below is an example of how to arrive at the July 1 Platinum Standard rate for an age 34 individual in rating area 4 that is a smoker:

<b>Table 13</b> <b>Oscar Insurance Corporation</b> <b>Sample Consumer Adjusted Premium Rate Development</b>	
Plan Adjusted Index Rate for Platinum Standard, Calibrated	\$558.00
Age factor for a 34-year-old	1.000
Smoker status adjustment: smoker	1.000
Area 4 factor	1.000
Conversion Factor	1.086
Tier Factor	1.000
Consumer Adjusted Premium Rate	\$605.86

## AV METAL VALUES

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Table 13 below summarizes these values for each product.

Copies of the Actuarial Value Calculator pages are provided as an attachment to this memorandum. The Actuarial Value Calculator pages for the standard plans are those provided by the Department of Financial Services.

<b>Table 14</b> <b>Oscar Insurance Corporation</b> <b>On Exchange Actuarial Values</b>		
Plan	Actuarial Value	Actuarial Value Source
Platinum Standard	88.1%	Federal AV Calculator
Gold Standard	79.0%	Federal AV Calculator
Silver Standard	70.7%	Federal AV Calculator
Bronze Standard	62.0%	Federal AV Calculator
Platinum Edge	90.6%	Federal AV Calculator
Gold Edge	81.8%	Federal AV Calculator
Silver Edge	68.0%	Federal AV Calculator
Silver Edge Plus	72.0%	Federal AV Calculator
Bronze Edge	59.4%	Federal AV Calculator
Bronze Edge Plus	61.9%	Federal AV Calculator
Platinum Simple	89.5%	Federal AV Calculator
Gold Simple	81.8%	Federal AV Calculator
Silver Simple	68.8%	Federal AV Calculator
Bronze Simple	62.0%	Federal AV Calculator
Catastrophic	n/a	Federal AV Calculator

## AV PRICING VALUES

Attachment D summarizes all of the adjustments included in the AV Pricing Value.

The AV Pricing Value represents the cumulative effect of the adjustments made by Oscar to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the HHS plan behavior change factors from the *2015 Benefit and Payment Parameter Notice*. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

## MEMBERSHIP PROJECTIONS

Oscar is not adjusting its original projections for 2015 enrollment and continues to expect a total of 20,000 members. Oscar originally developed these projections using data from the Urban Institute to rationalize the market and how it will transition over the next several years. Oscar also used data from Congressional Budget Office reports, which estimate the effect of the ACA on health insurance coverage. Following the 2014 open enrollment period, Oscar reviewed its performance and elected not to adjust its 2015 expectations given similar competitive dynamics and market size.

Oscar assumes that its market share will not change within the metal levels, and hence is keeping its distribution of projected member months and enrollment in CSR tiers consistent with its 2014 experience through May 2014.

## TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

## PLAN TYPE

There are no differences between the plans of Oscar and the plan type selected in the drop-down box in Worksheet 2, Section I of the Part I Unified Rate Review Template.

## WARNING ALERTS

There are no Warning Alerts on Worksheet 2.

## EFFECTIVE RATE REVIEW INFORMATION

Additional documentation for state-required New York data is submitted with the submission.

## DATA RELIANCE AND CAVEATS

In performing this analysis, I relied on data and other information provided by Oscar Insurance Corporation. I have not audited or verified this data and other information. If the underlying data or information is inaccurate, incomplete, or misleading, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

The claims costs suggested were developed from assumptions that have been established based on the available data and other information provided by Oscar Insurance Corporation. If more relevant data becomes available, the assumptions should be revised. A revision to these might change the results and possibly, the related conclusions. The claims costs provided are projected; actual experience will vary from projected.

This Actuarial Memorandum has been prepared by me on behalf of Oscar and provided to insurance regulators in New York State and the Department of Health and Human Services for their internal use in accordance with established regulatory procedures.

Actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this memorandum. Any reader of this report must possess a substantial level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions used in the analysis, and the impact of the assumptions on the illustrated results.

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## ACTUARIAL CERTIFICATION

I, [REDACTED] am a [REDACTED] with the firm of Milliman, Inc. Oscar Insurance Corporation engaged me to provide the opinion contained herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment:

- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1))
  - Developed in compliance with the applicable Actuarial Standards of Practice, including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient based on my best estimates of the 2015 Individual market
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV of the Unified Rate Review Template was calculated in accordance with actuarial standards of practice
- The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
- The submission is in compliance with all applicable laws and regulations of the State of New York
- The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York
- The rates are not unfairly discriminatory

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The Part 1 Unified Rate Review Template and Exhibit 18 do not demonstrate the process used by Oscar to develop the rates presented in this actuarial memorandum. Rather they represent information required by Federal and State regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the index rate is developed in accordance with Federal and State regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed:   
\_\_\_\_\_

Title:   
\_\_\_\_\_

Date: June 13, 2014  
\_\_\_\_\_

**Attachment A**  
**Oscar Insurance Corporation**  
**Individual Premium Rates Effective January 1, 2015**  
**New York City Area (Region 4) & Long Island Area (Region 8)**  
**On-Exchange**

**Platinum**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Platinum (Child Only)	Child Only	74289NY0110001					\$249.62
Oscar Platinum Standard	Standard, No Dental, Dependent Age 26	74289NY0010001	\$605.86	\$1,211.73	\$1,029.97	\$1,726.71	
Oscar Platinum Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0010002	\$610.54	\$1,221.07	\$1,037.91	\$1,740.03	
Oscar Platinum Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0020001	\$609.69	\$1,219.39	\$1,036.48	\$1,737.63	
Oscar Platinum Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0020002	\$614.38	\$1,228.76	\$1,044.44	\$1,750.98	
Oscar Simple 1000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0410001	\$586.03	\$1,172.05	\$996.25	\$1,670.18	
Oscar Simple 1000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0410002	\$590.64	\$1,181.28	\$1,004.09	\$1,683.33	

**Gold**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Gold (Child Only)	Child Only	74289NY0120001					\$216.06
Oscar Gold Standard	Standard, Dental, Dependent Age 26	74289NY0030001	\$524.41	\$1,048.82	\$891.49	\$1,494.56	
Oscar Gold Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0030002	\$528.01	\$1,056.02	\$897.62	\$1,504.84	
Oscar Gold Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0040001	\$529.19	\$1,058.39	\$899.63	\$1,508.20	
Oscar Gold Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0040002	\$532.84	\$1,065.69	\$905.84	\$1,518.61	
Oscar Simple 2000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0540001	\$505.45	\$1,010.90	\$859.26	\$1,440.53	
Oscar Simple 2000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0540002	\$509.03	\$1,018.06	\$865.35	\$1,450.73	

**Silver**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Silver (Child Only)	Child Only	74289NY0140001					\$183.61
Oscar Silver Standard	Standard, Dental, Dependent Age 26	74289NY0050001	\$445.65	\$891.30	\$757.61	\$1,270.11	
Oscar Silver Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0050002	\$449.15	\$898.31	\$763.56	\$1,280.09	
Oscar Silver Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0060001	\$407.51	\$815.03	\$692.77	\$1,161.41	
Oscar Silver Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0060002	\$410.82	\$821.65	\$698.40	\$1,170.85	
Oscar Silver Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0070001	\$439.02	\$878.03	\$746.33	\$1,251.20	
Oscar Silver Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0070002	\$442.50	\$884.99	\$752.25	\$1,261.12	
Oscar Simple 4500	Non-Standard 3, No Dental, Dependent Age 26	74289NY0500001	\$404.04	\$808.08	\$686.87	\$1,151.51	
Oscar Simple 4500; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0500002	\$407.34	\$814.68	\$692.48	\$1,160.91	

**Bronze**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Bronze (Child Only)	Child Only	74289NY0130001					\$148.76
Oscar Bronze Standard	Standard, Dental, Dependent Age 26	74289NY0080001	\$361.06	\$722.12	\$613.80	\$1,029.02	
Oscar Bronze Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0080002	\$363.93	\$727.86	\$618.68	\$1,037.20	
Oscar Bronze Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0100001	\$342.99	\$685.98	\$583.09	\$977.53	
Oscar Bronze Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0100002	\$345.77	\$691.55	\$587.82	\$985.46	
Oscar Bronze Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0090001	\$382.35	\$764.69	\$649.99	\$1,089.69	
Oscar Bronze Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0090002	\$385.35	\$770.70	\$655.10	\$1,098.25	
Oscar Simple 6600	Non-Standard 3, No Dental, Dependent Age 26	74289NY0520001	\$349.68	\$699.37	\$594.46	\$996.60	
Oscar Simple 6600; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0520002	\$352.49	\$704.98	\$599.23	\$1,004.59	

**Catastrophic**

Product Name	Product Description	Plan ID	Premium Per Contract			
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)
Oscar Catastrophic	Standard, No Dental, Dependent Age 26	74289NY0160001	\$184.92	\$369.83	\$314.36	\$527.01

**Attachment B**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Development**

Plan ID	Plan	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco SurchARGE Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
74289NY0010001	Platinum Standard	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0030001	Gold Standard	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0050001	Silver Standard	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0080001	Bronze Standard	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0160001	Catastrophic	\$474.12	0.584	1.000	1.000	1.000	1.075	0.572	170.308
74289NY0020001	Platinum Edge	\$474.12	1.030	1.000	1.000	1.000	1.150	1.000	561.529
74289NY0040001	Gold Edge	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.389
74289NY0060001	Silver Edge	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.321
74289NY0070001	Silver Edge Plus	\$474.12	0.758	1.000	1.000	1.000	1.124	1.000	404.336
74289NY0100001	Bronze Edge	\$474.12	0.602	1.000	1.000	1.000	1.106	1.000	315.896
74289NY0090001	Bronze Edge Plus	\$474.12	0.672	1.000	1.000	1.000	1.106	1.000	352.142
74289NY0410001	Platinum Simple	\$474.12	0.990	1.000	1.000	1.000	1.150	1.000	539.732
74289NY0540001	Gold Simple	\$474.12	0.858	1.000	1.000	1.000	1.144	1.000	465.518
74289NY0500001	Silver Simple	\$474.12	0.698	1.000	1.000	1.000	1.124	1.000	372.120
74289NY0520001	Bronze Simple	\$474.12	0.614	1.000	1.000	1.000	1.106	1.000	322.060
74289NY0180001	Platinum Standard	\$474.12	1.026	1.000	1.000	1.000	1.150	1.000	559.261
74289NY0200001	Gold Standard	\$474.12	0.893	1.000	1.000	1.000	1.144	1.000	484.072
74289NY0220001	Silver Standard	\$474.12	0.772	1.000	1.000	1.000	1.124	1.000	411.326
74289NY0250001	Bronze Standard	\$474.12	0.636	1.000	1.000	1.000	1.106	1.000	333.285
74289NY0190001	Platinum Edge	\$474.12	1.032	1.000	1.000	1.000	1.150	1.000	562.779
74289NY0210001	Gold Edge	\$474.12	0.901	1.000	1.000	1.000	1.144	1.000	488.490
74289NY0230001	Silver Edge	\$474.12	0.706	1.000	1.000	1.000	1.124	1.000	376.139
74289NY0240001	Silver Edge Plus	\$474.12	0.760	1.000	1.000	1.000	1.124	1.000	405.205
74289NY0260001	Bronze Edge	\$474.12	0.604	1.000	1.000	1.000	1.106	1.000	316.573
74289NY0270001	Bronze Edge Plus	\$474.12	0.673	1.000	1.000	1.000	1.106	1.000	352.849
74289NY0420001	Platinum Simple	\$474.12	0.992	1.000	1.000	1.000	1.150	1.000	540.950
74289NY0550001	Gold Simple	\$474.12	0.860	1.000	1.000	1.000	1.144	1.000	466.577
74289NY0460001	Gold Simple Off	\$474.12	0.830	1.000	1.000	1.000	1.144	1.000	450.086
74289NY0510001	Silver Simple	\$474.12	0.700	1.000	1.000	1.000	1.124	1.000	372.948
74289NY0570001	Silver Simple Off	\$474.12	0.720	1.000	1.000	1.000	1.124	1.000	383.808
74289NY0530001	Bronze Simple	\$474.12	0.616	1.000	1.000	1.000	1.106	1.000	322.736
74289NY0010002	Platinum Standard	\$474.12	1.031	1.000	1.000	1.000	1.150	1.000	562.304
74289NY0030002	Gold Standard	\$474.12	0.897	1.000	1.000	1.000	1.144	1.000	486.300
74289NY0050002	Silver Standard	\$474.12	0.776	1.000	1.000	1.000	1.124	1.000	413.672
74289NY0080002	Bronze Standard	\$474.12	0.639	1.000	1.000	1.000	1.106	1.000	335.181
74289NY0020002	Platinum Edge	\$474.12	1.038	1.000	1.000	1.000	1.150	1.000	565.843
74289NY0040002	Gold Edge	\$474.12	0.905	1.000	1.000	1.000	1.144	1.000	490.751
74289NY0060002	Silver Edge	\$474.12	0.710	1.000	1.000	1.000	1.124	1.000	378.371
74289NY0070002	Silver Edge Plus	\$474.12	0.765	1.000	1.000	1.000	1.124	1.000	407.541
74289NY0100002	Bronze Edge	\$474.12	0.607	1.000	1.000	1.000	1.106	1.000	318.458
74289NY0090002	Bronze Edge Plus	\$474.12	0.677	1.000	1.000	1.000	1.106	1.000	354.908
74289NY0410002	Platinum Simple	\$474.12	0.998	1.000	1.000	1.000	1.150	1.000	543.983
74289NY0540002	Gold Simple	\$474.12	0.865	1.000	1.000	1.000	1.144	1.000	468.816
74289NY0500002	Silver Simple	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.159
74289NY0520002	Bronze Simple	\$474.12	0.619	1.000	1.000	1.000	1.106	1.000	324.642
74289NY0180002	Platinum Standard	\$474.12	1.034	1.000	1.000	1.000	1.150	1.000	563.554
74289NY0200002	Gold Standard	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.391
74289NY0220002	Silver Standard	\$474.12	0.778	1.000	1.000	1.000	1.124	1.000	414.573
74289NY0250002	Bronze Standard	\$474.12	0.641	1.000	1.000	1.000	1.106	1.000	335.919
74289NY0190002	Platinum Edge	\$474.12	1.040	1.000	1.000	1.000	1.150	1.000	567.093
74289NY0210002	Gold Edge	\$474.12	0.907	1.000	1.000	1.000	1.144	1.000	491.841
74289NY0230002	Silver Edge	\$474.12	0.711	1.000	1.000	1.000	1.124	1.000	379.178
74289NY0240002	Silver Edge Plus	\$474.12	0.766	1.000	1.000	1.000	1.124	1.000	408.421
74289NY0260002	Bronze Edge	\$474.12	0.609	1.000	1.000	1.000	1.106	1.000	319.125
74289NY0270002	Bronze Edge Plus	\$474.12	0.678	1.000	1.000	1.000	1.106	1.000	355.595
74289NY0420002	Platinum Simple	\$474.12	1.000	1.000	1.000	1.000	1.150	1.000	545.211
74289NY0550002	Gold Simple	\$474.12	0.866	1.000	1.000	1.000	1.144	1.000	469.864
74289NY0460002	Gold Simple Off	\$474.12	0.836	1.000	1.000	1.000	1.144	1.000	453.300
74289NY0510002	Silver Simple	\$474.12	0.705	1.000	1.000	1.000	1.124	1.000	375.987
74289NY0570002	Silver Simple Off	\$474.12	0.726	1.000	1.000	1.000	1.124	1.000	386.920
74289NY0530002	Bronze Simple	\$474.12	0.620	1.000	1.000	1.000	1.106	1.000	325.319
74289NY0010001	Platinum Standard	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0030001	Gold Standard	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0050001	Silver Standard	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0080001	Bronze Standard	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0160001	Catastrophic	\$474.12	0.584	1.000	1.000	1.000	1.075	0.572	170.308
74289NY0020001	Platinum Edge	\$474.12	1.030	1.000	1.000	1.000	1.150	1.000	561.529
74289NY0040001	Gold Edge	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.389
74289NY0060001	Silver Edge	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.321
74289NY0070001	Silver Edge Plus	\$474.12	0.758	1.000	1.000	1.000	1.124	1.000	404.336
74289NY0100001	Bronze Edge	\$474.12	0.602	1.000	1.000	1.000	1.106	1.000	315.896

**Attachment B**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Development**

Plan ID	Plan	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
74289NY0090001	Bronze Edge Plus	\$474.12	0.672	1.000	1.000	1.000	1.106	1.000	352.142
74289NY0410001	Platinum Simple	\$474.12	0.990	1.000	1.000	1.000	1.150	1.000	539.732
74289NY0540001	Gold Simple	\$474.12	0.858	1.000	1.000	1.000	1.144	1.000	465.518
74289NY0450001	Gold Simple Off	\$474.12	0.828	1.000	1.000	1.000	1.144	1.000	449.049
74289NY0500001	Silver Simple	\$474.12	0.698	1.000	1.000	1.000	1.124	1.000	372.120
74289NY0560001	Silver Simple Off	\$474.12	0.718	1.000	1.000	1.000	1.124	1.000	382.970
74289NY0520001	Bronze Simple	\$474.12	0.614	1.000	1.000	1.000	1.106	1.000	322.060
74289NY0010002	Platinum Standard	\$474.12	1.031	1.000	1.000	1.000	1.150	1.000	562.304
74289NY0030002	Gold Standard	\$474.12	0.897	1.000	1.000	1.000	1.144	1.000	486.300
74289NY0050002	Silver Standard	\$474.12	0.776	1.000	1.000	1.000	1.124	1.000	413.672
74289NY0080002	Bronze Standard	\$474.12	0.639	1.000	1.000	1.000	1.106	1.000	335.181
74289NY0020002	Platinum Edge	\$474.12	1.038	1.000	1.000	1.000	1.150	1.000	565.843
74289NY0040002	Gold Edge	\$474.12	0.905	1.000	1.000	1.000	1.144	1.000	490.751
74289NY0060002	Silver Edge	\$474.12	0.710	1.000	1.000	1.000	1.124	1.000	378.371
74289NY0070002	Silver Edge Plus	\$474.12	0.765	1.000	1.000	1.000	1.124	1.000	407.541
74289NY0100002	Bronze Edge	\$474.12	0.607	1.000	1.000	1.000	1.106	1.000	318.458
74289NY0090002	Bronze Edge Plus	\$474.12	0.677	1.000	1.000	1.000	1.106	1.000	354.908
74289NY0410002	Platinum Simple	\$474.12	0.998	1.000	1.000	1.000	1.150	1.000	543.983
74289NY0540002	Gold Simple	\$474.12	0.865	1.000	1.000	1.000	1.144	1.000	468.816
74289NY0450002	Gold Simple Off	\$474.12	0.834	1.000	1.000	1.000	1.144	1.000	452.273
74289NY0500002	Silver Simple	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.159
74289NY0560002	Silver Simple Off	\$474.12	0.724	1.000	1.000	1.000	1.124	1.000	386.071
74289NY0520002	Bronze Simple	\$474.12	0.619	1.000	1.000	1.000	1.106	1.000	324.642
74289NY0110001	Platinum Standard Child Only	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0120001	Gold Standard Child Only	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0140001	Silver Standard Child Only	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0130001	Bronze Standard Child Only	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0110001	Platinum Standard Child Only	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0120001	Gold Standard Child Only	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0140001	Silver Standard Child Only	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0130001	Bronze Standard Child Only	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

<b>Plan ID</b>	<b>Plan</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Calibration Factor</b>	<b>Geography Calibration Factor</b>	<b>Calibration Factor</b>	<b>Plan Adjusted Index Rate</b>
74289NY0010001	Platinum Standard	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0030001	Gold Standard	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0050001	Silver Standard	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0080001	Bronze Standard	\$332.54	1.000	1.000	1.000	\$332.54
74289NY0160001	Catastrophic	\$170.31	1.000	1.000	1.000	\$170.31
74289NY0020001	Platinum Edge	\$561.53	1.000	1.000	1.000	\$561.53
74289NY0040001	Gold Edge	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0060001	Silver Edge	\$375.32	1.000	1.000	1.000	\$375.32
74289NY0070001	Silver Edge Plus	\$404.34	1.000	1.000	1.000	\$404.34
74289NY0100001	Bronze Edge	\$315.90	1.000	1.000	1.000	\$315.90
74289NY0090001	Bronze Edge Plus	\$352.14	1.000	1.000	1.000	\$352.14
74289NY0410001	Platinum Simple	\$539.73	1.000	1.000	1.000	\$539.73
74289NY0540001	Gold Simple	\$465.52	1.000	1.000	1.000	\$465.52
74289NY0500001	Silver Simple	\$372.12	1.000	1.000	1.000	\$372.12
74289NY0520001	Bronze Simple	\$322.06	1.000	1.000	1.000	\$322.06
74289NY0180001	Platinum Standard	\$559.26	1.000	1.000	1.000	\$559.26
74289NY0200001	Gold Standard	\$484.07	1.000	1.000	1.000	\$484.07
74289NY0220001	Silver Standard	\$411.33	1.000	1.000	1.000	\$411.33
74289NY0250001	Bronze Standard	\$333.29	1.000	1.000	1.000	\$333.29
74289NY0190001	Platinum Edge	\$562.78	1.000	1.000	1.000	\$562.78
74289NY0210001	Gold Edge	\$488.49	1.000	1.000	1.000	\$488.49
74289NY0230001	Silver Edge	\$376.14	1.000	1.000	1.000	\$376.14
74289NY0240001	Silver Edge Plus	\$405.21	1.000	1.000	1.000	\$405.21
74289NY0260001	Bronze Edge	\$316.57	1.000	1.000	1.000	\$316.57
74289NY0270001	Bronze Edge Plus	\$352.85	1.000	1.000	1.000	\$352.85
74289NY0420001	Platinum Simple	\$540.95	1.000	1.000	1.000	\$540.95
74289NY0550001	Gold Simple	\$466.58	1.000	1.000	1.000	\$466.58
74289NY0460001	Gold Simple Off	\$450.09	1.000	1.000	1.000	\$450.09
74289NY0510001	Silver Simple	\$372.95	1.000	1.000	1.000	\$372.95
74289NY0570001	Silver Simple Off	\$383.81	1.000	1.000	1.000	\$383.81
74289NY0530001	Bronze Simple	\$322.74	1.000	1.000	1.000	\$322.74
74289NY0010002	Platinum Standard	\$562.30	1.000	1.000	1.000	\$562.30
74289NY0030002	Gold Standard	\$486.30	1.000	1.000	1.000	\$486.30
74289NY0050002	Silver Standard	\$413.67	1.000	1.000	1.000	\$413.67
74289NY0080002	Bronze Standard	\$335.18	1.000	1.000	1.000	\$335.18
74289NY0020002	Platinum Edge	\$565.84	1.000	1.000	1.000	\$565.84
74289NY0040002	Gold Edge	\$490.75	1.000	1.000	1.000	\$490.75
74289NY0060002	Silver Edge	\$378.37	1.000	1.000	1.000	\$378.37
74289NY0070002	Silver Edge Plus	\$407.54	1.000	1.000	1.000	\$407.54
74289NY0100002	Bronze Edge	\$318.46	1.000	1.000	1.000	\$318.46
74289NY0090002	Bronze Edge Plus	\$354.91	1.000	1.000	1.000	\$354.91
74289NY0410002	Platinum Simple	\$543.98	1.000	1.000	1.000	\$543.98
74289NY0540002	Gold Simple	\$468.82	1.000	1.000	1.000	\$468.82
74289NY0500002	Silver Simple	\$375.16	1.000	1.000	1.000	\$375.16
74289NY0520002	Bronze Simple	\$324.64	1.000	1.000	1.000	\$324.64
74289NY0180002	Platinum Standard	\$563.55	1.000	1.000	1.000	\$563.55
74289NY0200002	Gold Standard	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0220002	Silver Standard	\$414.57	1.000	1.000	1.000	\$414.57
74289NY0250002	Bronze Standard	\$335.92	1.000	1.000	1.000	\$335.92

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

Plan ID	Plan	Plan Adjusted Index Rate	Age Calibration Factor	Geography Calibration Factor	Calibration Factor	Plan Adjusted Index Rate
74289NY0190002	Platinum Edge	\$567.09	1.000	1.000	1.000	\$567.09
74289NY0210002	Gold Edge	\$491.84	1.000	1.000	1.000	\$491.84
74289NY0230002	Silver Edge	\$379.18	1.000	1.000	1.000	\$379.18
74289NY0240002	Silver Edge Plus	\$408.42	1.000	1.000	1.000	\$408.42
74289NY0260002	Bronze Edge	\$319.12	1.000	1.000	1.000	\$319.12
74289NY0270002	Bronze Edge Plus	\$355.60	1.000	1.000	1.000	\$355.60
74289NY0420002	Platinum Simple	\$545.21	1.000	1.000	1.000	\$545.21
74289NY0550002	Gold Simple	\$469.86	1.000	1.000	1.000	\$469.86
74289NY0460002	Gold Simple Off	\$453.30	1.000	1.000	1.000	\$453.30
74289NY0510002	Silver Simple	\$375.99	1.000	1.000	1.000	\$375.99
74289NY0570002	Silver Simple Off	\$386.92	1.000	1.000	1.000	\$386.92
74289NY0530002	Bronze Simple	\$325.32	1.000	1.000	1.000	\$325.32
74289NY0010001	Platinum Standard	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0030001	Gold Standard	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0050001	Silver Standard	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0080001	Bronze Standard	\$332.54	1.000	1.000	1.000	\$332.54
74289NY0160001	Catastrophic	\$170.31	1.000	1.000	1.000	\$170.31
74289NY0020001	Platinum Edge	\$561.53	1.000	1.000	1.000	\$561.53
74289NY0040001	Gold Edge	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0060001	Silver Edge	\$375.32	1.000	1.000	1.000	\$375.32
74289NY0070001	Silver Edge Plus	\$404.34	1.000	1.000	1.000	\$404.34
74289NY0100001	Bronze Edge	\$315.90	1.000	1.000	1.000	\$315.90
74289NY0090001	Bronze Edge Plus	\$352.14	1.000	1.000	1.000	\$352.14
74289NY0410001	Platinum Simple	\$539.73	1.000	1.000	1.000	\$539.73
74289NY0540001	Gold Simple	\$465.52	1.000	1.000	1.000	\$465.52
74289NY0450001	Gold Simple Off	\$449.05	1.000	1.000	1.000	\$449.05
74289NY0500001	Silver Simple	\$372.12	1.000	1.000	1.000	\$372.12
74289NY0560001	Silver Simple Off	\$382.97	1.000	1.000	1.000	\$382.97
74289NY0520001	Bronze Simple	\$322.06	1.000	1.000	1.000	\$322.06
74289NY0010002	Platinum Standard	\$562.30	1.000	1.000	1.000	\$562.30
74289NY0030002	Gold Standard	\$486.30	1.000	1.000	1.000	\$486.30
74289NY0050002	Silver Standard	\$413.67	1.000	1.000	1.000	\$413.67
74289NY0080002	Bronze Standard	\$335.18	1.000	1.000	1.000	\$335.18
74289NY0020002	Platinum Edge	\$565.84	1.000	1.000	1.000	\$565.84
74289NY0040002	Gold Edge	\$490.75	1.000	1.000	1.000	\$490.75
74289NY0060002	Silver Edge	\$378.37	1.000	1.000	1.000	\$378.37
74289NY0070002	Silver Edge Plus	\$407.54	1.000	1.000	1.000	\$407.54
74289NY0100002	Bronze Edge	\$318.46	1.000	1.000	1.000	\$318.46
74289NY0090002	Bronze Edge Plus	\$354.91	1.000	1.000	1.000	\$354.91
74289NY0410002	Platinum Simple	\$543.98	1.000	1.000	1.000	\$543.98
74289NY0540002	Gold Simple	\$468.82	1.000	1.000	1.000	\$468.82
74289NY0450002	Gold Simple Off	\$452.27	1.000	1.000	1.000	\$452.27
74289NY0500002	Silver Simple	\$375.16	1.000	1.000	1.000	\$375.16
74289NY0560002	Silver Simple Off	\$386.07	1.000	1.000	1.000	\$386.07
74289NY0520002	Bronze Simple	\$324.64	1.000	1.000	1.000	\$324.64
74289NY0110001	Platinum Standard Child Only	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0120001	Gold Standard Child Only	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0140001	Silver Standard Child Only	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0130001	Bronze Standard Child Only	\$332.54	1.000	1.000	1.000	\$332.54

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

<b>Plan ID</b>	<b>Plan</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Calibration Factor</b>	<b>Geography Calibration Factor</b>	<b>Calibration Factor</b>	<b>Plan Adjusted Index Rate</b>
74289NY0110001	Platinum Standard Child Only	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0120001	Gold Standard Child Only	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0140001	Silver Standard Child Only	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0130001	Bronze Standard Child Only	\$332.54	1.000	1.000	1.000	\$332.54

**Attachment D**  
**Oscar Insurance Corporation**  
**Actuarial Value Pricing Values**

Plan ID	Plan	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
74289NY0010001	Platinum Standard	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0030001	Gold Standard	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0050001	Silver Standard	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0080001	Bronze Standard	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0160001	Catastrophic	0.584	1.000	1.000	1.000	1.075	0.572	0.359
74289NY0020001	Platinum Edge	1.030	1.000	1.000	1.000	1.150	1.000	1.184
74289NY0040001	Gold Edge	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0060001	Silver Edge	0.704	1.000	1.000	1.000	1.124	1.000	0.792
74289NY0070001	Silver Edge Plus	0.758	1.000	1.000	1.000	1.124	1.000	0.853
74289NY0100001	Bronze Edge	0.602	1.000	1.000	1.000	1.106	1.000	0.666
74289NY0090001	Bronze Edge Plus	0.672	1.000	1.000	1.000	1.106	1.000	0.743
74289NY0410001	Platinum Simple	0.990	1.000	1.000	1.000	1.150	1.000	1.138
74289NY0540001	Gold Simple	0.858	1.000	1.000	1.000	1.144	1.000	0.982
74289NY0500001	Silver Simple	0.698	1.000	1.000	1.000	1.124	1.000	0.785
74289NY0520001	Bronze Simple	0.614	1.000	1.000	1.000	1.106	1.000	0.679
74289NY0180001	Platinum Standard	1.026	1.000	1.000	1.000	1.150	1.000	1.180
74289NY0200001	Gold Standard	0.893	1.000	1.000	1.000	1.144	1.000	1.021
74289NY0220001	Silver Standard	0.772	1.000	1.000	1.000	1.124	1.000	0.868
74289NY0250001	Bronze Standard	0.636	1.000	1.000	1.000	1.106	1.000	0.703
74289NY0190001	Platinum Edge	1.032	1.000	1.000	1.000	1.150	1.000	1.187
74289NY0210001	Gold Edge	0.901	1.000	1.000	1.000	1.144	1.000	1.030
74289NY0230001	Silver Edge	0.706	1.000	1.000	1.000	1.124	1.000	0.793
74289NY0240001	Silver Edge Plus	0.760	1.000	1.000	1.000	1.124	1.000	0.855
74289NY0260001	Bronze Edge	0.604	1.000	1.000	1.000	1.106	1.000	0.668
74289NY0270001	Bronze Edge Plus	0.673	1.000	1.000	1.000	1.106	1.000	0.744
74289NY0420001	Platinum Simple	0.992	1.000	1.000	1.000	1.150	1.000	1.141
74289NY0550001	Gold Simple	0.860	1.000	1.000	1.000	1.144	1.000	0.984
74289NY0460001	Gold Simple Off	0.830	1.000	1.000	1.000	1.144	1.000	0.949
74289NY0510001	Silver Simple	0.700	1.000	1.000	1.000	1.124	1.000	0.787
74289NY0570001	Silver Simple Off	0.720	1.000	1.000	1.000	1.124	1.000	0.810
74289NY0530001	Bronze Simple	0.616	1.000	1.000	1.000	1.106	1.000	0.681
74289NY0010002	Platinum Standard	1.031	1.000	1.000	1.000	1.150	1.000	1.186
74289NY0030002	Gold Standard	0.897	1.000	1.000	1.000	1.144	1.000	1.026
74289NY0050002	Silver Standard	0.776	1.000	1.000	1.000	1.124	1.000	0.873
74289NY0080002	Bronze Standard	0.639	1.000	1.000	1.000	1.106	1.000	0.707
74289NY0020002	Platinum Edge	1.038	1.000	1.000	1.000	1.150	1.000	1.193
74289NY0040002	Gold Edge	0.905	1.000	1.000	1.000	1.144	1.000	1.035
74289NY0060002	Silver Edge	0.710	1.000	1.000	1.000	1.124	1.000	0.798
74289NY0070002	Silver Edge Plus	0.765	1.000	1.000	1.000	1.124	1.000	0.860
74289NY0100002	Bronze Edge	0.607	1.000	1.000	1.000	1.106	1.000	0.672
74289NY0090002	Bronze Edge Plus	0.677	1.000	1.000	1.000	1.106	1.000	0.749
74289NY0410002	Platinum Simple	0.998	1.000	1.000	1.000	1.150	1.000	1.147
74289NY0540002	Gold Simple	0.865	1.000	1.000	1.000	1.144	1.000	0.989
74289NY0500002	Silver Simple	0.704	1.000	1.000	1.000	1.124	1.000	0.791
74289NY0520002	Bronze Simple	0.619	1.000	1.000	1.000	1.106	1.000	0.685
74289NY0180002	Platinum Standard	1.034	1.000	1.000	1.000	1.150	1.000	1.189
74289NY0200002	Gold Standard	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0220002	Silver Standard	0.778	1.000	1.000	1.000	1.124	1.000	0.874
74289NY0250002	Bronze Standard	0.641	1.000	1.000	1.000	1.106	1.000	0.709
74289NY0190002	Platinum Edge	1.040	1.000	1.000	1.000	1.150	1.000	1.196
74289NY0210002	Gold Edge	0.907	1.000	1.000	1.000	1.144	1.000	1.037
74289NY0230002	Silver Edge	0.711	1.000	1.000	1.000	1.124	1.000	0.800
74289NY0240002	Silver Edge Plus	0.766	1.000	1.000	1.000	1.124	1.000	0.861
74289NY0260002	Bronze Edge	0.609	1.000	1.000	1.000	1.106	1.000	0.673
74289NY0270002	Bronze Edge Plus	0.678	1.000	1.000	1.000	1.106	1.000	0.750
74289NY0420002	Platinum Simple	1.000	1.000	1.000	1.000	1.150	1.000	1.150
74289NY0550002	Gold Simple	0.866	1.000	1.000	1.000	1.144	1.000	0.991
74289NY0460002	Gold Simple Off	0.836	1.000	1.000	1.000	1.144	1.000	0.956
74289NY0510002	Silver Simple	0.705	1.000	1.000	1.000	1.124	1.000	0.793

**Attachment D**  
**Oscar Insurance Corporation**  
**Actuarial Value Pricing Values**

Plan ID	Plan	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
74289NY0570002	Silver Simple Off	0.726	1.000	1.000	1.000	1.124	1.000	0.816
74289NY0530002	Bronze Simple	0.620	1.000	1.000	1.000	1.106	1.000	0.686
74289NY0010001	Platinum Standard	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0030001	Gold Standard	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0050001	Silver Standard	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0080001	Bronze Standard	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0160001	Catastrophic	0.584	1.000	1.000	1.000	1.075	0.572	0.359
74289NY0020001	Platinum Edge	1.030	1.000	1.000	1.000	1.150	1.000	1.184
74289NY0040001	Gold Edge	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0060001	Silver Edge	0.704	1.000	1.000	1.000	1.124	1.000	0.792
74289NY0070001	Silver Edge Plus	0.758	1.000	1.000	1.000	1.124	1.000	0.853
74289NY0100001	Bronze Edge	0.602	1.000	1.000	1.000	1.106	1.000	0.666
74289NY0090001	Bronze Edge Plus	0.672	1.000	1.000	1.000	1.106	1.000	0.743
74289NY0410001	Platinum Simple	0.990	1.000	1.000	1.000	1.150	1.000	1.138
74289NY0540001	Gold Simple	0.858	1.000	1.000	1.000	1.144	1.000	0.982
74289NY0450001	Gold Simple Off	0.828	1.000	1.000	1.000	1.144	1.000	0.947
74289NY0500001	Silver Simple	0.698	1.000	1.000	1.000	1.124	1.000	0.785
74289NY0560001	Silver Simple Off	0.718	1.000	1.000	1.000	1.124	1.000	0.808
74289NY0520001	Bronze Simple	0.614	1.000	1.000	1.000	1.106	1.000	0.679
74289NY0010002	Platinum Standard	1.031	1.000	1.000	1.000	1.150	1.000	1.186
74289NY0030002	Gold Standard	0.897	1.000	1.000	1.000	1.144	1.000	1.026
74289NY0050002	Silver Standard	0.776	1.000	1.000	1.000	1.124	1.000	0.873
74289NY0080002	Bronze Standard	0.639	1.000	1.000	1.000	1.106	1.000	0.707
74289NY0020002	Platinum Edge	1.038	1.000	1.000	1.000	1.150	1.000	1.193
74289NY0040002	Gold Edge	0.905	1.000	1.000	1.000	1.144	1.000	1.035
74289NY0060002	Silver Edge	0.710	1.000	1.000	1.000	1.124	1.000	0.798
74289NY0070002	Silver Edge Plus	0.765	1.000	1.000	1.000	1.124	1.000	0.860
74289NY0100002	Bronze Edge	0.607	1.000	1.000	1.000	1.106	1.000	0.672
74289NY0090002	Bronze Edge Plus	0.677	1.000	1.000	1.000	1.106	1.000	0.749
74289NY0410002	Platinum Simple	0.998	1.000	1.000	1.000	1.150	1.000	1.147
74289NY0540002	Gold Simple	0.865	1.000	1.000	1.000	1.144	1.000	0.989
74289NY0450002	Gold Simple Off	0.834	1.000	1.000	1.000	1.144	1.000	0.954
74289NY0500002	Silver Simple	0.704	1.000	1.000	1.000	1.124	1.000	0.791
74289NY0560002	Silver Simple Off	0.724	1.000	1.000	1.000	1.124	1.000	0.814
74289NY0520002	Bronze Simple	0.619	1.000	1.000	1.000	1.106	1.000	0.685
74289NY0110001	Platinum Standard Child Only	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0120001	Gold Standard Child Only	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0140001	Silver Standard Child Only	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0130001	Bronze Standard Child Only	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0110001	Platinum Standard Child Only	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0120001	Gold Standard Child Only	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0140001	Silver Standard Child Only	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0130001	Bronze Standard Child Only	0.634	1.000	1.000	1.000	1.106	1.000	0.701

## **ATTACHMENT E**

### **4. Quality**

**Per Section II.E of the Invitation, provide a complete description of the Applicant's quality strategy for each area below:**

**Response:** The Quality Strategy for Oscar is set forth below.

Oscar is dedicated to improving the experience and quality of healthcare for Oscar's members. As a new plan being developed by a team of seasoned health insurance executives and cutting-edge technology entrepreneurs, Oscar is transforming the industry by building best-in-class patient experiences and programs designed to raise quality of care and better patient outcomes. Oscar's vision is to re-imagine how a health plan functions and its role in the lives of its members. This vision will take time; however, the quality strategy and structure that we are implementing will enable us to achieve that vision.

Since our inception, we have been capturing and analyzing data to assure that our programs and providers optimize care. We are developing an organization that is focused on improving outcomes with best-in-class innovative quality reporting, case management, care coordination, disease management, compliance activities, and programs to reduce hospital admissions and re-admissions, improve patient safety, reduce medical errors, and improve health disparities. Our parent company board includes Charlie Baker, the former CEO of Harvard Pilgrim Health Care. Harvard Pilgrim is a Massachusetts health plan that has been recognized over multiple years as having the highest national quality scores by NCQA. Also, the executive team includes Aran Ron, MD, who serves as Chief Medical Officer; he previously served as President/COO of a large NY PPO and HMO, wrote and presented on quality outcomes, chaired the board quality committees of these organizations, and served as the chair of the URAC Committee on Accreditation. Mary Ellen Connington, RN, serves as Senior Vice President for Quality and Medical Management. She has held clinical executive roles in quality, case, and disease management in several large managed care and provider organizations and has published on quality and performance improvement. We have developed a corporate organizational structure that includes a Quality Committee that oversees the utilization, care management, credentialing and delegation programs, and committees. Our goals include compliance with all regulatory requirements, promoting members' health, assuring adherence to nationally recognized guidelines, improving the quality of care and services, and utilizing technology and design to simplify the member's experience. Our primary goal is to assure that our members experience the highest quality of care and service.

#### **a) Improving Health Outcomes**

## ➤ *Quality Reporting*

Oscar's goal is to maintain and improve our members' health. This goal is achieved through a multifaceted, data-supported quality program that follows nationally accepted clinical guidelines and focuses on the individual member. Maintaining and improving members' health requires Oscar to harness and enhance the latest informatics technology to gather, aggregate, analyze, and maintain all available knowledge and data regarding each member's health care and treatment experiences into a personalized health-data history. This data enables Oscar to monitor the quality of care, outcomes, the impact of programs, and service levels as well as to identify gaps in care to target individuals and physicians to promote optimal effective care. Our goal is to demonstrate quality through nationally recognized measures such as HEDIS, QARR, and CAHPs clinical and customer quality standards.

The Oscar reporting suite leverages integrated technology and data warehouse platform to provide actionable reporting that enables data-driven decision-making. It provides access to useable real time data, monitor and ensure the effectiveness of clinical programs and track our performance against internal goals and national benchmarks.

Oscar's medical management team has continued to innovate our Utilization, Case and Disease Management model while implementing the quality and care management plans outlined last year. These new initiatives are described below.

### **1. Improved care management via Unified Member View (please see Exhibit A):**

A unified and real-time view of all member data combines sources representing all aspects of the healthcare system to facilitate case and disease management. The Unified Member View has become a critical tool in day-to-day case and disease management. It provides case management staff with unprecedented access to real-time information in a single system. This, in turn, enhances the quality of medical management allowing to the team to rapidly respond to new developments before costly events arise, e.g., deterioration of member health, potential counter-indication.

The Unified Member View draws on a range of data sources:

- a. Eligibility information
- b. Member demographics
- c. Medical claims data
- d. Pharmacy claims data
- e. Laboratory results
- f. Telemedicine clinical notes
- g. In- and outpatient authorizations
- h. Physician and member phone calls to Oscar's customer service team
- i. Clinical event notifications on ED/hospital admissions and discharges through the

- regional health information organizations
- j. Care router search tool on HiOscar.com
- k. Patient-completed health risk assessment

## **2. Complex Case Review**

Clinical, operations and financial staff hold interdisciplinary rounds on a weekly basis to review high complex and high cost cases for:

a. Case finding and referral for complex case and disease management: Typically 6 – 10 individuals are newly referred to complex case and disease management programs via this rounding mechanism. Additionally, individuals already in complex case and disease management programs are reviewed for progress/status as part of these rounds.

b. Appropriateness of service: The team reviews all single claims with a cost of >\$2,000. When the individual who incurred the single claim >\$2K is known to complex case management, then the full set of longitudinal services are reviewed for trajectories of medical spend and clinical management of the case. When an individual who incurred a single claim above this threshold is unknown to case management, then the case is considered for referral to an appropriate case management and/or disease management program.

The review is extensive and accounts for nearly two thirds of the weekly medical spend. By way of example, of \$12m in total allowed costs through May 13<sup>th</sup>, over \$7.6m had been individually reviewed by the team.

## **3. Identification and referral system**

In addition to being integrated in the Unified Member View, real time data feeds are also leveraged to routinely and automatically identify members for referral to case and disease management and other follow-up

a. Teladoc: Based on the real time data provided from Teladoc, our telephonic physician service, Oscar staff reviews the medical record for all calls made to Teladoc; which includes review of the SOAP note medications prescribed. The review identifies cases potentially eligible for case and disease management. Examples of referrals that are generated from a review of Teladoc medical records includes referral to behavioral health, referral to customer service for member assistance in seeking a PCP, referral to our diabetic case management program, etc.

b. Clinical event notifications: Healthix, the New York Regional Health Information Organization (RHIO) provides real-time Clinical Event Notifications (CEN) of emergency department registrations, inpatient admissions, and discharges for Oscar members who have consented to participate in the RHIO. CEN's have become important triggers for case management referrals and discharge planning. Oscar's clinicians receive notice of

an admission or discharge within hours (typically minutes) of occurrence and can intervene on a more expeditious basis to support case management and discharge planning.

c. Automatic flagging system: Oscar is currently establishing an automatic system to flag members for case and disease management based on all incoming electronic information (medical claims, pharmacy claims, laboratory results, Care Router search results, physician and member calls). Two data points deserve special attention (both of which are currently under configuration):

i. Members' Care Router searches: The Care Router is a tool allowing members to search for information on specific conditions and physician specialties. This information is a very powerful data point to understand members' actual needs.

ii. Physician and member calls: Member and physician calls are systematically being screened for specific triggers and consequently flagged for case management evaluation.

#### **4. Ensuring appropriateness of services:**

Care Router: Members utilize the Care Router to receive guidance regarding the appropriate setting for care including non-conventional lower cost locations (like Teladoc and OTC pharmacies). Having searched for a particular condition, members are informed about the different physician specialties treating the condition including information on an expected cost range. This helps members to consider cost. If a provider specialty is selected, members receive suggestions on individual providers who are prioritized by a range of criteria including historic cost and treatment efficiency.

#### **5. Demand management through self-management tools and transparency (see Exhibit A):**

a. Care Router: The Care Router also plays a crucial role in influencing the demand for medical services. For example a member with a headache/migraine searching for medical information can find medical explanations online through the Care Router instead of consulting a physician for the same information.

b. Timeline: Currently, information on physician consultations, claims, medication (e.g., the need to request a refill), and Teladoc call documentation are being revealed online. Oscar will also expose laboratory results directly to members. Having access to their medical information online improves members' abilities to remain in compliance with their medical regime and also create transparency for their treating physician (e.g., by printing their medical and medication history).

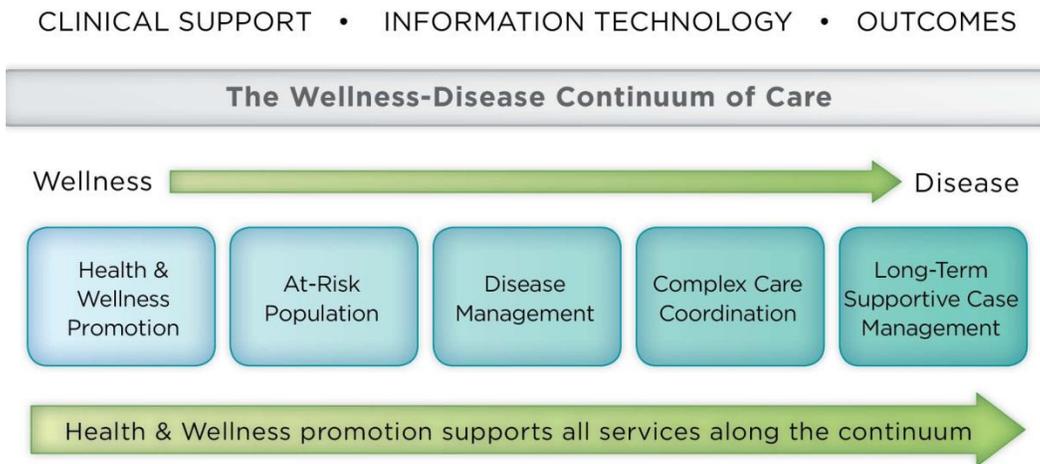
Category	Data Elements
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Review of high dollar cases; and cases that trip thresholds for re-insurance coverage.</li> <li>• Actual PMPM costs in relation to the medical budget as measured through the Milliman software for category reporting.</li> <li>• Patterns and trends of cost in relation to disease management and service categories.</li> </ul>
<b>Clinical</b>	<p>Utilization metrics that identify over and under utilization in relation to national benchmarks. Examples include: outpatient visits per 1,000 members, admissions per 1,000 members, and average length of hospital stays Monitoring rates of denials and appeals; as well as overturn rate.</p> <ul style="list-style-type: none"> <li>• Re-admissions within 30 days</li> <li>• Gaps in care</li> <li>• Consumer experience of care survey on an annual basis</li> <li>• Health risk assessment completion and stratification</li> <li>• Case management rounds and reporting</li> <li>• Disease management rounds and reporting</li> <li>• Pharmacy benefit utilization by member, by drug class, by prescriber, by generic use, etc.</li> <li>• Specific pharmacy utilization and adherence reports</li> </ul>
<b>Operational</b>	<ul style="list-style-type: none"> <li>• HEDIS reports (e.g., ambulatory follow-up)</li> <li>• Provider (e.g., reports tracking basic information on our provider networks)</li> <li>• Membership (e.g., enrollment information including socio-demographic data)</li> <li>• Call management (e.g., average speed of answer, abandonment rate)</li> <li>• Paid claims (e.g., utilization, claim lags, claims processing, and fraud and abuse)</li> <li>• Customer satisfaction at the member and provider level</li> <li>• Inquiry tracking (e.g., customer inquiries including complaints)</li> </ul>

The delivery method and frequency of reporting is as important as the data itself. Oscar requires our administrative partners to provide secure and HIPAA compliant access to real-time data via online and mobile reporting dashboards. Oscar has access to a variety of data sets to conduct analyses across a full range of inpatient and outpatient utilization, including data on member enrollment, care coordination, encounters, authorizations, and pharmacy benefit utilization, as well as information on the services rendered.

➤ *Effective Case Management, Care Coordination and Chronic Disease Management*

Oscar has structured a case management program to ensure the delivery of customized medical case management solutions that promote optimal medical outcomes, patient satisfaction, and cost-effectiveness. Oscar, as well as its vendors, endeavors to provide the highest level of service. Oscar has received accreditation at the Interim level from the National Committee on Quality Assurance (“NCQA”). We believe that quality care management is patient-centric, and provides the best care for each member using evidence-based clinical guidelines. In addition, certain Oscar clinicians have access to clinical decision support tools (e.g. EPOCRATES) when considering effective plans of care.

Oscar recognizes that there is a continuum of care needs in our insured population ranging from wellness promotion to long-term supportive case management. Oscar identifies individuals within each category and provides access to the appropriate services and programs to serve their particular clinical condition. The chart below outlines Oscar’s stratification of its patient population. Oscar continues to develop and provide specific programs based on this stratification.



Oscar programs are designed to meet the unique clinical needs of each of our members. The programs range from telephonic physician visits for those who are generally healthy but have an immediate health need that can be conveniently managed by phone, to palliative and complex care management for end of life needs.

Applying our expertise, we will continually develop innovations that promote better health solutions based on the characteristics and unique needs of the populations we serve. These solutions will be customized to meet individual needs to maintain health or diminish the impact of chronic illnesses.

Effective care coordination is essential to improving outcomes. Care coordination initiatives have the ability to reduce waste, and improve information flow and health outcomes as a member moves across different settings of care. Care coordination also has significant savings potential by reducing potentially avoidable hospitalizations. Care coordination in the form of early outpatient follow-up to a hospital discharge can reduce the risk of re-hospitalization. Oscar has developed a unique and innovative system of coordination with the HEALTHIX RHIO (Regional Health Information Organization) for clinical event notification (CEN). Oscar receives an instantaneous alert from the RHIO the moment a participating NY Hospital registers an Oscar member for an ED Visit or inpatient admission. Oscar also receives a CEN for inpatient discharge. In addition to the CEN, Oscar can retrieve extensive medical record information from the hospital regarding lab results, pathology reports, radiology results, encounters, problem lists, medications ordered and detailed discharge summary information. These timely notifications permit Oscar to increase the velocity of care and provide timely discharge planning support and case/disease management intervention to enrollees during these periods of peak intensity. Oscar is following the progress of RHIO's in New Jersey and will endeavor to work with them to similarly coordinate regarding care management functions.

Our care management activities include identification of individual needs through health risk assessment combined with the analysis of claims and other data through the use of sophisticated algorithms. Oscar will complete an annual Comprehensive Population Health Assessment that will identify the conditions and care needs for Oscar's diverse population. The population health assessment will also identify cultural, linguistic and ethnic considerations of care delivery; seek out disparities in health care; and identify opportunities for improving patient safety. Complex case management is offered to members with more complex, complicated, and/or persistent disorders. Such cases may include members who have co-morbid and multiple medical conditions as well as behavioral health components. Oscar will stratify members and provide the appropriate care coordination for each member.

Based on the stratification level, programs that are targeted for individual needs will be offered and directed to our members. Examples of the type of programs for individuals include (i) outreach and home care visits as needed for new mothers, (ii) complex case management for individuals identified with multiple co-morbidities, and (iii) and complex medical issues.

Oscar's disease management program will identify, assess and monitor the members most severely affected by chronic medical conditions such as asthma, diabetes, depression/anxiety, chronic obstructive pulmonary disease, and coronary artery disease. Rather than a broad population-based initiative, this program identifies the most seriously ill members, those who require the most care, or those whose condition suggests that future care will be complex and high cost. Oscar will select a minimum of two disease management programs based upon the findings of the comprehensive population

assessment.

Once identified, members will be contacted by a case manager for a clinical assessment that includes variables appropriate to the disease condition and based upon current evidence.

Based on the assessment findings, and upon consent of the enrollee, we will enroll appropriate members in Oscar disease management program. Oscar Disease Management programs follow NCQA standards and include:

- Condition monitoring (including self-monitoring and medical testing):
  - Adherence to treatment plans (including self-monitoring and medical testing)
  - Medical and behavioral comorbidities and other health conditions (e.g. cognitive deficits, physical limitations)
  - Health behaviors
  - Psychosocial issues
  - Depression screening
  - Providing information about the patient's condition to caregivers who have the patient's consent
  - Encouraging patients to communicate with their practitioners about their health conditions and treatment
  - Additional resources external to the organization, as appropriate

➤ *Medication and Care Compliance Initiative*

Knowing that improving medication adherence leads to healthier members, Oscar provides solutions that encourage members with chronic illnesses to comply with medication and treatment regimens, thus striving to avoid additional, and often high-cost, pharmacy and medical expenses.

The core elements to the medication compliance program will include the following communication channels and provide:

- Refill reminders
- Educational new-to-therapy letter
- Online resources
- Off-therapy outreach
- Prescriber engagement

Both retail and mail claims are analyzed to accurately determine a member's adherence regardless of the channel.

Research proves that closing gaps in member care helps to avoid medical complications

and reduces total costs, despite potential increased drug spending. Oscar's PBM offers a robust solution to help improve quality and control member premium costs by closing gaps in care. These "gap solutions" turn our prescription benefit plan into a powerful "early-warning system" for our members' medical care. Through retrospective claims review, we can identify and address future member-specific opportunities for improved care *before* members experience severe health-related events. We proactively address opportunities by contacting the member's prescriber or the member directly, as appropriate to reduce risk and prevent avoidable medical costs. The result is higher quality of care provided at the lowest possible member premium costs.

Our PBM's mail order service will help ensure that members receive renewals and/or refills of their maintenance medications in a timely and efficient manner and may yield up to a 10% improvement in adherence. When members submit prescriptions for automatic refills, our PBM's mail order pharmacy will systematically refill them after allowing the member an opportunity to decline the fill. With auto renewal, we will contact the physician on the member's behalf after the last refill is filled and request a new prescription. For some members with well-managed conditions, the physician can extend medication therapy without an office visit, helping members avoid interruption of their therapy and the added cost of an office visit. Through our PBM, we will proactively notify the member before each fill. This allows the member the opportunity to cancel the automatic refill or renewal.

Oscar's PBM has assigned a dedicated clinical pharmacist and a pharmacy management team to continually review the performance of Oscar's pharmacy benefit and develop strategies and tactics to improve performance.

➤ *Use of the Primary Care Medical Home Model*

The Primary Care Medical Home model is an important component of the Oscar care philosophy. Oscar has purchased a service from NCQA that provides a continually updated roster of PCMH practices. Oscar uses this information to match against its provider file to identify those in-network practices that have achieved a PCMH designation by NCQA. Utilizing the concepts of PCMH coordination of care, Oscar utilizes its data warehouse and analytic capabilities, to provide member-based information to physicians that will enable them to manage their patient population and coordinate care and improve outcomes. Oscar will identify individuals who require preventive services, who are non-compliant with their medication and who are at high medical risk for worsening of their condition. In collaboration with our physicians, we will share the information and offer services to these patients so that the overall population of patients' outcomes is improved.

### **a) Member Centric Services**

- Comprehensive care management – risk screening and case identification, comprehensive health/life assessments with individualized member-centered care plans
- Care coordination – sophisticated on line tool such as the Care Router and the Timeline assist enrollees with self-management and care coordination. These systematic communication protocols and service coordination modules are supported by the health information system. The Care Router permits an enrollee to type in colloquial English and through sophisticated normal language processing routines, the search returns related health content from the National Institute of Health and National Library of Medicine data sources (i.e. Medline).
- Transition care management – wrap-around transitions from acute care to community-based care including medication reconciliation procedures
- Health promotion – risk identification tools such as a health risk assessment and skill training and coaching for common health behavior change opportunities (i.e., smoking, obesity, sedentary life style, and substance use)
- Family and individual support services – inclusion of family and care givers in development of care plans, education, peer support resources, and participation in advisory activities
- Referral to community and social support – access to community-based resources with a highly developed organization and network affiliation agreements

### **b) Preventing Hospital Readmissions**

Oscar's approach involves engaging the patient in education counseling, and discharge planning that begins before admission for elective procedures and on the day of admission for emergencies. Ensuring that there is a safe discharge plan and that the patient is prepared for discharge is an important Oscar goal. RHIO Clinical Event Notifications enable Oscar to fortify its Discharge Planning capability to provide more effective support in the community, post discharge and reduce unnecessary re-admission.

#### **- Patient Centered Education and Counseling**

The patient-centered approach calls for members to engage in their care including understanding their care needs involving transitions such as home to hospital or hospital to skilled nursing facility. Preventing unnecessary hospital admissions or re-admissions requires adequate patient education.

Recent studies demonstrate that as many as 20% of patients discharged from the hospital end up back in the hospital within 30 days. Most of these readmissions result from lack of follow-up care or the inability of the member to understand and follow their physician's directions and non-compliance with medications. With proper outreach, patient education

efforts, and coordination following discharge, many readmissions can be prevented.

Oscar has designed, in collaboration with its care partners, a set of outreach initiatives and programs that are focused on reducing readmissions. The ED Care Connect program is currently in implementation status and utilizes Clinical Event Notifications from the RHIO to alert Oscar Case Managers, and their care partners at the Visiting Nurse Service of New York (VNSNY), about a member who is in the ED. VNSNY will visit with the patient and the ED attending and participate on behalf of Oscar to support the discharge plan. VNSNY will make sure that the member is properly informed about follow-up care and self-management requirements, confirm that the member has their medications and understands their frequency, and ascertain that the member has a follow up appointment with their physician and is properly educated about potential problems and when to reach out to the physician, or utilize our telemedicine services.

Oscar recognizes that a significant percentage of hospital admissions and readmissions can be averted by proactive education and intervention and a precisely managed treatment plan that engages the member and that the member understands. Oscar seeks to engage members in their care early in the process. Oscar will identify individuals with complex or severe illnesses and provide them with information that enables them to take a more active role in managing their care. Tracking discharge and follow-up with ongoing monitoring of the member's care will reduce readmission and improve care quality. This program, in conjunction with the Care Router, Timeline and other features, will also provide informative materials through an extensive online support library (NIH/Medline) which will contain printable documents and links to support in treatment selection, dosing, member education and general quality of member care.

The personalized plan of care will be tightly integrated with Oscar's core user experience. The member's medical timeline will display the events and milestones from the member's care plan, and give the member an intuitive way to understand how the member is tracking against the recommended plan of care.

- Comprehensive Discharge Planning - Preparing for Transition from Inpatient to Outpatient

As part of the care management process, our care managers interact with providers to develop the most effective treatment and discharge plan. During the authorization and concurrent review process, care managers review the medical necessity of current treatment with the provider. For elective admissions, the authorization process may include post-discharge plans to be reviewed with the member. For emergency admissions or when discharge plans were not established pre-admission, the discharge planning would begin at the time the member is receiving inpatient treatment and would be finalized when the member is ready to transition into outpatient therapy. In all cases, discharge planning will be conducted according to our clinical criteria and a care manager will work with the provider and member to refer the member to the most convenient and

appropriate outpatient resource.

Since discharge planning starts at the onset of treatment, the care manager has already identified a range of appropriate outpatient services and can immediately assist linking the member to these resources once the member is released. Prior to discharge, the facility and care manager work with the outpatient provider to help develop appropriate aftercare treatment, identify new alternative levels of care within the community, and work with the member to prepare them for the transition to the new level of care.

#### Post-Discharge Reinforcement by an Appropriate Health Care Professional

> Oscar will ensure a smooth care transition to the home setting with the goal of reducing the number of readmissions. The program components for select high-risk patients include:

- Community-based care visit by nurse case managers
- A behavioral health and environmental assessment
- Other home care as needed

Our case managers follow-up with members to ensure that they are engaged in their discharge and care plan. Our care management staff will work closely with facilities to coordinate discharge planning. For example, we will ask that hospitals attempt to schedule ambulatory follow-up appointments within a few days of discharge. Our staff will follow-up with both providers and members to determine if the appointments are kept. If telephone contact is not possible, we will send follow-up letters, emails, and texts.

We identify members who are assessed as high-risk and/or with complex conditions and refer them to our complex case management program for extended care planning and case management. In addition to individual follow-up with members and providers, we will monitor facilities' patterns of scheduling appointments as well as readmission rates.

In addition to medical/surgical discharge planning and follow up, Oscar will provide special programs for members who have a mental health admission. Before discharge we will develop a plan for follow-up care for members in mental health inpatient programs to ensure after-care appointment adherence and to reduce the rate of readmission resulting from inadequate management of a member's symptoms after return to the community. This process will be initiated prior to discharge to ensure that appropriate plans for follow-up care have been developed and to monitor whether scheduled appointments are actually kept. The goal is to reinforce the results of inpatient treatment and ensure member compliance.

Our mental health and substance abuse outcomes management program ensures that members receiving outpatient services are on track to achieve their care management goals. This program is a member-centered, outcomes-informed care program that supports

providers as they help members achieve their goals.

### c) **Improving Patient Safety**

#### - Improving Patient Safety and Reducing Medical Errors

Oscar works diligently to ensure that all services provided to its members meet the highest standards for patient safety. To that end, we will offer a variety of programs designed to evaluate provider performance and utilization patterns to establish and require conformance with best clinical practices, to encourage adherence to evidence-based standards of care, and to employ the latest health information technology – all with the ultimate goal of ensuring the provision of the highest quality of care, efficacy, safety, and ultimately, the success of all types of treatment our members receive.

#### Patient Safety Programs

Following are some examples of more service-specific patient safety programs that Oscar addresses:

- Medication therapy management. Oscar will offer a medication therapy management program to members with specific diseases. The program is designed to offer collaboration between the members and their prescribing physicians to optimize drug therapy and to produce the best health outcomes. It is managed by nurses who explain eligibility rules to members and coordinate their interaction with prescribers, the program includes:
  - A comprehensive review of all prescription and non-prescription drugs
  - A personal medication record
  - Medication treatment plan
  - Consultations with prescribers
  - Personalized tools to improve member understanding of drugs and adherence to treatment
  - Ongoing monitoring of medication safety and effectiveness
  - Ongoing communications to prescriber to support patient care

#### Supporting Best Clinical Practices in Cardiology Management

The cardiology management program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization of advanced cardiac imaging and implantable devices. By requiring pre-service authorization, this program is designed to ensure the appropriate use of nuclear cardiology, cardiac CT, cardiac MRI, cardiac PET, nuclear stress testing, echo stress testing, transthoracic echocardiography, cardiac catheterization, single and dual chamber pacemakers, implantable cardioverter defibrillators (ICD), and cardiac resynchronization therapy defibrillator (CRT-D).

### Supporting Best Clinical Practices in Radiology Management

The radiology/imaging management program is data-driven and evidence based. The program is designed to promote quality and patient safety. Using nationally accepted clinical criteria, the program works with imaging providers, ordering physicians and members to ensure that members receive the most appropriate imaging tests, avoid the inconvenience and expense of duplicative or unnecessary services and reduce exposure to unnecessary radiation.

As part of this overall program, clinicians compare requests for advanced diagnostic imaging to evidence-based clinical criteria to ensure the requested service demonstrates medical necessity in order to promote the safe and effective use of medical technology.

Network providers are required to submit specific provider and practice information such as non-physician and technical staff, equipment, capabilities, maintenance, and radiation safety policies and procedures. This program also includes an image review by the program's board-certified radiologists. The network quality assurance program can be performed through a computer-based desktop review or an on-site facility review.

### Supporting Best Clinical Practices in Musculoskeletal Management

To help ensure patient safety, minimize errors, and enforce adherence to best clinical practices, our musculoskeletal management program has developed criteria designed to appropriately manage musculoskeletal-related health services. These criteria were developed and are maintained by nationally-recognized specialists from best practices and the most current evidence-based literature. The program ensures appropriate utilization and patient care by using quality management components that require accreditation, credentialing of services, and utilization review. The program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization. Leveraging innovative information technology, unparalleled data-management systems, and evidence-based clinical pathways, it delivers clinical and financial value to patients and providers.

### Supporting Best Clinical Practices through Pharmacy Management

Our pharmacy management program is designed to enforce appropriate prescribing patterns and benefits utilization, consequently helping reduce errors and ensuring patient safety and best health outcomes. These programs include:

- Safety and monitoring solution. This program evaluates pharmacy claims for patterns of potential overuse or misuse. On a quarterly basis, our clinical pharmacists evaluate controlled substances and other select drug claims (along with supporting medical data, if available) to identify potential medication abuse and fraudulent claims for appropriate intervention.

- Enhanced safety and monitoring solution. This program provides additional investigation and intervention when patterns of potential drug overuse or misuse are identified. In addition to the core safety and monitoring solution, the enhanced solution provides expanded written communications, coordination with pharmacy audit activities, prescriber toolkits, peer prescriber consultations with independent physician experts, and medication therapy counseling for select members.
- Closing gaps in medication therapy. This program represents a powerful “early-warning system” for Oscar members’ medical care identifies high-risk members before they may experience significant medical events. Drug profiles are assessed daily, within 72 hours after claims adjudication, by a clinical pharmacist for any potential issues or complications associated with the disease or therapy. Identified issues are communicated to the prescriber along with suggested solutions.

Designed to support best clinical practices and to help ensure member safety, prospective Drug Utilization Review (DUR) programs include Prior Authorization, Step Therapy, Quantity Limits, and Point of Service Safety Reviews.

- Prior Authorization. The Prior Authorization program offers the following benefits; it promotes appropriate drug prescription by ensuring adherence to approved treatment protocols and promotes member safety
- Step Therapy. Step Therapy program ensures that Oscar members choose the most therapeutically appropriate drugs first. Step therapy protocols optimize appropriate drug therapy and support patient safety by defining how and when a particular drug or drug class should be used, based on a member’s drug history. Post-step prior authorization is also available to allow coverage for clinically appropriate situations that do not meet the initial step therapy protocol.
- Quantity Limits. Quantity Limits will be implemented as an alternative or a supplement to the Prior Authorization program, affording control over drugs with the potential for abuse, misuse, or safety concerns, without eliminating coverage.
- Point of Service Safety Review. Point of Service (POS) Safety Review is the baseline safety solution. Whether a prescription is presented through the mail service pharmacies or our retail network, the pharmacy system automatically evaluates the prescription in the context of the member’s complete drug history. When appropriate, real-time alerts are issued to the dispensing pharmacist regarding possible issues.

All prescriptions are first checked for member eligibility and plan design features and then compared against histories of prescriptions filled by the same pharmacy, by other participating retail network pharmacies, by the mail service pharmacies, and submitted paper claims. All drug conflicts are detected online when the prescription is entered into the computer system. If a conflict is identified, the pharmacist reviews the member's history and may contact the prescriber to make any adjustments prior to filling the prescription. To ensure that there is no delay in members receiving necessary prescriptions, the pharmacist may override an edit when they have reviewed the data with the member or prescriber and have determined that the prescription is safe to dispense. The concurrent DUR program includes key edits such as drug interactions, drug allergy interactions, drug age alerts, and therapeutic duplication.

Oscar's Utilization Management Program supports member safety by applying clinical guidelines to promote the appropriate care in the right setting at the right time. Oscar will standardize the utilization management process and audit it to ensure that the process is followed consistently and with the same result. The process will include the use of best practice evidence-based and nationally accepted clinical guidelines.

- Health Information Technology

Our system is enabled by a technology platform that brings multiple vendor programs and resource information together. Oscar maintains a database that includes the member Health Risk Assessment, the member specific care plan, gaps in care, authorizations, preventive service needs, member claims history, member inquiries and other interactions the member has had with the plan. Oscar will employ the technology to offer a single-point of-contact to members. Members have access to this through our dedicated member portal via the Timeline and Care Router.

At the core of the member's experience with Oscar's tools is the personalized "medical timeline". The member's medical timeline is an intuitively usable and beautifully rendered depiction of the member's full interaction history with the healthcare system and with Oscar. For example, doctor visits, diagnoses and prescriptions are displayed in the timeline. The timeline also displays forward-looking events such as upcoming prescription expiration dates, prescription refill dates, recommended doctor visits based on standard of care guidelines, and reminders of the patient's benefits under the Oscar plan. For example, we will remind the patient of getting an annual physical in his personalized timeline.

**d) Wellness and Health Promotion Activities**

## - Wellness Programs

Oscar is a health insurer with market leading consumer tools, data analytics and customer service resources to optimize our members' physical and mental wellbeing. This approach transcends the conventional insurer's role of paying claims and managing employer costs. Instead Oscar's approach is to actively promote lifestyle changes that will maximize health. From the member's perspective, the goal is simple: to maintain or improve health.

Oscar gives individuals simple options, with more control and more conveniences and with an integrated approach to wellness. Our goal is to help our members achieve their optimal health status by proactively engaging members to adopt healthy lifestyles. The consumer-centric approach provides members with tools, more easily understood materials and customer support that encourages members to make better and more informed decisions.

Oscar will present to members a comprehensive program through:

- Early identification and intervention in the event of health issues
- Referral to disease management programs as needed
- Eliminate gaps in care
- Advocacy to help navigate the health care system
- Support to identify and reinforce adherence to the appropriate mix of wellness programs
- Tools and educational materials to foster and support self-management of all aspects of health and wellness

The member's participation in Oscar's wellness and member engagement programs begins with the completion of a health risk assessment (HRA). The HRA will provide the information members need to understand their health status and the types of interventions, lifestyle changes, and medical treatment they might need to explore. It also forms the basis of the collaboration between the member and Oscar in helping determine a wellness plan and setting self-management goals.

Oscar's wellness program utilizes evidence-based interventions to help members make improvements in overall health such as better eating habits, increased level of physical activity, weight loss, and tobacco cessation. The program promotes behavior change through a variety of services, self-help Internet tools, challenges and incentive programs. Participation and engagement are a priority. The program's health promotion campaigns and outreach programs effectively drive member participation.

We offer our members the following programs and tools that can be presented alone or combined to provide a comprehensive and fully integrated total population health platform:

- Online website that provides members with a comprehensive, interactive, and integrated prevention and wellness portal. Components may include:
  - The member’s personalized medical timeline
  - Health education resources
  - Cardio, strength, and nutrition planners
  - Fitness and wellness trackers
  - Searchable database of conditions with natural language processing
  
- Comprehensive exercise and fitness program that provides members with a subsidized fitness club membership and the self-care tools to take care of their personal health.

One of the challenges of behavioral change is maintaining motivation over time. While members may wish to choose health over illness, the correlation between longstanding habits and poor health may not be immediately evident. We at Oscar understand that change is not easy. This goal-oriented web-based program assists participants with losing weight, improving nutrition, managing stress, quitting tobacco use, or increasing physical activity.

**e) Reducing Health and Health Care Disparities**

Oscar’s overriding philosophy of care is focused upon the individual—individual attention, support, care management, and patient advocacy, coordinated by our representatives through a single point of contact. That philosophy applies to all members we serve. Oscar’s members are included and treated with the same level of attention, regardless of the language they speak, their cultural background, any hearing or speech impairment they may have, or the complexity of their care. We strive to make all communications and interactions with all of our members simple, clear, respectful, and effective.

- Use of Language Services

All Oscar members can take advantage of our single-point-of-contact telephone communications approach. Oscar provides access to bilingual representatives who speak English and Spanish, as well as an automated Spanish auto-attendant for routing Spanish-speaking members’ calls. If all Spanish-speaking representatives are occupied, callers are seamlessly directed to the language line, which is an interpreter service available around the clock. Language line uses highly skilled interpreters accommodating more than 150 languages.

Language line assists Oscar’s members in resolving inquiries responsively, compassionately and, most important, effectively. Language Line also enables Oscar’s clinical care managers to assess members with special language needs and make the most appropriate referrals to providers or community resources. Regardless of our members’ unique

language needs, Oscar will provide effective customer service and comprehensive care management—with the utmost efficiency and professionalism—without the typical challenges related to language barriers.

Should it be determined that more than 5% of Oscar’s membership (and more than 50 members) speak a language other than English, we will ensure that vital documents are translated into those other languages. Oscar will provide training to its staff, particularly its customer service staff, to ensure that all members are treated with respect.

For those members with hearing or speech impairment, we will offer TTY/TDD and relay services. Those members can call dedicated numbers and use their telecommunications devices to access telephone, typewriter, teletypewriter, or text phone services.

#### ➤ Community Outreach

As a new insurance company, Oscar has made great efforts to establish community connections. Understanding the local community and what services may be available is part of the holistic approach to the care management process. Whether a local cultural center, a faith based community or a meals-on-wheels provider, Oscar will want to know that this resource is available to members.

Through community outreach, Oscar will seek to establish meaningful partnerships within the community where our members live. This will include educational institutions, legislative and appointed officials, the business and nonprofit sectors, community-based organizations, and other groups who may be interested in promoting wellness and a healthier lifestyle for all community residents.

Oscar plans to participate in local health fairs throughout Oscar’s service area each year. Upon request from churches, schools, service agencies, businesses, hospitals, and other community based organizations, Oscar will distribute health literature and information about our health insurance plans.

#### - Cultural Competency

Oscar fully recognizes the growing impact of the lack of access to health and health care disparities are having on the wellbeing of our potential members. The reduction of these disparities and the promotion of good health require a highly personalized treatment plan and an in-depth relationship between patient and caregiver — the kind of relationship that is at the core of Oscar’s approach to health care. To ensure that Oscar’s future members have convenient and confidential access to appropriate services when they need them, we have partnered with a number of preeminent organizations in our region — organizations such as the Visiting Nurse Service of New York — with a strong community presence designed to optimize access and promote health. Oscar is committed to working with our partners to continue to develop programs of this type to reduce these health and health

care disparities.

**f) Behavioral Health Services**

Oscar fully recognizes the significant impact that mental health and substance abuse related conditions have on the wellbeing of our potential members. These types of conditions often require a highly personalized treatment plan and an in-depth relationship between patient and caregiver—the kind of relationship that is at the core of Oscar’s approach to health care.

- Telepsychiatry

Two of Oscar’s partners are in the process of developing telepsychiatry programs. When the programs are fully tested and validated we plan to utilize these programs.

- Consultative Services for Co-Management of Common Behavioral Health Conditions in Children and Adults

Behavioral health co-morbidity often goes undetected. To address this care deficit, Oscar plans to offer care coordination programs that include proactive identification and outreach to members who may benefit from behavioral health services, as well as efforts to increase coordination between the medical and behavioral health delivery systems. Members meeting criteria for medical coordination receive a comprehensive assessment of care needs. Based on the outcome of the assessment, the level of care needs is identified and an appropriate intensity of interventions ranging from short-term coaching to longer-term intensive case management is employed. With the understanding that the integration of medical and behavioral care must occur at multiple levels to be of greatest benefit to members with co-morbid conditions, the initiatives we will offer include:

- Early identification initiatives to screen for depression, anxiety, and substance abuse with high risk medical condition populations. Depression screening will be conducted by Oscar case managers and treating physicians for members with diabetes, COPD, CAD, asthma, and post-partum.
- Collaboration with medical case managers to coordinate cases with physical and behavioral health components
- Targeted provider outreach and educational initiatives to increase collaboration between the practitioners who provide direct services to members

Enhanced screening and engagement is provided for members participating in physical health disease management programs who have received positive screens for depression, anxiety, or substance abuse. When the potential behavioral condition is confirmed through additional screening, the program provides education, referral options, follow-up monitoring, and care coordination with health disease management partners.

With medical practitioners prescribing a large percent of mental health medications, proper coordination of care is crucial to the wellbeing of members. Oscar's clinical care managers will work with network providers to ensure that they offer appropriate assessments and treatment of depression, and refer members who require support beyond the primary care setting.

Mental health/substance abuse clinical care managers will participate in team rounds to support medical practitioners and to ensure integrated care for members. In rounds the medical and behavioral health care teams will present cases to coordinate care plans. The medical directors from physical and behavioral health will attend with the case managers. The most complex cases are typically dealt with through ad hoc meetings involving Oscar, mental health/substance abuse clinical care managers, and outside parties, such as providers and child welfare departments.

Medical practitioners are provided with online and print materials regarding a variety of behavioral health topics, including the high co-morbidity of depression and diabetes, depression and heart disease, and the importance of post-discharge aftercare following inpatient treatment of a behavioral health illness. Oscar will collaborate with its mental health/substance abuse partner to develop additional educational outreach resources for medical practitioners, as needed.

Screening, evaluation, and treatment (including Applied Behavioral Analysis, or ABA) for individuals diagnosed with autism and other developmental disabilities are now covered benefits in New York. Oscar's mental health/substance abuse partner successfully manages behavioral health rehabilitation services in Pennsylvania for children on the autism spectrum, and is poised to implement that program for Oscar members in our service area.

In designing its program, our mental health/substance abuse partner adopted the Bureau of Autism Services' protocol, which incorporates an evaluation algorithm based on symptom complexity.

Oscar's autism care management program responds well to this requirement. This program includes basic management of autism and includes ABA services that utilize dedicated and licensed clinicians who specialize in management of these cases. The program uses comprehensive Autism Spectrum Disorder (ASD) treatment guidelines specified by the American Academy of Child and Adolescent Psychiatry, the American Academy of Neurology and Child Neurology Society, the American Academy of Pediatrics, and the Agency for Healthcare Research and Quality.

The program also provides established medical necessity criteria to guide the review process for ASD cases. Following an initial assessment and care plan, the frequency of clinical reviews may range from one month to three-to-six months. In addition, intensive case management is provided for families considered at the highest risk for related health

issues and adverse events that are directly or indirectly related to the member's ASD condition. ASD care management services are offered to support the needs of members and their families.

The standard ASD care management program includes an initial evaluation with a qualified provider; provision of standard services such as outpatient therapies and medication management; intensive case management for the highest risk and most complex members; transition case management to assist with level of care changes; and coordination of medically necessary occupational therapy, physical therapy, or speech therapy.

The Oscar Quality Committee is the body for discussion and approval of key quality strategies, documents, and reports. Oscar's Chief Medical Officer chairs the Quality Committee.

Oscar is accredited by NCQA and has adopted NCQA Standards as the foundation for its quality program. The Quality Program description describes the full breath of quality activities in accordance with NCQA standards. Similarly the Complex Case Management, Utilization Management and Disease Management Program documents delineate key strategies and plans, respectively. The Quality program is evaluated annually.

Exhibit A:

**Unified Member View**  
 Prescriptions, medical claims, customer service calls, tele doc calls, etc.

**Basic Info** 3m ago

**Plan Info** 3m ago

eff_dt	name	CSR_Level	off_Exchange	is_child_only	is_standard	tier_code	exchange_id
No results found.							

**Contact Info** 3m ago

**Web Info** 3m ago

Is Active?	Last Login	Date Joined	RHIO Approved?	Onboarding Completed	Tour Completed?	Created	Updated
true	2014-04-01	2013-12-30	true	true	true	2013-12-17	2013-12-17

**Diagnoses Seen** 3m ago

earliest_date_seen	diag	description	highest_position_on_claim
[Redacted]			

**Total Spend for this Member (includes med claims, rx claims, and estimated IP auths; excludes BH, dental, and other claims)** 3m ago

mem_id1	total_rx_claim	oscar_rx_pay	med_charges	total_med_claim	oscar_med_claim	inp_auth_est	total_costs	oscar_total_costs
[Redacted]								

**Medical Claims** 3m ago

clm_rvcd	clm_fromid	CLM_JD1	CLM_FAC_NAME	pro_name	CLM_PRO_SPC	CLM_STADES	CLM_DIAG1	description	CLM_PAYP	CLM_RESP	place_svc	IN_OUT	CLM_ADJ
[Redacted]													



🔍 ⬇️ 📄 🔄

Prescriptions 3m ago

date\_of\_service ▾ status ▾ product\_or\_service\_name ▾ generic\_product\_identifier ▾ generic\_name ▾ d0\_rx\_number ▾ quantity\_dispensed ▾ days\_supply ▾ generic\_indicator ▾ dispense\_as\_written\_or\_pro

Value Options Claims 3m ago

No results found.



51

### Teladoc Notes

2m ago

date	s_note	o_note	a_note	p_note	drug_name	drug_quantity	drug_frequency
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### Customer Service Calls

2m ago

date	time	call_type	category	caller	note
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< prev 1 2 next >

### Health Risk Assessment

3m ago

id	text	value	option	label
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Payment History		3m ago
Received Date		Amount
[Redacted]		



served.





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**June 13, 2014**

**Oscar Insurance Corporation  
HIOS Part II Preliminary Justification  
Written Explanation of Rate Increase in New York**

**Platinum Edge (74289NY0020001 & 74289NY0020002)  
Gold Edge (74289NY0040001 & 74289NY0040002)  
January through December 2015**

## **1. SCOPE AND RANGE OF RATE INCREASE**

The purpose of this memorandum is to present justification for a rate increase for Oscar Insurance Corporation's (Oscar) Platinum Edge and Gold Edge products in New York with effective dates of January 1, 2015 through December 31, 2015.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act (ACA). This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

This letter specifically addresses the rate increases requested for Oscar's Platinum and Gold Edge products, which impacts 1,011 members to date. The rate increases being requested for Oscar's Platinum and Gold Edge plans are 10.3% and 12.7%, respectively. The requested rate increases do not vary by plan within the Platinum and Gold Edge products.

## **2. FINANCIAL EXPERIENCE**

Oscar entered the individual market for new sales effective January 1, 2014. Therefore, Oscar has minimal financial experience as of the date of this filing. The major drivers of the requested rate increase are as follows:

- Anticipated medical trend,
- Benefit changes implemented on these products,
- Oscar refined assumptions on its provider discounts since the 2014 rate filing (based on new information available),
- Projected morbidity of the 2015 New York State individual risk pool,
- Reduction in the Federal Reinsurance Program funds and benefits, and Increase in the ACA §9010 insurer fee.



### **3. CHANGES IN MEDICAL SERVICE COSTS AND TREND ASSUMPTIONS**

The projection of claims from the experience period to the effective period assumes a 5.7% annual trend. This claim assumption is based on Milliman research, general industry knowledge regarding recent trends in medical inflation, Oscar's guidance on its expected medical trend, and judgment.

### **4. CHANGES IN BENEFITS**

Oscar modified the benefits under the Platinum Edge and Gold Edge plans as follows, while maintaining compliance with Actuarial Value standards, with both plans evaluated in the Department of Health and Human Services (HHS) Actuarial Value Calculator.

- Platinum Edge: decreased the deductible from \$275 / \$550 to \$0 Single / Family
- Gold Edge: decreased the deductible from \$1,300 / \$2,600 to \$600 / \$1,200 Single / Family

These benefit changes alone contributed approximately 3% and 5% to the rate increases on the Platinum Edge and Gold Edge products, respectively.

### **5. ADMINISTRATIVE COSTS AND ANTICIPATED PROFITS**

Oscar is targeting an overall loss ratio of 87.7% on its individual block of business in 2015. This loss ratio allows 12.3% for total health plan administrative costs, state and federal taxes and fees, and anticipated profits. Oscar's administrative expenses (as a percent of premium) decreased roughly 3% since the 2014 filing. Therefore, the change in expenses lessens the impact of the required rate increase. The premium rates reflect lower administrative costs than what Oscar actually expects in 2015. Oscar plans to recognize the remaining expenses as underwriting losses.

### **6. ADDITIONAL CAVEATS**

This narrative and the attached filing are intended to support Oscar Insurance Corporation's Individual Rate Filing for its Platinum and Gold Edge products in the State of New York. It should not be distributed, in whole or in part, to any external party, other than the State of State of New York or the Centers for Medicare and Medicaid Services (CMS), without prior written permission. In any event, this information is not intended to benefit any third party. This information may not be appropriate, and should not be used, for other purposes.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent actual experience deviates from expected experience.



In preparing this written explanation of the rate increase, I have relied on information provided to me by Oscar Insurance Corporation. To the extent that it is inaccurate, incomplete, or misleading, the contents of this document may be materially affected.

I am a [REDACTED] with the firm of Milliman, Inc. I am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. This filing is prepared on behalf of Oscar Insurance Corporation.

Respectfully Submitted,

[REDACTED]

---

[REDACTED] FSA, MAAA  
Member of the American Academy of Actuaries  
June 13, 2014



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Respectfully Submitted,

[REDACTED]

---

[REDACTED] FSA, MAAA  
Member of the American Academy of Actuaries  
June 13, 2014



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# Oscar Insurance Corporation

## Individual On-Exchange Rate Filing

Effective January 1, 2015

Prepared for:  
**Oscar Insurance Corporation**

Prepared by:  
[REDACTED] **FSA, MAAA**  
**Milliman, Inc., New York**

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## ATTACHMENTS

Attachment A	Proposed premium rates for Oscar Insurance Corporation's Individual On-Exchange Plans
Attachment B	Plan Adjusted Index Rate Development
Attachment C	Plan Adjusted Index Rate Calibration
Attachment D	Actuarial Value Pricing Values
Attachment E	Description of Quality Improvement/Cost Containment Programs

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## GENERAL INFORMATION

### DOCUMENT OVERVIEW

This document contains the Part III Actuarial Memorandum for Oscar Insurance Corporation (Oscar) individual block of business, effective January 1, 2015. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of this actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part 1 Unified Rate Review Template and New York State Department of Financial Services' Exhibit 18 "Index Rate/Plan Design Adjustment Worksheet", which supports compliance with the rate adjustment filings pursuant to Section 4308(c) of New York's prior approval laws. This information may not be appropriate for other purposes.

This actuarial memorandum is subject to the terms and conditions of the Consulting Services Agreement between Oscar and Milliman, Inc. (Milliman) dated November 6, 2012. This information is intended for use by the New York State Department of Financial Services (NYDFS), the Center for Consumer Information and Insurance Oversight (CCIO), and their subcontractors to assist in the review of Oscar's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum prepared for Oscar by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

### COMPANY IDENTIFYING INFORMATION

**Company legal name:** Oscar Insurance Corporation

**State:** New York

**HIOS Issuer ID:** 74289

**Market:** Individual

**Effective Date:** January 1, 2015

### COMPANY CONTACT INFORMATION

**Primary Contact Name:** [REDACTED]

**Primary Contact Telephone Number:** [REDACTED]

**Primary Contact E-mail Address:** [REDACTED]

## PROPOSED RATE INCREASE(S)

The proposed rates for Oscar's individual plans to be offered for sale on New York State's Health Benefit Exchange are presented in Attachment A.

Table 1 summarizes proposed rate increases by product effective January 1, 2015.

<b>Table 1</b> <b>Oscar Insurance Corporation - On Exchange</b> <b>Summary of Proposed Rate Increases</b>			
<b>Product</b>	<b><u>2014 Single Premium Rate</u></b>	<b><u>2015 Single Premium Rate</u></b>	<b><u>Rate Increase</u></b>
Platinum Standard	\$566.36	\$605.86	7.0%
Gold Standard	\$486.49	\$524.41	7.8%
Silver Standard	\$419.41	\$445.65	6.3%
Bronze Standard	\$339.54	\$361.06	6.3%
Platinum Edge	\$552.88	\$609.69	10.3%
Gold Edge	\$469.51	\$529.19	12.7%
Silver Edge	\$384.72	\$407.51	5.9%
Silver Edge Plus	\$413.04	\$439.02	6.3%
Bronze Edge	\$329.69	\$342.99	4.0%
Bronze Edge Plus	\$364.55	\$382.35	4.9%
Platinum Simple	n/a	\$586.03	n/a
Gold Simple	n/a	\$505.45	n/a
Silver Simple	n/a	\$404.04	n/a
Bronze Simple	n/a	\$349.68	n/a
Catastrophic	\$217.95	\$184.92	-15.2%

Table 2 includes significant factors driving the proposed rate increases.

<b>Table 2</b> <b>Oscar Insurance Corporation</b> <b>Attribution Analysis of Proposed Rate Increases</b>	
<b><u>Factor</u></b>	<b><u>Value</u></b>
Total Paid Claims Change Factor	1.057
Transitional Federal Program Factor	1.063
Morbidity Change Factor	0.915
Administrative Expense & Profit Change Factor	0.968
Taxes & Fees Change Factor	1.005
Demographic & Conversion Factor Change	1.038
CSR Change Factor	1.019
Benefit Changes Factor	1.007
HCG Model Change Factor	0.991
<b>Total Average Rate Increase</b>	<b>1.058</b>

---

The Unified Rate Review Template (URRT) indicates a much higher rate increase by product than what is indicated in the tables above. The overall average rate increase over all products is 5.8% and no rate increases exceed 12.7% on Exchange at the product level, while the URRT indicates increases on many products as high as 28%. This is a result of absence of the conversion factor from the URRT which is needed convert the plan adjusted index rates to single premium rates, as New York is a community rated state that does not allow age rating. The difference in plan adjusted index rates from 2014 to 2015 is a result of a change in the demographics assumptions which are used to calculate both the plan adjusted index rate and the conversion factor, which converts the plan adjusted index rate to rates by family composition tier. For 2014, our demographics included a higher proportion of children and thus more family contracts with children, producing lower plan adjusted index rates offset by higher conversion factors. For 2015, our demographic assumptions, based on New York State enrollment reports through May 2014, indicate a much lower proportion of children enrolled in the individual market and thus fewer family contracts with children, producing higher plan adjusted index rates that are offset by lower conversion factors.

The rate increases in the URRT are artificial rate increases as these are not the final premiums charged to members, which are charged on a family composition rather than per member basis.

#### MEDICAL INFLATION & INCREASED UTILIZATION

Changes to the overall premium level are needed because of anticipated increases in Oscar's contracts with its providers and utilization levels anticipated in 2015.

#### FEDERAL TRANSITIONAL REINSURANCE PROGRAM CHANGES

Federal transitional reinsurance program benefit limits and total nationwide available funding have changed from 2014. The claims threshold upon which reinsurance recoveries are triggered has been updated from \$60,000 to \$45,000 and the federal coinsurance percentage has been updated from 80% to 50%; additionally, the total nationwide funds available for the reinsurance program decreases from \$10 billion in 2014 to \$6 billion in 2015. These combine to result in an increase in the individual rates. These revisions are discussed in further detail later in the memorandum.

#### ANTICIPATED MORBIDITY

Oscar is anticipating the average morbidity of the single risk pool for New York to decrease from the levels assumed in 2014 as healthier members continue to enroll in the individual market in 2015. These revisions are discussed in further detail later in the memorandum.

#### AMINISTRATIVE EXPENSE & PROFIT CHANGE

Oscar is recognizing lower administrative expenses in 2015 from what was included in their 2014 premium rates.

2015 TAXES AND FEES

Table 3 Oscar Insurance Corporation Anticipated Taxes & Fees Changes			
Item	2014	2015	Reason for Adjustment
Health Insurer Fee	0.0%	0.5%	As Oscar was a new carrier in 2014, the Health Insurer Fee expected to be paid in 2014 was assumed as zero as Oscar had no market share in 2013, on which the 2014 fee is based. The fee as a percent of premium has changed due to anticipated net premiums Oscar expected to collect in 2014, on which the 2015 fee is based, relative to applicable nationwide premiums written.
Reinsurance Contribution Fee	\$5.25 PMPM	\$3.67 PMPM	Nationwide funds available for the reinsurance program decreases from \$10 billion in 2014 to \$6 billion in 2015, resulting in the need for lower federal collections in 2015.

CHANGES IN DEMOGRAPHICS & CONVERSION FACTOR CHANGE

Enrollment reports in New York State’s individual market through May 2014 indicate that only approximately 12% of enrolled lives are children versus the 35% that was assumed in Oscar’s 2014 rating, indicating a lower proportion of contracts with dependent children. This necessitates a change in the overall claims level, offset by a change in the conversion factor used to convert Oscar’s gross premiums to premium rates by family composition tier. These revisions are discussed in further detail later in the memorandum.

CHANGES IN 2015 CSR PREMIUM LOAD

The 2014 rating of Oscar’s plans assumed that Oscar would not enroll any members in its Silver Cost-Sharing Variation plans. However, Oscar’s actual enrollment year-to-date exceeds what was assumed in the 2014 filing. This necessitates a change in the overall premium level. These revisions are discussed in further detail later in the memorandum.

PROSPECTIVE BENEFIT CHANGES

Effective January 1, 2015 benefits have changed based on state requirements and business decisions. The following are a list of the benefit changes:

- Catastrophic: increased the deductible and out-of-pocket maximum from \$6,400 / \$12,800 to \$6,600 / \$13,200 Single / Family
- Platinum Edge: decreased the deductible from \$275 / \$550 to \$0 Single / Family
- Gold Edge: decreased the deductible from \$1,300 / \$2,600 to \$600 / \$1,200 Single / Family
- Silver Edge: decreased the out-of-pocket maximum from \$6,350 / \$12,700 to \$6,100 / \$12,200 Single / Family and reduced free PCP visits from 3 to 2
- Bronze Edge Plus: increased the out-of-pocket maximum from \$6,350 / \$12,700 to \$6,600 / \$13,200 Single / Family and increased free PCP visits from 1 to 2
- Bronze Edge: increased the deductible and out-of-pocket maximum from \$6,350 / \$12,700 to \$6,600 / \$13,200 Single / Family

CHANGES IN HCG MODELS

Oscar’s 2014 premium rates were developed using a manual rating approach and Milliman’s 2012 HCGs. Oscar’s 2015 premium rates were also developed using a manual rating approach, but updated to Milliman’s 2014 HCGs.

OVERVIEW OF PRICING METHODOLOGY

The plans shown in Attachment A are existing and new plans to be offered for sale on the New York Health Benefits Exchange effective January 1, 2015. We used the following methodology to develop these rates.

- Underlying Claims Experience: As Oscar does not have any historical experience on which to base its premium rating, we used Milliman’s 2014 HCGs, adjusted for Oscar’s provider network reimbursement levels and its care management protocols, to develop a set of manual rates. The manual rate development is described in detail in this actuarial memorandum.
- Morbidity: The manual rates were adjusted to reflect the relative health status of the population Oscar expects to enroll in 2015.
- Trend: Medical utilization rates were trended 1.3% per annum (for 12 months of trend) from 2014 HCG levels to 2015 levels, using the secular medical utilization trend levels by service category from the HCGs. Medical unit costs are reflective of Oscar’s anticipated 2015 contracted rates. The pharmacy rates are reflective of Oscar’s anticipated 2015 contracts with their Pharmacy Benefit Manager (i.e., Average Wholesale Price discounts, dispensing fees, rebates, and formulary).
- Risk Adjustment and Transitional Reinsurance: We adjusted the projected claims to reflect payments to or from the individual risk adjustment pool as a result of the ACA risk adjustment effective in 2015. We also reduced the claims for the expected amount of reimbursement from the Federal Transitional Reinsurance Program.
- Benefit Adjustment: The projected claims were adjusted to reflect the benefits that will be offered for each of the products to be offered on the Health Benefit Exchange.
- The resulting incurred claim estimate was converted to premium rates using an average loss ratio of 87.7%.
- The premium rates reflect the following taxes and fees:

<b>Table 4 Oscar Insurance Corporation Summary of Taxes and Fees</b>	
<b>Description</b>	<b>Amount</b>
Premium Tax	1.75% of Premium
New York State Section 206 Assessment	0.8% of Premium
Comparative Effectiveness Research	\$0.17 PMPM
Health Insurer Provider Fee	0.5% of Premium
Contributions to the Federal Transitional Reinsurance Program	\$3.67 PMPM
Risk Adjustment Administrative Fee	\$0.08 PMPM
Exchange User Fee	0.0% of Premium

The rate development is based on generally accepted actuarial rating principles for community rated individual blocks of business. The requested rate increase is not the same across all products and plans. This is a result of the pricing methodology employed in developing Oscar's rates, which is described in further detail below.

We calculated Oscar's premium rates using actuarial cost models, based on Milliman's HCGs, calibrated to the anticipated morbidity of the individual market in New York State, Oscar's anticipated contracts with its providers in 2015, its managed care protocols, and service area. The HCG actuarial cost models consider utilization and average charge levels for roughly 60 benefit categories. These models make provision, by type of service category, for benefit characteristics such as copays, deductibles, coinsurance, and out-of-pocket maximums. For each type of service category, utilization is adjusted to reflect the anticipated changes due to the actuarial value of each plan (i.e., using plan behavior change factors). The formula below shows how the cost models calculate the net claims costs per member per month (PMPM).

*Rate Net Claims Costs PMPM =*

$$\left[ \sum_{i=1}^{60} \left( \frac{Util_i \times AvgChg_i - CopayUtil_i \times Copay_i}{12,000} \right) \right] - Ded - Coins + OOPMax$$

Where,

- i* = Type of service category
- Util<sub>i</sub>* = Service utilization per 1,000 members per year
- AvgChg<sub>i</sub>* = Average Charge per service
- CopayUtil<sub>i</sub>* = Copay utilization per 1,000 members per year
- Copay<sub>i</sub>* = Average Copay per service
- Ded* = Value of deductible PMPM
- Coins* = Value of coinsurance PMPM
- OOPMax* = Value of out-of-pocket maximum PMPM

To calculate the final net claims cost PMPMs, we incorporated the anticipated reinsurance recoveries as well as the expected risk adjustment transfers. The final monthly per member rates are equal to the net claims cost calculated above divided by 1 minus administrative expenses and contribution to surplus/underwriting loss, plus additional taxes and fees.

$$Gross\ Premium\ Rate\ per\ Member\ per\ Month = \frac{Net\ Claims\ Cost + Reins + RiskAdj\ PMPM}{(1 - Admin - Profit - ACA\ \&\ State\ Taxes\ \&\ Fees)}$$

By using the cost model approach to price Oscar's benefit plans, actuarial relativities are appropriately re-calculated – and thus maintained – every year. This ensures that rates for all products and benefit options reflect only actuarial relativities due solely to benefit differences. The cost model approach also helps to preserve actuarial relativities between plans. Thus, our cost model approach is somewhat different from the commonly used approach of applying a single rate increase to all products within a single risk pool and results in potentially different rate increases by plan.

## EXPERIENCE PERIOD PREMIUM AND CLAIMS

Not applicable as Oscar is a newly licensed health insurer and has no inforce business and no historical experience. Premium rates presented are 100% manually rated.

## BENEFIT CATEGORIES

The benefit categories described below are based on the algorithm used by Milliman's HCGs. The HCG grouper uses a combination of Diagnosis Based Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 codes), Healthcare Common Procedural Coding System codes (HCPC), and revenue codes to allocate detailed claims into roughly 60 benefit categories. Service classification may also be dependent on criteria such as site of service, physician specialty, and procedure code modifier (e.g., anesthesia modifier). The HCG grouper is updated annually to incorporate any new codes so the classification methodology remains current.

We assigned the manual data utilization and cost information to benefit categories as shown in Worksheet 1, Section I of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

### INPATIENT HOSPITAL

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

### OUTPATIENT HOSPITAL

Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.

### PROFESSIONAL

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

### OTHER MEDICAL

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services, in addition to any services provided on a capitated basis. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

### PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## PROJECTION FACTORS

Not applicable. Oscar did not have historical experience during the base period. We made no adjustments to the experience period claims as the rates are 100% manually rated.

## CREDIBILITY MANUAL RATE DEVELOPMENT

As Oscar is a newly licensed health insurer in New York as of 2014, we developed a set of manual rates for Oscar's Health Benefit Exchange individual plans.

### SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED IN MANUAL RATE DEVELOPMENT

The basis of the manual rates is an average claim cost PMPM for Oscar's service area, developed utilizing information contained in Milliman's HCGs along with enrollment reports provided for the individual market by NYDFS through May 2014 (*Summary of Membership Survey by Market Segment as of (05-31-2014)*). We estimated the claim costs using information from these enrollment reports as well as internal Milliman's HCGs to calibrate the experience data. The result was a 2014 claim cost and premium for Oscar's service area.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually.

The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The Guidelines are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the Guidelines have been updated and expanded annually since that time. The Guidelines are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

### ADJUSTMENTS MADE TO THE DATA

This section includes a description of each factor used to project the manual allowed claims to the projection period, and supporting information related to the development of those factors.

#### Changes in the Morbidity of the Population Insured

The HCGs represent claim levels for typical large group plans. The Health Benefit Exchange is a market for individual plans. In our rating of Oscar's individual plans, we first estimated the small group utilization level and then contemplated an additional adjustment needed to convert the small group utilization level to an individual utilization level.

Prior to the implementation of ACA, the expected utilization differential between a typical large group and small group claim levels could be as high as 15%. The expectation post-2014, after implementation of all the ACA provisions, is that small group utilization levels will more closely resemble large group experience. Therefore, we assume that small group claim levels will be 5% higher than the HCG estimated large group levels.

To estimate utilization levels for the individual single risk pool, we analyzed the relationship between individual and small group using available market research along with Milliman's internal research. Deloitte released a report for the New York Department of Financial Services, "*Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets*" in March 2013. The report focused on New York and in their report Deloitte states that they expect the relationship between individual and small group post-ACA could be anywhere from 5.3% to 11.1%. Milliman internal research indicates that this relationship may be as low as 0% to 5%. Using both sources as guides, along with discussions with Oscar who believes that the individual members enrolling in 2015 will be healthier than those who enrolled in 2014 once the individual mandate takes a stronger hold of the market in 2015, we assumed a 0% differential between individual and small group morbidity levels.

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## Changes in Demographics

To reflect the average statewide demographics for purposes of pricing Oscar's non-catastrophic plans, we applied an age/gender distribution consistent with the New York State enrollment report through May 2014, but assuming that additional younger members continue to enroll in the ACA-compliant individual marketplace during 2015, resulting in a younger average age (approximately 41.5) than what was reported in the May 2014 enrollment report year-to-date (43.0).

The catastrophic plan covers only specified eligibility categories - those under the age of 30 and hardship cases. Members meeting hardship exemptions can also enroll in this plan and we estimate that about 10% of the catastrophic population will include those aged 30 and over based on New York's enrollment report through May 2014. As such, we adjusted our catastrophic demographics to be consistent with the New York enrollment report for this population in order to develop a separate set of starting costs for the catastrophic plan.

## Trend (Cost/Utilization)

We calibrated Milliman's 2014 HCGs with Oscar's anticipated service area, their anticipated provider contracts, and medical management programs. Oscar is filing rates in the New York City Area (Region 4) and the Long Island Area (Region 8). We assume no differences in cost between these two regions. The pharmacy rates are reflective of Oscar's anticipated 2015 contracts with their Pharmacy Benefit Manager (i.e., Average Wholesale Price discounts, dispensing fees, rebates, and formulary). Medical utilization rates were trended 1.3% per annum (for 12 months of trend) from Milliman's 2014 HCG levels to the mid-point of the effective date.

## Inclusion of Capitation Payments

The following services will be paid on a capitated basis and were added to our HCG net claims cost estimates, by metal level tier, as indicated in Oscar's agreements with its vendors.

- Pediatric Vision

## Changes in Benefits

We made the following adjustments to reflect the expected differences in benefits covered in the HCGs and the benefits expected to be covered in the projection period, as shown in the Other column of Worksheet 1, Section II. We reflected the following mandated benefits required under state law, which are not reflected in the starting experience period claims:

- Gym reimbursement benefit
- Autism benefit

We also included surcharges for the Health Care Reform Act (HCRA) and Graduate Medical Education (GME), which are New York State-specific claims surcharges.

The resulting allowed and net claims costs for each plan reflect differences due to cost sharing and the impact of plan behavior change. We applied plan behavior change factors at the service line level, using the HHS factors presented in the *HHS Notice of Benefit and Payment Parameters for 2014* for the risk adjustment program, which are the same factors that will apply for the 2015 benefit year, as shown in the table below:

**Table 5  
Plan Behavior Change Factors Used for Each Metal Tier in  
the Payment Transfer Formula**

<b>Metal Level</b>	<b>Induced Demand Factors</b>
<b>Catastrophic</b>	1.00
<b>Bronze</b>	1.00
<b>Silver</b>	1.03
<b>Gold</b>	1.08
<b>Platinum</b>	1.15

We used the same plan behavior change factors for each plan within each metal level tier, after renormalizing for the effective tier in the underlying HCG data which is reflective of a Platinum plan.

**Cost Sharing Reduction Plan Adjustment**

Individuals with income less than 250% of the federal poverty level (FPL) may purchase the cost sharing reduction (CSR) variations of Oscar’s Silver plan. When a member purchases one of these plans, a portion of the member cost share is paid for by the Federal subsidy (up to the Federal actuarial value limit). The amount of the subsidy is based on the difference in cost sharing between the Cost Sharing Variation plan and the Silver plan. However, from the member’s perspective, the resulting plan has an actuarial value above a Silver plan resulting in an expected increase in utilization due to the lower cost sharing. The risk transfer does not account for the cost of this increased utilization (as the risk adjustment formula simply transfers funds from one payer to another); therefore an adjustment needs to be made to include this cost in the premium rate development.

To develop the value of this adjustment, we allocated the total difference of the plan behavior change that will not otherwise be collected through CSR payments across all plans using an assumed distribution of members anticipated in these plans.

**To Age 29 Rider**

We developed the adjustment for dependent coverage through Age 29 using Miliman’s HCGs in combination with the anticipated take-up rate of this plan. We spread the adjustment over the gross premium rate; however we do not believe that Single and Two Party contracts would have a reason to purchase this rider as they do not have dependents; these rates are provided for completeness only.

**CREDIBILITY OF EXPERIENCE**

Not applicable. Oscar does not have relevant and credible experience in the base period to use in rate development; therefore, the 2015 rate development is based solely on manual rates.

**PAID TO ALLOWED RATIO**

The following table provides support for the average paid to allowed ratio shown in Worksheet 1, Section III. The table also demonstrates that the ratio is consistent with membership projections by plan included in Worksheet 2.

Table 6 Oscar Insurance Corporation Paid to Allowed Average Factor Support Exhibit		
	Worksheet 1, Section III	Worksheet 2 Section IV
Allowed Per Member Per Month	\$503.62	\$503.62
Paid Per Member Per Month	\$360.93	\$360.93
Average Paid to Allowed Ratio	71.7%	71.7%

Using the approach described above in the Credibility Manual Rate Development section, we calculated expected net claims costs PMPM for each plan. We then took a weighted average across the entire pool using projected member months by plan as the weighting to estimate the *Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM*. We then divided this by the *Projected Allowed Experience Claims PMPM* to develop the *Paid to Allowed Average Factor in the Projection Period*.

## RISK ADJUSTMENT AND REINSURANCE

### PROJECTED RISK ADJUSTMENT PMPM

Oscar is a new health insurer in 2014. The premium rates are based on Milliman's HCGs adjusted for the morbidity of the individual population insured and the New York State average demographics based on enrollment through May 2014. Since the purpose of risk adjustment is to bring all carriers to the same morbidity level, our pricing methodology started with expected average allowed charges for the entire New York individual market, i.e., an expected risk adjustment factor of 1.00. Therefore, we did not make any specific adjustment to reflect payments into, or from, the individual risk pool for the risk adjustment program.

### PROJECTED ACA REINSURANCE RECOVERIES NET OF REINSURANCE PREMIUM

We priced all of Oscar's individual plans using cost models based on Milliman's HCGs. As part of that process, we calibrated claim probability distribution Tables (CPDs) to each benefit design that reflected the expected frequency and cost of claims for that plan. Each CPD was used to calculate the value of the deductible and out-of-pocket maximum for that particular plan and was also used to estimate the value of any recoveries from the transitional reinsurance program. The premium rate for each plan is reduced by the value of the expected recoveries on a percent of premium approach, after being allocated using anticipated 2015 enrollment in Oscar's on and off Exchange plans.

We developed the reinsurance recoveries using the parameters described in the preamble of the *Exchange and Insurance Market Standards for 2015 and Beyond* posted on the Federal Register on May 27, 2014, which indicate that CMS may modify the 2015 reinsurance parameters, finalized at a \$70,000 attachment point, up to \$250,000 cap and paid at 50% coinsurance in the *2015 Benefit and Payment Parameter Notice*, to a \$45,000 attachment point based on Oscar's assumptions that these comments may be put forth as proposed rules in the 2016 Benefit and Payment Parameter Notice when it is released in the fall of 2014. We assumed that Oscar will receive 75% of the value of these estimated recoveries based on individual enrollment projections for 2015, where the 75% factor reflects that benefits in 2015 are capped at \$6 billion nationwide.

We estimate the net market-wide PMPM impact of the transitional reinsurance program to be (\$29.57).

## NON-BENEFIT EXPENSES AND PROFIT & RISK

### ADMINISTRATIVE EXPENSE LOAD

The following table summarizes retention components included in rate development.

Table 7 Oscar Insurance Corporation Illustration of Administrative Expenses by URR Worksheet 1 Category				
Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$51.61	12.7%	% of Premium	(1)
+ Commission	\$0.00	0.0%	% of Premium	(2)
Subtotal: Administrative Expense Load	\$51.61	12.7%		(3) = (1) + (2)
+ Profit and Risk Load	(\$17.65)	-4.3%	% of Premium	(4)
Subtotal: Profit and Risk Load	(\$17.65)	-4.3%		(5) = (4)
<u>Taxes and Fees</u>				
Comparative Effectiveness Research Fee	\$0.17	0.0%	PMPM	(6)
+ Premium Tax	\$7.13	1.8%	% of Premium	(7)
+ State Surcharges	\$3.26	0.8%	% of Premium	(8)
+ Health Insurer Provider Fee	\$2.00	0.5%	% of Premium	(9)
+ Reinsurance Fee	\$3.67	0.9%	PMPM	(10)
+ Risk Adjustment Fee	\$0.08	0.0%	PMPM	(11)
+ Exchange Fee	\$0.00	0.0%	% of Premium	(12)
Subtotal: Taxes and Fees	\$16.30	4.0%		(13) = (6) + (7) + ... + (12)
<b>Total Retention</b>	<b>\$50.26</b>	<b>12.3%</b>		<b>(14) = (3) + (5) + (13)</b>

The proposed premium rates reflect an 8.3% administrative load (excluding taxes and fees). Similar to 2014, Oscar's estimated 2015 administrative expenses of 12.7% are higher than the 8.3% reflected in its premium rates (due to the lack of economies of scale). Oscar is recognizing the remaining expenses as underwriting losses.

The majority of Oscar's administrative costs have been evenly proportioned to each metal tier. For customer service expenses, and marketing and administrative expenses, though, Oscar has recognized that there are increased interactions with members in certain plans. Whenever possible, Oscar's strategy is to direct members to self-service using HiOscar.com when it comes to benefits and eligibility issues, provider selection, case management, and disease management. For 2015, Oscar's customer service and medical management contracts will reflect differing levels of service required by product in their fee structure.

### PROFIT (CONTRIBUTION TO SURPLUS) & RISK MARGIN

The proposed rates do not reflect an allowance for profit margin. Oscar anticipates an underwriting loss in 2015, generated as a result of having excess administrative expenses due to its startup position and low enrollment and the need to be in a competitive

position to attract increased enrollment to ultimately grow the business to cover the Company's administrative expenses. Despite the anticipated losses, Oscar expects to meet all statutory capital requirements, as required by the state.

**TAXES AND FEES**

The following taxes and fees are included in the premium rates:

<b>Table 8</b> <b>Oscar Insurance Corporation</b> <b>Summary of Taxes and Fees</b>	
<b>Description</b>	<b>Amount</b>
Premium Tax	1.75% of Premium
New York State Section 206 Assessment	0.8% of Premium
Comparative Effectiveness Research	\$0.17 PMPM
Health Insurer Provider Fee	0.5% of Premium
Contributions to the Federal Transitional Reinsurance Program	\$3.67 PMPM
Risk Adjustment Administrative Fee	\$0.08 PMPM
Exchange User Fee	0.0% of Premium

**PROJECTED LOSS RATIO**

The projected average loss ratio is 87.7%. This average loss ratio is calculated consistently with New York's methodology of claims over premium, without any adjustment to the numerator for expenses related to claims and quality improvement or deductions from the premium for state and/or ACA taxes and fees. Under section 4308(c)(3)(A) of New York Insurance Law<sup>1</sup>, the expected minimum loss ratio for an individual contract form cannot be less than 82%. The average pricing loss ratio for Oscar's individual products using this method in 2015 is 87.7%. The following table demonstrates Oscar's premium development and loss ratio calculation using rounded values.

<b>Table 9</b> <b>Oscar Insurance Corporation</b> <b>Projected New York Medical Loss Ratio Exhibit</b>	
	<b>All Business</b>
Member Months	240,000
Claims	\$390.42
Transitional Recoveries (Received)	-\$33.24
Risk Adjustment Paid (Received)	\$0.00
Risk Corridors Paid (Received)	\$0.00
<b>MLR Numerator</b>	<b>\$357.18</b>
Premium	\$407.45
<b>MLR Denominator</b>	<b>\$407.45</b>
<b>Average Loss Ratio</b>	<b>87.7%</b>

<sup>1</sup> As amended by Chapter 107 of the laws of 2010.

An additional demonstration with the federal medical loss ratio requirements is presented in the table below. The projected average loss ratio using this method is 93.3%. This loss ratio is calculated consistently with the MLR methodology according to the National Association of Insurance Commissioners as prescribed by 211 CMR 147.00. The following table demonstrates Oscar's premium development and MLR calculation using rounded values.

<b>Table 10</b>	
<b>Oscar Insurance Corporation</b>	
<b>Projected Federal Medical Loss Ratio Exhibit</b>	
	<b>All Business</b>
Member Months	240,000
Claims	\$390.42
Claim-Related Retention (QI/Health IT)	\$0.00
Transitional Recoveries (Received)	-\$29.57
Risk Adjustment Paid (Received)	\$0.08
Risk Corridors Paid (Received)	\$0.00
<b>MLR Numerator</b>	<b>\$360.93</b>
Premium	\$407.45
Premium-Related Retention (Taxes/Fees)	\$12.56
<b>MLR Denominator</b>	<b>\$394.89</b>
<b>Loss Ratio</b>	<b>91.4%</b>
<i>Credibility Adjustment</i>	<i>1.9%</i>
<b>Credibility Adjusted Loss Ratio</b>	<b>93.3%</b>

## SINGLE RISK POOL

As Oscar is a new health insurer in 2014 it has no claims experience on which to base its premium rating. The single risk pool is developed using Milliman's HCGs and the premium rates for all of Oscar's plans are developed using this single risk pool, established according to the requirements in 45 CFR Section 156.80(d).

## INDEX RATE

The Index Rate for the projection period represents the estimated average allowed claims experience PMPM of all non-grandfathered plans for Essential Health Benefits (EHB). It is allowed claims PMPM for EHB. Note that there are no additional benefits being offered beyond the EHB benefits. The projected index rate reflects the projected 2015 mixture of catastrophic/non-

catastrophic enrollment and the projected mixture of risk morbidity that Oscar expects to receive in the Single Risk Pool. It is not adjusted for payments and charges under the risk adjustment and reinsurance program or for Exchange User Fees.

As Oscar is a new health insurer in 2014 and has no claims experience, it does not have an experience period index rate.

## MARKET ADJUSTED INDEX RATE

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

Table 11 Oscar Insurance Corporation Marked Adjusted Index Rate Development	
Index Rate	\$503.62
Net Risk Adjustment	1.000
Net Transitional Reinsurance	0.941
Exchange Fee	1.000
<b>Impact of Market Reforms</b>	<b>0.941</b>
<b>Market Adjusted Index Rate</b>	<b>\$474.12</b>

The Market Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool.

The Net Transitional Reinsurance factor above was developed by calculating the impact of removing the net market-wide PMPM impact of the transitional reinsurance program (i.e. 1 - \$29.57 / \$503.62). These values are consistent with what is presented on New York's Exhibit 18.

## PLAN ADJUSTED INDEX RATES

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rates using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The cost sharing adjustment was developed utilizing Milliman's 2014 HCGs. The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the HHS plan behavior change factors from the 2015 Benefit and Payment Parameter Notice.
- Provider network, delivery system and utilization management adjustment
  - There are no expected differences in the provider network and/or utilization management between plans
- Adjustment for benefits in addition to the EHBs
  - There are no additional benefits beyond EHBs expected on any of Oscar's proposed plans
- Adjustment for distribution and administrative costs

- Impact of specific eligibility categories for the catastrophic plan

Attachment B demonstrates the Plan Adjusted Index Rate development for each plan.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and therefore are not calibrated. Conversion and tier factors are applied to the plan adjusted index rate to arrive at the final premium rates by family composition tier.

## CALIBRATION

As New York State is a purely community rated market (i.e., no age or tobacco rating permitted), there are no age calibration factors (i.e., 1.0). Similarly, as Oscar does not vary rates in its service area, the geography calibration factor is 1.0. Attachment C demonstrates the calibration performed for each plan.

## CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. Given community rating rules in the State of New York, it is the product of the Plan Adjusted Index Rate, the geographic rating factor (if applicable), the conversion factor, and the family tier factors mandated by the New York.

A conversion factor is required to convert the premium from a PMPM basis to a single premium basis. Oscar's conversion factor is 1.086. We developed this factor by starting with the distribution of members and contracts by census cell from Milliman's HCGs, and adjusting the proportion of contracts with children using enrollment reports released by the NYDFS through May 2014. The development of the conversion factor is shown in below.

<b>Table 12</b>				
<b>Oscar Insurance Corporation</b>				
<b>Calculation of Conversion Factor</b>				
<b>Tier</b>	<b>Total Contracts</b>	<b>Total Members</b>	<b>Total Members per Contract</b>	<b>New York Mandated Tier Factor</b>
Single Adult	7,170	7,170	1.00	1.00
Individual & Spouse	2,322	4,644	2.00	2.00
Parent & Child(ren)	119	403	3.39	1.70
Two Parents & Child(ren)	389	1,816	4.67	2.85
Child Only	393	393	1.00	0.41
Total	10,393	14,426	1.39	1.28
Conversion Factor (members per contract / average tier factor)				1.086

Oscar does not vary rates in its service area, which includes two New York rating regions filed (Region 4 and Region 8).

Below is an example of how to arrive at the July 1 Platinum Standard rate for an age 34 individual in rating area 4 that is a smoker:

<b>Table 13</b>	
<b>Oscar Insurance Corporation</b>	
<b>Sample Consumer Adjusted Premium Rate Development</b>	
Plan Adjusted Index Rate for Platinum Standard, Calibrated	\$558.00
Age factor for a 34-year-old	1.000
Smoker status adjustment: smoker	1.000
Area 4 factor	1.000
Conversion Factor	1.086
Tier Factor	1.000
Consumer Adjusted Premium Rate	\$605.86

## AV METAL VALUES

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Table 13 below summarizes these values for each product.

Copies of the Actuarial Value Calculator pages are provided as an attachment to this memorandum. The Actuarial Value Calculator pages for the standard plans are those provided by the Department of Financial Services.

<b>Table 14</b>		
<b>Oscar Insurance Corporation</b>		
<b>On Exchange Actuarial Values</b>		
<b>Plan</b>	<b>Actuarial Value</b>	<b>Actuarial Value Source</b>
Platinum Standard	88.1%	Federal AV Calculator
Gold Standard	79.0%	Federal AV Calculator
Silver Standard	70.7%	Federal AV Calculator
Bronze Standard	62.0%	Federal AV Calculator
Platinum Edge	90.6%	Federal AV Calculator
Gold Edge	81.8%	Federal AV Calculator
Silver Edge	68.0%	Federal AV Calculator
Silver Edge Plus	72.0%	Federal AV Calculator
Bronze Edge	59.4%	Federal AV Calculator
Bronze Edge Plus	61.9%	Federal AV Calculator
Platinum Simple	89.5%	Federal AV Calculator
Gold Simple	81.8%	Federal AV Calculator
Silver Simple	68.8%	Federal AV Calculator
Bronze Simple	62.0%	Federal AV Calculator
Catastrophic	n/a	Federal AV Calculator

## AV PRICING VALUES

Attachment D summarizes all of the adjustments included in the AV Pricing Value.

The AV Pricing Value represents the cumulative effect of the adjustments made by Oscar to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the HHS plan behavior change factors from the *2015 Benefit and Payment Parameter Notice*. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

## MEMBERSHIP PROJECTIONS

Oscar is not adjusting its original projections for 2015 enrollment and continues to expect a total of 20,000 members. Oscar originally developed these projections using data from the Urban Institute to rationalize the market and how it will transition over the next several years. Oscar also used data from Congressional Budget Office reports, which estimate the effect of the ACA on health insurance coverage. Following the 2014 open enrollment period, Oscar reviewed its performance and elected not to adjust its 2015 expectations given similar competitive dynamics and market size.

Oscar assumes that its market share will not change within the metal levels, and hence is keeping its distribution of projected member months and enrollment in CSR tiers consistent with its 2014 experience through May 2014.

## TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

## PLAN TYPE

There are no differences between the plans of Oscar and the plan type selected in the drop-down box in Worksheet 2, Section I of the Part I Unified Rate Review Template.

## WARNING ALERTS

There are no Warning Alerts on Worksheet 2.

## EFFECTIVE RATE REVIEW INFORMATION

Additional documentation for state-required New York data is submitted with the submission.

## DATA RELIANCE AND CAVEATS

In performing this analysis, I relied on data and other information provided by Oscar Insurance Corporation. I have not audited or verified this data and other information. If the underlying data or information is inaccurate, incomplete, or misleading, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

The claims costs suggested were developed from assumptions that have been established based on the available data and other information provided by Oscar Insurance Corporation. If more relevant data becomes available, the assumptions should be revised. A revision to these might change the results and possibly, the related conclusions. The claims costs provided are projected; actual experience will vary from projected.

This Actuarial Memorandum has been prepared by me on behalf of Oscar and provided to insurance regulators in New York State and the Department of Health and Human Services for their internal use in accordance with established regulatory procedures.

Actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this memorandum. Any reader of this report must possess a substantial level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions used in the analysis, and the impact of the assumptions on the illustrated results.

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## ACTUARIAL CERTIFICATION

I, [REDACTED] am a consulting Actuary with the firm of Milliman, Inc. Oscar Insurance Corporation engaged me to provide the opinion contained herein.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment:

- The projected index rate is:
  - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1))
  - Developed in compliance with the applicable Actuarial Standards of Practice, including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
  - Reasonable in relation to the benefits provided and the population anticipated to be covered
  - Neither excessive nor deficient based on my best estimates of the 2015 Individual market
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV of the Unified Rate Review Template was calculated in accordance with actuarial standards of practice
- The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
- The submission is in compliance with all applicable laws and regulations of the State of New York
- The expected loss ratio incorporated into the rate tables meets the minimum requirement of the State of New York
- The rates are not unfairly discriminatory

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The Part 1 Unified Rate Review Template and Exhibit 18 do not demonstrate the process used by Oscar to develop the rates presented in this actuarial memorandum. Rather they represent information required by Federal and State regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the index rate is developed in accordance with Federal and State regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed:  \_\_\_\_\_

Title:  \_\_\_\_\_

Date: June 13, 2014 \_\_\_\_\_

**Attachment A**  
**Oscar Insurance Corporation**  
**Individual Premium Rates Effective January 1, 2015**  
**New York City Area (Region 4) & Long Island Area (Region 8)**  
**On-Exchange**

**Platinum**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Platinum (Child Only)	Child Only	74289NY0110001					\$249.62
Oscar Platinum Standard	Standard, No Dental, Dependent Age 26	74289NY0010001	\$605.86	\$1,211.73	\$1,029.97	\$1,726.71	
Oscar Platinum Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0010002	\$610.54	\$1,221.07	\$1,037.91	\$1,740.03	
Oscar Platinum Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0020001	\$609.69	\$1,219.39	\$1,036.48	\$1,737.63	
Oscar Platinum Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0020002	\$614.38	\$1,228.76	\$1,044.44	\$1,750.98	
Oscar Simple 1000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0410001	\$586.03	\$1,172.05	\$996.25	\$1,670.18	
Oscar Simple 1000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0410002	\$590.64	\$1,181.28	\$1,004.09	\$1,683.33	

**Gold**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Gold (Child Only)	Child Only	74289NY0120001					\$216.06
Oscar Gold Standard	Standard, Dental, Dependent Age 26	74289NY0030001	\$524.41	\$1,048.82	\$891.49	\$1,494.56	
Oscar Gold Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0030002	\$528.01	\$1,056.02	\$897.62	\$1,504.84	
Oscar Gold Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0040001	\$529.19	\$1,058.39	\$899.63	\$1,508.20	
Oscar Gold Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0040002	\$532.84	\$1,065.69	\$905.84	\$1,518.61	
Oscar Simple 2000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0540001	\$505.45	\$1,010.90	\$859.26	\$1,440.53	
Oscar Simple 2000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0540002	\$509.03	\$1,018.06	\$865.35	\$1,450.73	

**Silver**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Silver (Child Only)	Child Only	74289NY0140001					\$183.61
Oscar Silver Standard	Standard, Dental, Dependent Age 26	74289NY0050001	\$445.65	\$891.30	\$757.61	\$1,270.11	
Oscar Silver Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0050002	\$449.15	\$898.31	\$763.56	\$1,280.09	
Oscar Silver Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0060001	\$407.51	\$815.03	\$692.77	\$1,161.41	
Oscar Silver Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0060002	\$410.82	\$821.65	\$698.40	\$1,170.85	
Oscar Silver Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0070001	\$439.02	\$878.03	\$746.33	\$1,251.20	
Oscar Silver Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0070002	\$442.50	\$884.99	\$752.25	\$1,261.12	
Oscar Simple 4500	Non-Standard 3, No Dental, Dependent Age 26	74289NY0500001	\$404.04	\$808.08	\$686.87	\$1,151.51	
Oscar Simple 4500; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0500002	\$407.34	\$814.68	\$692.48	\$1,160.91	

**Bronze**

Product Name	Product Description	Plan ID	Premium Per Contract				
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)	Child Only
Oscar Bronze (Child Only)	Child Only	74289NY0130001					\$148.76
Oscar Bronze Standard	Standard, Dental, Dependent Age 26	74289NY0080001	\$361.06	\$722.12	\$613.80	\$1,029.02	
Oscar Bronze Standard; Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0080002	\$363.93	\$727.86	\$618.68	\$1,037.20	
Oscar Bronze Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0100001	\$342.99	\$685.98	\$583.09	\$977.53	
Oscar Bronze Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0100002	\$345.77	\$691.55	\$587.82	\$985.46	
Oscar Bronze Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0090001	\$382.35	\$764.69	\$649.99	\$1,089.69	
Oscar Bronze Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0090002	\$385.35	\$770.70	\$655.10	\$1,098.25	
Oscar Simple 6600	Non-Standard 3, No Dental, Dependent Age 26	74289NY0520001	\$349.68	\$699.37	\$594.46	\$996.60	
Oscar Simple 6600; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0520002	\$352.49	\$704.98	\$599.23	\$1,004.59	

**Catastrophic**

Product Name	Product Description	Plan ID	Premium Per Contract			
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus Child(ren)
Oscar Catastrophic	Standard, No Dental, Dependent Age 26	74289NY0160001	\$184.92	\$369.83	\$314.36	\$527.01

Attachment B  
Oscar Insurance Corporation  
Plan Adjusted Index Rate Development

Plan ID	Plan	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco SurchARGE Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
74289NY0010001	Platinum Standard	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0030001	Gold Standard	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0050001	Silver Standard	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0080001	Bronze Standard	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0160001	Catastrophic	\$474.12	0.584	1.000	1.000	1.000	1.075	0.572	170.308
74289NY0020001	Platinum Edge	\$474.12	1.030	1.000	1.000	1.000	1.150	1.000	561.529
74289NY0040001	Gold Edge	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.389
74289NY0060001	Silver Edge	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.321
74289NY0070001	Silver Edge Plus	\$474.12	0.758	1.000	1.000	1.000	1.124	1.000	404.336
74289NY0100001	Bronze Edge	\$474.12	0.602	1.000	1.000	1.000	1.106	1.000	315.896
74289NY0090001	Bronze Edge Plus	\$474.12	0.672	1.000	1.000	1.000	1.106	1.000	352.142
74289NY0410001	Platinum Simple	\$474.12	0.990	1.000	1.000	1.000	1.150	1.000	539.732
74289NY0540001	Gold Simple	\$474.12	0.858	1.000	1.000	1.000	1.144	1.000	465.518
74289NY0500001	Silver Simple	\$474.12	0.698	1.000	1.000	1.000	1.124	1.000	372.120
74289NY0520001	Bronze Simple	\$474.12	0.614	1.000	1.000	1.000	1.106	1.000	322.060
74289NY0180001	Platinum Standard	\$474.12	1.026	1.000	1.000	1.000	1.150	1.000	559.261
74289NY0200001	Gold Standard	\$474.12	0.893	1.000	1.000	1.000	1.144	1.000	484.072
74289NY0220001	Silver Standard	\$474.12	0.772	1.000	1.000	1.000	1.124	1.000	411.326
74289NY0250001	Bronze Standard	\$474.12	0.636	1.000	1.000	1.000	1.106	1.000	333.285
74289NY0190001	Platinum Edge	\$474.12	1.032	1.000	1.000	1.000	1.150	1.000	562.779
74289NY0210001	Gold Edge	\$474.12	0.901	1.000	1.000	1.000	1.144	1.000	488.490
74289NY0230001	Silver Edge	\$474.12	0.706	1.000	1.000	1.000	1.124	1.000	376.139
74289NY0240001	Silver Edge Plus	\$474.12	0.760	1.000	1.000	1.000	1.124	1.000	405.205
74289NY0260001	Bronze Edge	\$474.12	0.604	1.000	1.000	1.000	1.106	1.000	316.573
74289NY0270001	Bronze Edge Plus	\$474.12	0.673	1.000	1.000	1.000	1.106	1.000	352.849
74289NY0420001	Platinum Simple	\$474.12	0.992	1.000	1.000	1.000	1.150	1.000	540.950
74289NY0550001	Gold Simple	\$474.12	0.860	1.000	1.000	1.000	1.144	1.000	466.577
74289NY0460001	Gold Simple Off	\$474.12	0.830	1.000	1.000	1.000	1.144	1.000	450.086
74289NY0510001	Silver Simple	\$474.12	0.700	1.000	1.000	1.000	1.124	1.000	372.948
74289NY0570001	Silver Simple Off	\$474.12	0.720	1.000	1.000	1.000	1.124	1.000	383.808
74289NY0530001	Bronze Simple	\$474.12	0.616	1.000	1.000	1.000	1.106	1.000	322.736
74289NY0010002	Platinum Standard	\$474.12	1.031	1.000	1.000	1.000	1.150	1.000	562.304
74289NY0030002	Gold Standard	\$474.12	0.897	1.000	1.000	1.000	1.144	1.000	486.300
74289NY0050002	Silver Standard	\$474.12	0.776	1.000	1.000	1.000	1.124	1.000	413.672
74289NY0080002	Bronze Standard	\$474.12	0.639	1.000	1.000	1.000	1.106	1.000	335.181
74289NY0020002	Platinum Edge	\$474.12	1.038	1.000	1.000	1.000	1.150	1.000	565.843
74289NY0040002	Gold Edge	\$474.12	0.905	1.000	1.000	1.000	1.144	1.000	490.751
74289NY0060002	Silver Edge	\$474.12	0.710	1.000	1.000	1.000	1.124	1.000	378.371
74289NY0070002	Silver Edge Plus	\$474.12	0.765	1.000	1.000	1.000	1.124	1.000	407.541
74289NY0100002	Bronze Edge	\$474.12	0.607	1.000	1.000	1.000	1.106	1.000	318.458
74289NY0090002	Bronze Edge Plus	\$474.12	0.677	1.000	1.000	1.000	1.106	1.000	354.908
74289NY0410002	Platinum Simple	\$474.12	0.998	1.000	1.000	1.000	1.150	1.000	543.983
74289NY0540002	Gold Simple	\$474.12	0.865	1.000	1.000	1.000	1.144	1.000	468.816
74289NY0500002	Silver Simple	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.159
74289NY0520002	Bronze Simple	\$474.12	0.619	1.000	1.000	1.000	1.106	1.000	324.642
74289NY0180002	Platinum Standard	\$474.12	1.034	1.000	1.000	1.000	1.150	1.000	563.554
74289NY0200002	Gold Standard	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.391
74289NY0220002	Silver Standard	\$474.12	0.778	1.000	1.000	1.000	1.124	1.000	414.573
74289NY0250002	Bronze Standard	\$474.12	0.641	1.000	1.000	1.000	1.106	1.000	335.919
74289NY0190002	Platinum Edge	\$474.12	1.040	1.000	1.000	1.000	1.150	1.000	567.093
74289NY0210002	Gold Edge	\$474.12	0.907	1.000	1.000	1.000	1.144	1.000	491.841
74289NY0230002	Silver Edge	\$474.12	0.711	1.000	1.000	1.000	1.124	1.000	379.178
74289NY0240002	Silver Edge Plus	\$474.12	0.766	1.000	1.000	1.000	1.124	1.000	408.421
74289NY0260002	Bronze Edge	\$474.12	0.609	1.000	1.000	1.000	1.106	1.000	319.125
74289NY0270002	Bronze Edge Plus	\$474.12	0.678	1.000	1.000	1.000	1.106	1.000	355.595
74289NY0420002	Platinum Simple	\$474.12	1.000	1.000	1.000	1.000	1.150	1.000	545.211
74289NY0550002	Gold Simple	\$474.12	0.866	1.000	1.000	1.000	1.144	1.000	469.864
74289NY0460002	Gold Simple Off	\$474.12	0.836	1.000	1.000	1.000	1.144	1.000	453.300
74289NY0510002	Silver Simple	\$474.12	0.705	1.000	1.000	1.000	1.124	1.000	375.987
74289NY0570002	Silver Simple Off	\$474.12	0.726	1.000	1.000	1.000	1.124	1.000	386.920
74289NY0530002	Bronze Simple	\$474.12	0.620	1.000	1.000	1.000	1.106	1.000	325.319
74289NY0010001	Platinum Standard	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0030001	Gold Standard	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0050001	Silver Standard	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0080001	Bronze Standard	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0160001	Catastrophic	\$474.12	0.584	1.000	1.000	1.000	1.075	0.572	170.308
74289NY0020001	Platinum Edge	\$474.12	1.030	1.000	1.000	1.000	1.150	1.000	561.529
74289NY0040001	Gold Edge	\$474.12	0.899	1.000	1.000	1.000	1.144	1.000	487.389
74289NY0060001	Silver Edge	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.321
74289NY0070001	Silver Edge Plus	\$474.12	0.758	1.000	1.000	1.000	1.124	1.000	404.336
74289NY0100001	Bronze Edge	\$474.12	0.602	1.000	1.000	1.000	1.106	1.000	315.896

**Attachment B**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Development**

Plan ID	Plan	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	Plan Adjusted Index Rate
74289NY0090001	Bronze Edge Plus	\$474.12	0.672	1.000	1.000	1.000	1.106	1.000	352.142
74289NY0410001	Platinum Simple	\$474.12	0.990	1.000	1.000	1.000	1.150	1.000	539.732
74289NY0540001	Gold Simple	\$474.12	0.858	1.000	1.000	1.000	1.144	1.000	465.518
74289NY0450001	Gold Simple Off	\$474.12	0.828	1.000	1.000	1.000	1.144	1.000	449.049
74289NY0500001	Silver Simple	\$474.12	0.698	1.000	1.000	1.000	1.124	1.000	372.120
74289NY0560001	Silver Simple Off	\$474.12	0.718	1.000	1.000	1.000	1.124	1.000	382.970
74289NY0520001	Bronze Simple	\$474.12	0.614	1.000	1.000	1.000	1.106	1.000	322.060
74289NY0010002	Platinum Standard	\$474.12	1.031	1.000	1.000	1.000	1.150	1.000	562.304
74289NY0030002	Gold Standard	\$474.12	0.897	1.000	1.000	1.000	1.144	1.000	486.300
74289NY0050002	Silver Standard	\$474.12	0.776	1.000	1.000	1.000	1.124	1.000	413.672
74289NY0080002	Bronze Standard	\$474.12	0.639	1.000	1.000	1.000	1.106	1.000	335.181
74289NY0020002	Platinum Edge	\$474.12	1.038	1.000	1.000	1.000	1.150	1.000	565.843
74289NY0040002	Gold Edge	\$474.12	0.905	1.000	1.000	1.000	1.144	1.000	490.751
74289NY0060002	Silver Edge	\$474.12	0.710	1.000	1.000	1.000	1.124	1.000	378.371
74289NY0070002	Silver Edge Plus	\$474.12	0.765	1.000	1.000	1.000	1.124	1.000	407.541
74289NY0100002	Bronze Edge	\$474.12	0.607	1.000	1.000	1.000	1.106	1.000	318.458
74289NY0090002	Bronze Edge Plus	\$474.12	0.677	1.000	1.000	1.000	1.106	1.000	354.908
74289NY0410002	Platinum Simple	\$474.12	0.998	1.000	1.000	1.000	1.150	1.000	543.983
74289NY0540002	Gold Simple	\$474.12	0.865	1.000	1.000	1.000	1.144	1.000	468.816
74289NY0450002	Gold Simple Off	\$474.12	0.834	1.000	1.000	1.000	1.144	1.000	452.273
74289NY0500002	Silver Simple	\$474.12	0.704	1.000	1.000	1.000	1.124	1.000	375.159
74289NY0560002	Silver Simple Off	\$474.12	0.724	1.000	1.000	1.000	1.124	1.000	386.071
74289NY0520002	Bronze Simple	\$474.12	0.619	1.000	1.000	1.000	1.106	1.000	324.642
74289NY0110001	Platinum Standard Child Only	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0120001	Gold Standard Child Only	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0140001	Silver Standard Child Only	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0130001	Bronze Standard Child Only	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537
74289NY0110001	Platinum Standard Child Only	\$474.12	1.024	1.000	1.000	1.000	1.150	1.000	558.001
74289NY0120001	Gold Standard Child Only	\$474.12	0.891	1.000	1.000	1.000	1.144	1.000	482.981
74289NY0140001	Silver Standard Child Only	\$474.12	0.770	1.000	1.000	1.000	1.124	1.000	410.446
74289NY0130001	Bronze Standard Child Only	\$474.12	0.634	1.000	1.000	1.000	1.106	1.000	332.537

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

Plan ID	Plan	Plan Adjusted Index Rate	Age Calibration Factor	Geography Calibration Factor	Calibration Factor	Plan Adjusted Index Rate
74289NY0010001	Platinum Standard	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0030001	Gold Standard	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0050001	Silver Standard	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0080001	Bronze Standard	\$332.54	1.000	1.000	1.000	\$332.54
74289NY0160001	Catastrophic	\$170.31	1.000	1.000	1.000	\$170.31
74289NY0020001	Platinum Edge	\$561.53	1.000	1.000	1.000	\$561.53
74289NY0040001	Gold Edge	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0060001	Silver Edge	\$375.32	1.000	1.000	1.000	\$375.32
74289NY0070001	Silver Edge Plus	\$404.34	1.000	1.000	1.000	\$404.34
74289NY0100001	Bronze Edge	\$315.90	1.000	1.000	1.000	\$315.90
74289NY0090001	Bronze Edge Plus	\$352.14	1.000	1.000	1.000	\$352.14
74289NY0410001	Platinum Simple	\$539.73	1.000	1.000	1.000	\$539.73
74289NY0540001	Gold Simple	\$465.52	1.000	1.000	1.000	\$465.52
74289NY0500001	Silver Simple	\$372.12	1.000	1.000	1.000	\$372.12
74289NY0520001	Bronze Simple	\$322.06	1.000	1.000	1.000	\$322.06
74289NY0180001	Platinum Standard	\$559.26	1.000	1.000	1.000	\$559.26
74289NY0200001	Gold Standard	\$484.07	1.000	1.000	1.000	\$484.07
74289NY0220001	Silver Standard	\$411.33	1.000	1.000	1.000	\$411.33
74289NY0250001	Bronze Standard	\$333.29	1.000	1.000	1.000	\$333.29
74289NY0190001	Platinum Edge	\$562.78	1.000	1.000	1.000	\$562.78
74289NY0210001	Gold Edge	\$488.49	1.000	1.000	1.000	\$488.49
74289NY0230001	Silver Edge	\$376.14	1.000	1.000	1.000	\$376.14
74289NY0240001	Silver Edge Plus	\$405.21	1.000	1.000	1.000	\$405.21
74289NY0260001	Bronze Edge	\$316.57	1.000	1.000	1.000	\$316.57
74289NY0270001	Bronze Edge Plus	\$352.85	1.000	1.000	1.000	\$352.85
74289NY0420001	Platinum Simple	\$540.95	1.000	1.000	1.000	\$540.95
74289NY0550001	Gold Simple	\$466.58	1.000	1.000	1.000	\$466.58
74289NY0460001	Gold Simple Off	\$450.09	1.000	1.000	1.000	\$450.09
74289NY0510001	Silver Simple	\$372.95	1.000	1.000	1.000	\$372.95
74289NY0570001	Silver Simple Off	\$383.81	1.000	1.000	1.000	\$383.81
74289NY0530001	Bronze Simple	\$322.74	1.000	1.000	1.000	\$322.74
74289NY0010002	Platinum Standard	\$562.30	1.000	1.000	1.000	\$562.30
74289NY0030002	Gold Standard	\$486.30	1.000	1.000	1.000	\$486.30
74289NY0050002	Silver Standard	\$413.67	1.000	1.000	1.000	\$413.67
74289NY0080002	Bronze Standard	\$335.18	1.000	1.000	1.000	\$335.18
74289NY0020002	Platinum Edge	\$565.84	1.000	1.000	1.000	\$565.84
74289NY0040002	Gold Edge	\$490.75	1.000	1.000	1.000	\$490.75
74289NY0060002	Silver Edge	\$378.37	1.000	1.000	1.000	\$378.37
74289NY0070002	Silver Edge Plus	\$407.54	1.000	1.000	1.000	\$407.54
74289NY0100002	Bronze Edge	\$318.46	1.000	1.000	1.000	\$318.46
74289NY0090002	Bronze Edge Plus	\$354.91	1.000	1.000	1.000	\$354.91
74289NY0410002	Platinum Simple	\$543.98	1.000	1.000	1.000	\$543.98
74289NY0540002	Gold Simple	\$468.82	1.000	1.000	1.000	\$468.82
74289NY0500002	Silver Simple	\$375.16	1.000	1.000	1.000	\$375.16
74289NY0520002	Bronze Simple	\$324.64	1.000	1.000	1.000	\$324.64
74289NY0180002	Platinum Standard	\$563.55	1.000	1.000	1.000	\$563.55
74289NY0200002	Gold Standard	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0220002	Silver Standard	\$414.57	1.000	1.000	1.000	\$414.57
74289NY0250002	Bronze Standard	\$335.92	1.000	1.000	1.000	\$335.92

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

<b>Plan ID</b>	<b>Plan</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Calibration Factor</b>	<b>Geography Calibration Factor</b>	<b>Calibration Factor</b>	<b>Plan Adjusted Index Rate</b>
74289NY0190002	Platinum Edge	\$567.09	1.000	1.000	1.000	\$567.09
74289NY0210002	Gold Edge	\$491.84	1.000	1.000	1.000	\$491.84
74289NY0230002	Silver Edge	\$379.18	1.000	1.000	1.000	\$379.18
74289NY0240002	Silver Edge Plus	\$408.42	1.000	1.000	1.000	\$408.42
74289NY0260002	Bronze Edge	\$319.12	1.000	1.000	1.000	\$319.12
74289NY0270002	Bronze Edge Plus	\$355.60	1.000	1.000	1.000	\$355.60
74289NY0420002	Platinum Simple	\$545.21	1.000	1.000	1.000	\$545.21
74289NY0550002	Gold Simple	\$469.86	1.000	1.000	1.000	\$469.86
74289NY0460002	Gold Simple Off	\$453.30	1.000	1.000	1.000	\$453.30
74289NY0510002	Silver Simple	\$375.99	1.000	1.000	1.000	\$375.99
74289NY0570002	Silver Simple Off	\$386.92	1.000	1.000	1.000	\$386.92
74289NY0530002	Bronze Simple	\$325.32	1.000	1.000	1.000	\$325.32
74289NY0010001	Platinum Standard	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0030001	Gold Standard	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0050001	Silver Standard	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0080001	Bronze Standard	\$332.54	1.000	1.000	1.000	\$332.54
74289NY0160001	Catastrophic	\$170.31	1.000	1.000	1.000	\$170.31
74289NY0020001	Platinum Edge	\$561.53	1.000	1.000	1.000	\$561.53
74289NY0040001	Gold Edge	\$487.39	1.000	1.000	1.000	\$487.39
74289NY0060001	Silver Edge	\$375.32	1.000	1.000	1.000	\$375.32
74289NY0070001	Silver Edge Plus	\$404.34	1.000	1.000	1.000	\$404.34
74289NY0100001	Bronze Edge	\$315.90	1.000	1.000	1.000	\$315.90
74289NY0090001	Bronze Edge Plus	\$352.14	1.000	1.000	1.000	\$352.14
74289NY0410001	Platinum Simple	\$539.73	1.000	1.000	1.000	\$539.73
74289NY0540001	Gold Simple	\$465.52	1.000	1.000	1.000	\$465.52
74289NY0450001	Gold Simple Off	\$449.05	1.000	1.000	1.000	\$449.05
74289NY0500001	Silver Simple	\$372.12	1.000	1.000	1.000	\$372.12
74289NY0560001	Silver Simple Off	\$382.97	1.000	1.000	1.000	\$382.97
74289NY0520001	Bronze Simple	\$322.06	1.000	1.000	1.000	\$322.06
74289NY0010002	Platinum Standard	\$562.30	1.000	1.000	1.000	\$562.30
74289NY0030002	Gold Standard	\$486.30	1.000	1.000	1.000	\$486.30
74289NY0050002	Silver Standard	\$413.67	1.000	1.000	1.000	\$413.67
74289NY0080002	Bronze Standard	\$335.18	1.000	1.000	1.000	\$335.18
74289NY0020002	Platinum Edge	\$565.84	1.000	1.000	1.000	\$565.84
74289NY0040002	Gold Edge	\$490.75	1.000	1.000	1.000	\$490.75
74289NY0060002	Silver Edge	\$378.37	1.000	1.000	1.000	\$378.37
74289NY0070002	Silver Edge Plus	\$407.54	1.000	1.000	1.000	\$407.54
74289NY0100002	Bronze Edge	\$318.46	1.000	1.000	1.000	\$318.46
74289NY0090002	Bronze Edge Plus	\$354.91	1.000	1.000	1.000	\$354.91
74289NY0410002	Platinum Simple	\$543.98	1.000	1.000	1.000	\$543.98
74289NY0540002	Gold Simple	\$468.82	1.000	1.000	1.000	\$468.82
74289NY0450002	Gold Simple Off	\$452.27	1.000	1.000	1.000	\$452.27
74289NY0500002	Silver Simple	\$375.16	1.000	1.000	1.000	\$375.16
74289NY0560002	Silver Simple Off	\$386.07	1.000	1.000	1.000	\$386.07
74289NY0520002	Bronze Simple	\$324.64	1.000	1.000	1.000	\$324.64
74289NY0110001	Platinum Standard Child Only	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0120001	Gold Standard Child Only	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0140001	Silver Standard Child Only	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0130001	Bronze Standard Child Only	\$332.54	1.000	1.000	1.000	\$332.54

**Attachment C**  
**Oscar Insurance Corporation**  
**Plan Adjusted Index Rate Calibration**

<b>Plan ID</b>	<b>Plan</b>	<b>Plan Adjusted Index Rate</b>	<b>Age Calibration Factor</b>	<b>Geography Calibration Factor</b>	<b>Calibration Factor</b>	<b>Plan Adjusted Index Rate</b>
74289NY0110001	Platinum Standard Child Only	\$558.00	1.000	1.000	1.000	\$558.00
74289NY0120001	Gold Standard Child Only	\$482.98	1.000	1.000	1.000	\$482.98
74289NY0140001	Silver Standard Child Only	\$410.45	1.000	1.000	1.000	\$410.45
74289NY0130001	Bronze Standard Child Only	\$332.54	1.000	1.000	1.000	\$332.54

**Attachment D**  
**Oscar Insurance Corporation**  
**Actuarial Value Pricing Values**

Plan ID	Plan	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
74289NY0010001	Platinum Standard	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0030001	Gold Standard	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0050001	Silver Standard	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0080001	Bronze Standard	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0160001	Catastrophic	0.584	1.000	1.000	1.000	1.075	0.572	0.359
74289NY0020001	Platinum Edge	1.030	1.000	1.000	1.000	1.150	1.000	1.184
74289NY0040001	Gold Edge	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0060001	Silver Edge	0.704	1.000	1.000	1.000	1.124	1.000	0.792
74289NY0070001	Silver Edge Plus	0.758	1.000	1.000	1.000	1.124	1.000	0.853
74289NY0100001	Bronze Edge	0.602	1.000	1.000	1.000	1.106	1.000	0.666
74289NY0090001	Bronze Edge Plus	0.672	1.000	1.000	1.000	1.106	1.000	0.743
74289NY0410001	Platinum Simple	0.990	1.000	1.000	1.000	1.150	1.000	1.138
74289NY0540001	Gold Simple	0.858	1.000	1.000	1.000	1.144	1.000	0.982
74289NY0500001	Silver Simple	0.698	1.000	1.000	1.000	1.124	1.000	0.785
74289NY0520001	Bronze Simple	0.614	1.000	1.000	1.000	1.106	1.000	0.679
74289NY0180001	Platinum Standard	1.026	1.000	1.000	1.000	1.150	1.000	1.180
74289NY0200001	Gold Standard	0.893	1.000	1.000	1.000	1.144	1.000	1.021
74289NY0220001	Silver Standard	0.772	1.000	1.000	1.000	1.124	1.000	0.868
74289NY0250001	Bronze Standard	0.636	1.000	1.000	1.000	1.106	1.000	0.703
74289NY0190001	Platinum Edge	1.032	1.000	1.000	1.000	1.150	1.000	1.187
74289NY0210001	Gold Edge	0.901	1.000	1.000	1.000	1.144	1.000	1.030
74289NY0230001	Silver Edge	0.706	1.000	1.000	1.000	1.124	1.000	0.793
74289NY0240001	Silver Edge Plus	0.760	1.000	1.000	1.000	1.124	1.000	0.855
74289NY0260001	Bronze Edge	0.604	1.000	1.000	1.000	1.106	1.000	0.668
74289NY0270001	Bronze Edge Plus	0.673	1.000	1.000	1.000	1.106	1.000	0.744
74289NY0420001	Platinum Simple	0.992	1.000	1.000	1.000	1.150	1.000	1.141
74289NY0550001	Gold Simple	0.860	1.000	1.000	1.000	1.144	1.000	0.984
74289NY0460001	Gold Simple Off	0.830	1.000	1.000	1.000	1.144	1.000	0.949
74289NY0510001	Silver Simple	0.700	1.000	1.000	1.000	1.124	1.000	0.787
74289NY0570001	Silver Simple Off	0.720	1.000	1.000	1.000	1.124	1.000	0.810
74289NY0530001	Bronze Simple	0.616	1.000	1.000	1.000	1.106	1.000	0.681
74289NY0010002	Platinum Standard	1.031	1.000	1.000	1.000	1.150	1.000	1.186
74289NY0030002	Gold Standard	0.897	1.000	1.000	1.000	1.144	1.000	1.026
74289NY0050002	Silver Standard	0.776	1.000	1.000	1.000	1.124	1.000	0.873
74289NY0080002	Bronze Standard	0.639	1.000	1.000	1.000	1.106	1.000	0.707
74289NY0020002	Platinum Edge	1.038	1.000	1.000	1.000	1.150	1.000	1.193
74289NY0040002	Gold Edge	0.905	1.000	1.000	1.000	1.144	1.000	1.035
74289NY0060002	Silver Edge	0.710	1.000	1.000	1.000	1.124	1.000	0.798
74289NY0070002	Silver Edge Plus	0.765	1.000	1.000	1.000	1.124	1.000	0.860
74289NY0100002	Bronze Edge	0.607	1.000	1.000	1.000	1.106	1.000	0.672
74289NY0090002	Bronze Edge Plus	0.677	1.000	1.000	1.000	1.106	1.000	0.749
74289NY0410002	Platinum Simple	0.998	1.000	1.000	1.000	1.150	1.000	1.147
74289NY0540002	Gold Simple	0.865	1.000	1.000	1.000	1.144	1.000	0.989
74289NY0500002	Silver Simple	0.704	1.000	1.000	1.000	1.124	1.000	0.791
74289NY0520002	Bronze Simple	0.619	1.000	1.000	1.000	1.106	1.000	0.685
74289NY0180002	Platinum Standard	1.034	1.000	1.000	1.000	1.150	1.000	1.189
74289NY0200002	Gold Standard	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0220002	Silver Standard	0.778	1.000	1.000	1.000	1.124	1.000	0.874
74289NY0250002	Bronze Standard	0.641	1.000	1.000	1.000	1.106	1.000	0.709
74289NY0190002	Platinum Edge	1.040	1.000	1.000	1.000	1.150	1.000	1.196
74289NY0210002	Gold Edge	0.907	1.000	1.000	1.000	1.144	1.000	1.037
74289NY0230002	Silver Edge	0.711	1.000	1.000	1.000	1.124	1.000	0.800
74289NY0240002	Silver Edge Plus	0.766	1.000	1.000	1.000	1.124	1.000	0.861
74289NY0260002	Bronze Edge	0.609	1.000	1.000	1.000	1.106	1.000	0.673
74289NY0270002	Bronze Edge Plus	0.678	1.000	1.000	1.000	1.106	1.000	0.750
74289NY0420002	Platinum Simple	1.000	1.000	1.000	1.000	1.150	1.000	1.150
74289NY0550002	Gold Simple	0.866	1.000	1.000	1.000	1.144	1.000	0.991
74289NY0460002	Gold Simple Off	0.836	1.000	1.000	1.000	1.144	1.000	0.956
74289NY0510002	Silver Simple	0.705	1.000	1.000	1.000	1.124	1.000	0.793

**Attachment D**  
**Oscar Insurance Corporation**  
**Actuarial Value Pricing Values**

Plan ID	Plan	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Tobacco Surcharge Adjustment	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value
74289NY0570002	Silver Simple Off	0.726	1.000	1.000	1.000	1.124	1.000	0.816
74289NY0530002	Bronze Simple	0.620	1.000	1.000	1.000	1.106	1.000	0.686
74289NY0010001	Platinum Standard	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0030001	Gold Standard	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0050001	Silver Standard	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0080001	Bronze Standard	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0160001	Catastrophic	0.584	1.000	1.000	1.000	1.075	0.572	0.359
74289NY0020001	Platinum Edge	1.030	1.000	1.000	1.000	1.150	1.000	1.184
74289NY0040001	Gold Edge	0.899	1.000	1.000	1.000	1.144	1.000	1.028
74289NY0060001	Silver Edge	0.704	1.000	1.000	1.000	1.124	1.000	0.792
74289NY0070001	Silver Edge Plus	0.758	1.000	1.000	1.000	1.124	1.000	0.853
74289NY0100001	Bronze Edge	0.602	1.000	1.000	1.000	1.106	1.000	0.666
74289NY0090001	Bronze Edge Plus	0.672	1.000	1.000	1.000	1.106	1.000	0.743
74289NY0410001	Platinum Simple	0.990	1.000	1.000	1.000	1.150	1.000	1.138
74289NY0540001	Gold Simple	0.858	1.000	1.000	1.000	1.144	1.000	0.982
74289NY0450001	Gold Simple Off	0.828	1.000	1.000	1.000	1.144	1.000	0.947
74289NY0500001	Silver Simple	0.698	1.000	1.000	1.000	1.124	1.000	0.785
74289NY0560001	Silver Simple Off	0.718	1.000	1.000	1.000	1.124	1.000	0.808
74289NY0520001	Bronze Simple	0.614	1.000	1.000	1.000	1.106	1.000	0.679
74289NY0010002	Platinum Standard	1.031	1.000	1.000	1.000	1.150	1.000	1.186
74289NY0030002	Gold Standard	0.897	1.000	1.000	1.000	1.144	1.000	1.026
74289NY0050002	Silver Standard	0.776	1.000	1.000	1.000	1.124	1.000	0.873
74289NY0080002	Bronze Standard	0.639	1.000	1.000	1.000	1.106	1.000	0.707
74289NY0020002	Platinum Edge	1.038	1.000	1.000	1.000	1.150	1.000	1.193
74289NY0040002	Gold Edge	0.905	1.000	1.000	1.000	1.144	1.000	1.035
74289NY0060002	Silver Edge	0.710	1.000	1.000	1.000	1.124	1.000	0.798
74289NY0070002	Silver Edge Plus	0.765	1.000	1.000	1.000	1.124	1.000	0.860
74289NY0100002	Bronze Edge	0.607	1.000	1.000	1.000	1.106	1.000	0.672
74289NY0090002	Bronze Edge Plus	0.677	1.000	1.000	1.000	1.106	1.000	0.749
74289NY0410002	Platinum Simple	0.998	1.000	1.000	1.000	1.150	1.000	1.147
74289NY0540002	Gold Simple	0.865	1.000	1.000	1.000	1.144	1.000	0.989
74289NY0450002	Gold Simple Off	0.834	1.000	1.000	1.000	1.144	1.000	0.954
74289NY0500002	Silver Simple	0.704	1.000	1.000	1.000	1.124	1.000	0.791
74289NY0560002	Silver Simple Off	0.724	1.000	1.000	1.000	1.124	1.000	0.814
74289NY0520002	Bronze Simple	0.619	1.000	1.000	1.000	1.106	1.000	0.685
74289NY0110001	Platinum Standard Child Only	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0120001	Gold Standard Child Only	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0140001	Silver Standard Child Only	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0130001	Bronze Standard Child Only	0.634	1.000	1.000	1.000	1.106	1.000	0.701
74289NY0110001	Platinum Standard Child Only	1.024	1.000	1.000	1.000	1.150	1.000	1.177
74289NY0120001	Gold Standard Child Only	0.891	1.000	1.000	1.000	1.144	1.000	1.019
74289NY0140001	Silver Standard Child Only	0.770	1.000	1.000	1.000	1.124	1.000	0.866
74289NY0130001	Bronze Standard Child Only	0.634	1.000	1.000	1.000	1.106	1.000	0.701

## **ATTACHMENT E**

### **4. Quality**

**Per Section II.E of the Invitation, provide a complete description of the Applicant's quality strategy for each area below:**

**Response:** The Quality Strategy for Oscar is set forth below.

Oscar is dedicated to improving the experience and quality of healthcare for Oscar's members. As a new plan being developed by a team of seasoned health insurance executives and cutting-edge technology entrepreneurs, Oscar is transforming the industry by building best-in-class patient experiences and programs designed to raise quality of care and better patient outcomes. Oscar's vision is to re-imagine how a health plan functions and its role in the lives of its members. This vision will take time; however, the quality strategy and structure that we are implementing will enable us to achieve that vision.

Since our inception, we have been capturing and analyzing data to assure that our programs and providers optimize care. We are developing an organization that is focused on improving outcomes with best-in-class innovative quality reporting, case management, care coordination, disease management, compliance activities, and programs to reduce hospital admissions and re-admissions, improve patient safety, reduce medical errors, and improve health disparities. Our parent company board includes Charlie Baker, the former CEO of Harvard Pilgrim Health Care. Harvard Pilgrim is a Massachusetts health plan that has been recognized over multiple years as having the highest national quality scores by NCQA. Also, the executive team includes Aran Ron, MD, who serves as Chief Medical Officer; he previously served as President/COO of a large NY PPO and HMO, wrote and presented on quality outcomes, chaired the board quality committees of these organizations, and served as the chair of the URAC Committee on Accreditation. Mary Ellen Connington, RN, serves as Senior Vice President for Quality and Medical Management. She has held clinical executive roles in quality, case, and disease management in several large managed care and provider organizations and has published on quality and performance improvement. We have developed a corporate organizational structure that includes a Quality Committee that oversees the utilization, care management, credentialing and delegation programs, and committees. Our goals include compliance with all regulatory requirements, promoting members' health, assuring adherence to nationally recognized guidelines, improving the quality of care and services, and utilizing technology and design to simplify the member's experience. Our primary goal is to assure that our members experience the highest quality of care and service.

#### **a) Improving Health Outcomes**

## ➤ *Quality Reporting*

Oscar's goal is to maintain and improve our members' health. This goal is achieved through a multifaceted, data-supported quality program that follows nationally accepted clinical guidelines and focuses on the individual member. Maintaining and improving members' health requires Oscar to harness and enhance the latest informatics technology to gather, aggregate, analyze, and maintain all available knowledge and data regarding each member's health care and treatment experiences into a personalized health-data history. This data enables Oscar to monitor the quality of care, outcomes, the impact of programs, and service levels as well as to identify gaps in care to target individuals and physicians to promote optimal effective care. Our goal is to demonstrate quality through nationally recognized measures such as HEDIS, QARR, and CAHPs clinical and customer quality standards.

The Oscar reporting suite leverages integrated technology and data warehouse platform to provide actionable reporting that enables data-driven decision-making. It provides access to useable real time data, monitor and ensure the effectiveness of clinical programs and track our performance against internal goals and national benchmarks.

Oscar's medical management team has continued to innovate our Utilization, Case and Disease Management model while implementing the quality and care management plans outlined last year. These new initiatives are described below.

### **1. Improved care management via Unified Member View (please see Exhibit A):**

A unified and real-time view of all member data combines sources representing all aspects of the healthcare system to facilitate case and disease management. The Unified Member View has become a critical tool in day-to-day case and disease management. It provides case management staff with unprecedented access to real-time information in a single system. This, in turn, enhances the quality of medical management allowing to the team to rapidly respond to new developments before costly events arise, e.g., deterioration of member health, potential counter-indication.

The Unified Member View draws on a range of data sources:

- a. Eligibility information
- b. Member demographics
- c. Medical claims data
- d. Pharmacy claims data
- e. Laboratory results
- f. Telemedicine clinical notes
- g. In- and outpatient authorizations
- h. Physician and member phone calls to Oscar's customer service team
- i. Clinical event notifications on ED/hospital admissions and discharges through the

- regional health information organizations
- j. Care router search tool on HiOscar.com
- k. Patient-completed health risk assessment

## **2. Complex Case Review**

Clinical, operations and financial staff hold interdisciplinary rounds on a weekly basis to review high complex and high cost cases for:

a. Case finding and referral for complex case and disease management: Typically 6 – 10 individuals are newly referred to complex case and disease management programs via this rounding mechanism. Additionally, individuals already in complex case and disease management programs are reviewed for progress/status as part of these rounds.

b. Appropriateness of service: The team reviews all single claims with a cost of >\$2,000. When the individual who incurred the single claim >\$2K is known to complex case management, then the full set of longitudinal services are reviewed for trajectories of medical spend and clinical management of the case. When an individual who incurred a single claim above this threshold is unknown to case management, then the case is considered for referral to an appropriate case management and/or disease management program.

The review is extensive and accounts for nearly two thirds of the weekly medical spend. By way of example, of \$12m in total allowed costs through May 13<sup>th</sup>, over \$7.6m had been individually reviewed by the team.

## **3. Identification and referral system**

In addition to being integrated in the Unified Member View, real time data feeds are also leveraged to routinely and automatically identify members for referral to case and disease management and other follow-up

a. Teladoc: Based on the real time data provided from Teladoc, our telephonic physician service, Oscar staff reviews the medical record for all calls made to Teladoc; which includes review of the SOAP note medications prescribed. The review identifies cases potentially eligible for case and disease management. Examples of referrals that are generated from a review of Teladoc medical records includes referral to behavioral health, referral to customer service for member assistance in seeking a PCP, referral to our diabetic case management program, etc.

b. Clinical event notifications: Healthix, the New York Regional Health Information Organization (RHIO) provides real-time Clinical Event Notifications (CEN) of emergency department registrations, inpatient admissions, and discharges for Oscar members who have consented to participate in the RHIO. CEN's have become important triggers for case management referrals and discharge planning. Oscar's clinicians receive notice of

an admission or discharge within hours (typically minutes) of occurrence and can intervene on a more expeditious basis to support case management and discharge planning.

c. Automatic flagging system: Oscar is currently establishing an automatic system to flag members for case and disease management based on all incoming electronic information (medical claims, pharmacy claims, laboratory results, Care Router search results, physician and member calls). Two data points deserve special attention (both of which are currently under configuration):

i. Members' Care Router searches: The Care Router is a tool allowing members to search for information on specific conditions and physician specialties. This information is a very powerful data point to understand members' actual needs.

ii. Physician and member calls: Member and physician calls are systematically being screened for specific triggers and consequently flagged for case management evaluation.

#### **4. Ensuring appropriateness of services:**

Care Router: Members utilize the Care Router to receive guidance regarding the appropriate setting for care including non-conventional lower cost locations (like Teladoc and OTC pharmacies). Having searched for a particular condition, members are informed about the different physician specialties treating the condition including information on an expected cost range. This helps members to consider cost. If a provider specialty is selected, members receive suggestions on individual providers who are prioritized by a range of criteria including historic cost and treatment efficiency.

#### **5. Demand management through self-management tools and transparency (see Exhibit A):**

a. Care Router: The Care Router also plays a crucial role in influencing the demand for medical services. For example a member with a headache/migraine searching for medical information can find medical explanations online through the Care Router instead of consulting a physician for the same information.

b. Timeline: Currently, information on physician consultations, claims, medication (e.g., the need to request a refill), and Teladoc call documentation are being revealed online. Oscar will also expose laboratory results directly to members. Having access to their medical information online improves members' abilities to remain in compliance with their medical regime and also create transparency for their treating physician (e.g., by printing their medical and medication history).

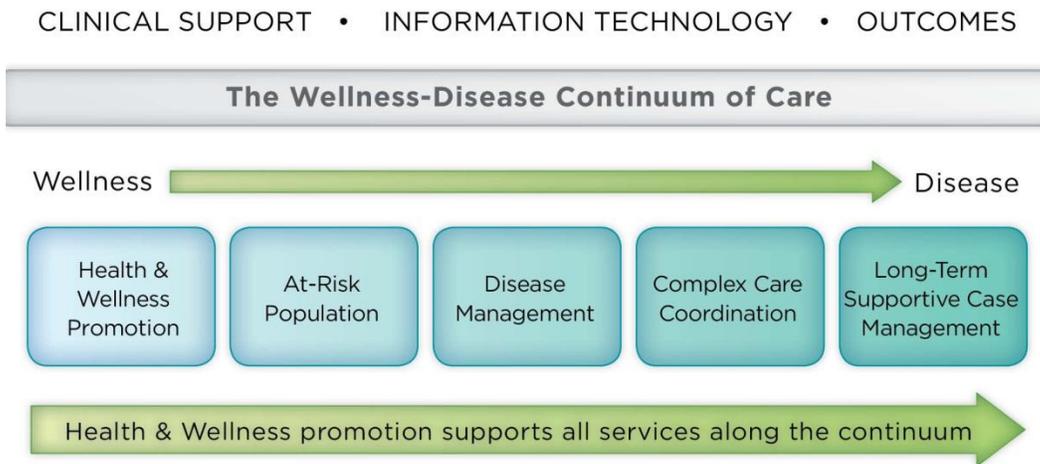
Category	Data Elements
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Review of high dollar cases; and cases that trip thresholds for re-insurance coverage.</li> <li>• Actual PMPM costs in relation to the medical budget as measured through the Milliman software for category reporting.</li> <li>• Patterns and trends of cost in relation to disease management and service categories.</li> </ul>
<b>Clinical</b>	<p>Utilization metrics that identify over and under utilization in relation to national benchmarks. Examples include: outpatient visits per 1,000 members, admissions per 1,000 members, and average length of hospital stays Monitoring rates of denials and appeals; as well as overturn rate.</p> <ul style="list-style-type: none"> <li>• Re-admissions within 30 days</li> <li>• Gaps in care</li> <li>• Consumer experience of care survey on an annual basis</li> <li>• Health risk assessment completion and stratification</li> <li>• Case management rounds and reporting</li> <li>• Disease management rounds and reporting</li> <li>• Pharmacy benefit utilization by member, by drug class, by prescriber, by generic use, etc.</li> <li>• Specific pharmacy utilization and adherence reports</li> </ul>
<b>Operational</b>	<ul style="list-style-type: none"> <li>• HEDIS reports (e.g., ambulatory follow-up)</li> <li>• Provider (e.g., reports tracking basic information on our provider networks)</li> <li>• Membership (e.g., enrollment information including socio-demographic data)</li> <li>• Call management (e.g., average speed of answer, abandonment rate)</li> <li>• Paid claims (e.g., utilization, claim lags, claims processing, and fraud and abuse)</li> <li>• Customer satisfaction at the member and provider level</li> <li>• Inquiry tracking (e.g., customer inquiries including complaints)</li> </ul>

The delivery method and frequency of reporting is as important as the data itself. Oscar requires our administrative partners to provide secure and HIPAA compliant access to real-time data via online and mobile reporting dashboards. Oscar has access to a variety of data sets to conduct analyses across a full range of inpatient and outpatient utilization, including data on member enrollment, care coordination, encounters, authorizations, and pharmacy benefit utilization, as well as information on the services rendered.

➤ *Effective Case Management, Care Coordination and Chronic Disease Management*

Oscar has structured a case management program to ensure the delivery of customized medical case management solutions that promote optimal medical outcomes, patient satisfaction, and cost-effectiveness. Oscar, as well as its vendors, endeavors to provide the highest level of service. Oscar has received accreditation at the Interim level from the National Committee on Quality Assurance (“NCQA”). We believe that quality care management is patient-centric, and provides the best care for each member using evidence-based clinical guidelines. In addition, certain Oscar clinicians have access to clinical decision support tools (e.g. EPOCRATES) when considering effective plans of care.

Oscar recognizes that there is a continuum of care needs in our insured population ranging from wellness promotion to long-term supportive case management. Oscar identifies individuals within each category and provides access to the appropriate services and programs to serve their particular clinical condition. The chart below outlines Oscar’s stratification of its patient population. Oscar continues to develop and provide specific programs based on this stratification.



Oscar programs are designed to meet the unique clinical needs of each of our members. The programs range from telephonic physician visits for those who are generally healthy but have an immediate health need that can be conveniently managed by phone, to palliative and complex care management for end of life needs.

Applying our expertise, we will continually develop innovations that promote better health solutions based on the characteristics and unique needs of the populations we serve. These solutions will be customized to meet individual needs to maintain health or diminish the impact of chronic illnesses.

Effective care coordination is essential to improving outcomes. Care coordination initiatives have the ability to reduce waste, and improve information flow and health outcomes as a member moves across different settings of care. Care coordination also has significant savings potential by reducing potentially avoidable hospitalizations. Care coordination in the form of early outpatient follow-up to a hospital discharge can reduce the risk of re-hospitalization. Oscar has developed a unique and innovative system of coordination with the HEALTHIX RHIO (Regional Health Information Organization) for clinical event notification (CEN). Oscar receives an instantaneous alert from the RHIO the moment a participating NY Hospital registers an Oscar member for an ED Visit or inpatient admission. Oscar also receives a CEN for inpatient discharge. In addition to the CEN, Oscar can retrieve extensive medical record information from the hospital regarding lab results, pathology reports, radiology results, encounters, problem lists, medications ordered and detailed discharge summary information. These timely notifications permit Oscar to increase the velocity of care and provide timely discharge planning support and case/disease management intervention to enrollees during these periods of peak intensity. Oscar is following the progress of RHIO's in New Jersey and will endeavor to work with them to similarly coordinate regarding care management functions.

Our care management activities include identification of individual needs through health risk assessment combined with the analysis of claims and other data through the use of sophisticated algorithms. Oscar will complete an annual Comprehensive Population Health Assessment that will identify the conditions and care needs for Oscar's diverse population. The population health assessment will also identify cultural, linguistic and ethnic considerations of care delivery; seek out disparities in health care; and identify opportunities for improving patient safety. Complex case management is offered to members with more complex, complicated, and/or persistent disorders. Such cases may include members who have co-morbid and multiple medical conditions as well as behavioral health components. Oscar will stratify members and provide the appropriate care coordination for each member.

Based on the stratification level, programs that are targeted for individual needs will be offered and directed to our members. Examples of the type of programs for individuals include (i) outreach and home care visits as needed for new mothers, (ii) complex case management for individuals identified with multiple co-morbidities, and (iii) and complex medical issues.

Oscar's disease management program will identify, assess and monitor the members most severely affected by chronic medical conditions such as asthma, diabetes, depression/anxiety, chronic obstructive pulmonary disease, and coronary artery disease. Rather than a broad population-based initiative, this program identifies the most seriously ill members, those who require the most care, or those whose condition suggests that future care will be complex and high cost. Oscar will select a minimum of two disease management programs based upon the findings of the comprehensive population

assessment.

Once identified, members will be contacted by a case manager for a clinical assessment that includes variables appropriate to the disease condition and based upon current evidence.

Based on the assessment findings, and upon consent of the enrollee, we will enroll appropriate members in Oscar disease management program. Oscar Disease Management programs follow NCQA standards and include:

- Condition monitoring (including self-monitoring and medical testing):
  - Adherence to treatment plans (including self-monitoring and medical testing)
  - Medical and behavioral comorbidities and other health conditions (e.g. cognitive deficits, physical limitations)
  - Health behaviors
  - Psychosocial issues
  - Depression screening
  - Providing information about the patient's condition to caregivers who have the patient's consent
  - Encouraging patients to communicate with their practitioners about their health conditions and treatment
  - Additional resources external to the organization, as appropriate

➤ *Medication and Care Compliance Initiative*

Knowing that improving medication adherence leads to healthier members, Oscar provides solutions that encourage members with chronic illnesses to comply with medication and treatment regimens, thus striving to avoid additional, and often high-cost, pharmacy and medical expenses.

The core elements to the medication compliance program will include the following communication channels and provide:

- Refill reminders
- Educational new-to-therapy letter
- Online resources
- Off-therapy outreach
- Prescriber engagement

Both retail and mail claims are analyzed to accurately determine a member's adherence regardless of the channel.

Research proves that closing gaps in member care helps to avoid medical complications

and reduces total costs, despite potential increased drug spending. Oscar's PBM offers a robust solution to help improve quality and control member premium costs by closing gaps in care. These "gap solutions" turn our prescription benefit plan into a powerful "early-warning system" for our members' medical care. Through retrospective claims review, we can identify and address future member-specific opportunities for improved care *before* members experience severe health-related events. We proactively address opportunities by contacting the member's prescriber or the member directly, as appropriate to reduce risk and prevent avoidable medical costs. The result is higher quality of care provided at the lowest possible member premium costs.

Our PBM's mail order service will help ensure that members receive renewals and/or refills of their maintenance medications in a timely and efficient manner and may yield up to a 10% improvement in adherence. When members submit prescriptions for automatic refills, our PBM's mail order pharmacy will systematically refill them after allowing the member an opportunity to decline the fill. With auto renewal, we will contact the physician on the member's behalf after the last refill is filled and request a new prescription. For some members with well-managed conditions, the physician can extend medication therapy without an office visit, helping members avoid interruption of their therapy and the added cost of an office visit. Through our PBM, we will proactively notify the member before each fill. This allows the member the opportunity to cancel the automatic refill or renewal.

Oscar's PBM has assigned a dedicated clinical pharmacist and a pharmacy management team to continually review the performance of Oscar's pharmacy benefit and develop strategies and tactics to improve performance.

➤ *Use of the Primary Care Medical Home Model*

The Primary Care Medical Home model is an important component of the Oscar care philosophy. Oscar has purchased a service from NCQA that provides a continually updated roster of PCMH practices. Oscar uses this information to match against its provider file to identify those in-network practices that have achieved a PCMH designation by NCQA. Utilizing the concepts of PCMH coordination of care, Oscar utilizes its data warehouse and analytic capabilities, to provide member-based information to physicians that will enable them to manage their patient population and coordinate care and improve outcomes. Oscar will identify individuals who require preventive services, who are non-compliant with their medication and who are at high medical risk for worsening of their condition. In collaboration with our physicians, we will share the information and offer services to these patients so that the overall population of patients' outcomes is improved.

### **a) Member Centric Services**

- Comprehensive care management – risk screening and case identification, comprehensive health/life assessments with individualized member-centered care plans
- Care coordination – sophisticated on line tool such as the Care Router and the Timeline assist enrollees with self-management and care coordination. These systematic communication protocols and service coordination modules are supported by the health information system. The Care Router permits an enrollee to type in colloquial English and through sophisticated normal language processing routines, the search returns related health content from the National Institute of Health and National Library of Medicine data sources (i.e. Medline).
- Transition care management – wrap-around transitions from acute care to community-based care including medication reconciliation procedures
- Health promotion – risk identification tools such as a health risk assessment and skill training and coaching for common health behavior change opportunities (i.e., smoking, obesity, sedentary life style, and substance use)
- Family and individual support services – inclusion of family and care givers in development of care plans, education, peer support resources, and participation in advisory activities
- Referral to community and social support – access to community-based resources with a highly developed organization and network affiliation agreements

### **b) Preventing Hospital Readmissions**

Oscar's approach involves engaging the patient in education counseling, and discharge planning that begins before admission for elective procedures and on the day of admission for emergencies. Ensuring that there is a safe discharge plan and that the patient is prepared for discharge is an important Oscar goal. RHIO Clinical Event Notifications enable Oscar to fortify its Discharge Planning capability to provide more effective support in the community, post discharge and reduce unnecessary re-admission.

#### **- Patient Centered Education and Counseling**

The patient-centered approach calls for members to engage in their care including understanding their care needs involving transitions such as home to hospital or hospital to skilled nursing facility. Preventing unnecessary hospital admissions or re-admissions requires adequate patient education.

Recent studies demonstrate that as many as 20% of patients discharged from the hospital end up back in the hospital within 30 days. Most of these readmissions result from lack of follow-up care or the inability of the member to understand and follow their physician's directions and non-compliance with medications. With proper outreach, patient education

efforts, and coordination following discharge, many readmissions can be prevented.

Oscar has designed, in collaboration with its care partners, a set of outreach initiatives and programs that are focused on reducing readmissions. The ED Care Connect program is currently in implementation status and utilizes Clinical Event Notifications from the RHIO to alert Oscar Case Managers, and their care partners at the Visiting Nurse Service of New York (VNSNY), about a member who is in the ED. VNSNY will visit with the patient and the ED attending and participate on behalf of Oscar to support the discharge plan. VNSNY will make sure that the member is properly informed about follow-up care and self-management requirements, confirm that the member has their medications and understands their frequency, and ascertain that the member has a follow up appointment with their physician and is properly educated about potential problems and when to reach out to the physician, or utilize our telemedicine services.

Oscar recognizes that a significant percentage of hospital admissions and readmissions can be averted by proactive education and intervention and a precisely managed treatment plan that engages the member and that the member understands. Oscar seeks to engage members in their care early in the process. Oscar will identify individuals with complex or severe illnesses and provide them with information that enables them to take a more active role in managing their care. Tracking discharge and follow-up with ongoing monitoring of the member's care will reduce readmission and improve care quality. This program, in conjunction with the Care Router, Timeline and other features, will also provide informative materials through an extensive online support library (NIH/Medline) which will contain printable documents and links to support in treatment selection, dosing, member education and general quality of member care.

The personalized plan of care will be tightly integrated with Oscar's core user experience. The member's medical timeline will display the events and milestones from the member's care plan, and give the member an intuitive way to understand how the member is tracking against the recommended plan of care.

- Comprehensive Discharge Planning - Preparing for Transition from Inpatient to Outpatient

As part of the care management process, our care managers interact with providers to develop the most effective treatment and discharge plan. During the authorization and concurrent review process, care managers review the medical necessity of current treatment with the provider. For elective admissions, the authorization process may include post-discharge plans to be reviewed with the member. For emergency admissions or when discharge plans were not established pre-admission, the discharge planning would begin at the time the member is receiving inpatient treatment and would be finalized when the member is ready to transition into outpatient therapy. In all cases, discharge planning will be conducted according to our clinical criteria and a care manager will work with the provider and member to refer the member to the most convenient and

appropriate outpatient resource.

Since discharge planning starts at the onset of treatment, the care manager has already identified a range of appropriate outpatient services and can immediately assist linking the member to these resources once the member is released. Prior to discharge, the facility and care manager work with the outpatient provider to help develop appropriate aftercare treatment, identify new alternative levels of care within the community, and work with the member to prepare them for the transition to the new level of care.

#### Post-Discharge Reinforcement by an Appropriate Health Care Professional

> Oscar will ensure a smooth care transition to the home setting with the goal of reducing the number of readmissions. The program components for select high-risk patients include:

- Community-based care visit by nurse case managers
- A behavioral health and environmental assessment
- Other home care as needed

Our case managers follow-up with members to ensure that they are engaged in their discharge and care plan. Our care management staff will work closely with facilities to coordinate discharge planning. For example, we will ask that hospitals attempt to schedule ambulatory follow-up appointments within a few days of discharge. Our staff will follow-up with both providers and members to determine if the appointments are kept. If telephone contact is not possible, we will send follow-up letters, emails, and texts.

We identify members who are assessed as high-risk and/or with complex conditions and refer them to our complex case management program for extended care planning and case management. In addition to individual follow-up with members and providers, we will monitor facilities' patterns of scheduling appointments as well as readmission rates.

In addition to medical/surgical discharge planning and follow up, Oscar will provide special programs for members who have a mental health admission. Before discharge we will develop a plan for follow-up care for members in mental health inpatient programs to ensure after-care appointment adherence and to reduce the rate of readmission resulting from inadequate management of a member's symptoms after return to the community. This process will be initiated prior to discharge to ensure that appropriate plans for follow-up care have been developed and to monitor whether scheduled appointments are actually kept. The goal is to reinforce the results of inpatient treatment and ensure member compliance.

Our mental health and substance abuse outcomes management program ensures that members receiving outpatient services are on track to achieve their care management goals. This program is a member-centered, outcomes-informed care program that supports

providers as they help members achieve their goals.

**c) Improving Patient Safety**

- Improving Patient Safety and Reducing Medical Errors

Oscar works diligently to ensure that all services provided to its members meet the highest standards for patient safety. To that end, we will offer a variety of programs designed to evaluate provider performance and utilization patterns to establish and require conformance with best clinical practices, to encourage adherence to evidence-based standards of care, and to employ the latest health information technology – all with the ultimate goal of ensuring the provision of the highest quality of care, efficacy, safety, and ultimately, the success of all types of treatment our members receive.

Patient Safety Programs

Following are some examples of more service-specific patient safety programs that Oscar addresses:

- Medication therapy management. Oscar will offer a medication therapy management program to members with specific diseases. The program is designed to offer collaboration between the members and their prescribing physicians to optimize drug therapy and to produce the best health outcomes. It is managed by nurses who explain eligibility rules to members and coordinate their interaction with prescribers, the program includes:
  - A comprehensive review of all prescription and non-prescription drugs
  - A personal medication record
  - Medication treatment plan
  - Consultations with prescribers
  - Personalized tools to improve member understanding of drugs and adherence to treatment
  - Ongoing monitoring of medication safety and effectiveness
  - Ongoing communications to prescriber to support patient care

Supporting Best Clinical Practices in Cardiology Management

The cardiology management program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization of advanced cardiac imaging and implantable devices. By requiring pre-service authorization, this program is designed to ensure the appropriate use of nuclear cardiology, cardiac CT, cardiac MRI, cardiac PET, nuclear stress testing, echo stress testing, transthoracic echocardiography, cardiac catheterization, single and dual chamber pacemakers, implantable cardioverter defibrillators (ICD), and cardiac resynchronization therapy defibrillator (CRT-D).

### Supporting Best Clinical Practices in Radiology Management

The radiology/imaging management program is data-driven and evidence based. The program is designed to promote quality and patient safety. Using nationally accepted clinical criteria, the program works with imaging providers, ordering physicians and members to ensure that members receive the most appropriate imaging tests, avoid the inconvenience and expense of duplicative or unnecessary services and reduce exposure to unnecessary radiation.

As part of this overall program, clinicians compare requests for advanced diagnostic imaging to evidence-based clinical criteria to ensure the requested service demonstrates medical necessity in order to promote the safe and effective use of medical technology.

Network providers are required to submit specific provider and practice information such as non-physician and technical staff, equipment, capabilities, maintenance, and radiation safety policies and procedures. This program also includes an image review by the program's board-certified radiologists. The network quality assurance program can be performed through a computer-based desktop review or an on-site facility review.

### Supporting Best Clinical Practices in Musculoskeletal Management

To help ensure patient safety, minimize errors, and enforce adherence to best clinical practices, our musculoskeletal management program has developed criteria designed to appropriately manage musculoskeletal-related health services. These criteria were developed and are maintained by nationally-recognized specialists from best practices and the most current evidence-based literature. The program ensures appropriate utilization and patient care by using quality management components that require accreditation, credentialing of services, and utilization review. The program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization. Leveraging innovative information technology, unparalleled data-management systems, and evidence-based clinical pathways, it delivers clinical and financial value to patients and providers.

### Supporting Best Clinical Practices through Pharmacy Management

Our pharmacy management program is designed to enforce appropriate prescribing patterns and benefits utilization, consequently helping reduce errors and ensuring patient safety and best health outcomes. These programs include:

- Safety and monitoring solution. This program evaluates pharmacy claims for patterns of potential overuse or misuse. On a quarterly basis, our clinical pharmacists evaluate controlled substances and other select drug claims (along with supporting medical data, if available) to identify potential medication abuse and fraudulent claims for appropriate intervention.

- Enhanced safety and monitoring solution. This program provides additional investigation and intervention when patterns of potential drug overuse or misuse are identified. In addition to the core safety and monitoring solution, the enhanced solution provides expanded written communications, coordination with pharmacy audit activities, prescriber toolkits, peer prescriber consultations with independent physician experts, and medication therapy counseling for select members.
- Closing gaps in medication therapy. This program represents a powerful “early-warning system” for Oscar members’ medical care identifies high-risk members before they may experience significant medical events. Drug profiles are assessed daily, within 72 hours after claims adjudication, by a clinical pharmacist for any potential issues or complications associated with the disease or therapy. Identified issues are communicated to the prescriber along with suggested solutions.

Designed to support best clinical practices and to help ensure member safety, prospective Drug Utilization Review (DUR) programs include Prior Authorization, Step Therapy, Quantity Limits, and Point of Service Safety Reviews.

- Prior Authorization. The Prior Authorization program offers the following benefits; it promotes appropriate drug prescription by ensuring adherence to approved treatment protocols and promotes member safety
- Step Therapy. Step Therapy program ensures that Oscar members choose the most therapeutically appropriate drugs first. Step therapy protocols optimize appropriate drug therapy and support patient safety by defining how and when a particular drug or drug class should be used, based on a member’s drug history. Post-step prior authorization is also available to allow coverage for clinically appropriate situations that do not meet the initial step therapy protocol.
- Quantity Limits. Quantity Limits will be implemented as an alternative or a supplement to the Prior Authorization program, affording control over drugs with the potential for abuse, misuse, or safety concerns, without eliminating coverage.
- Point of Service Safety Review. Point of Service (POS) Safety Review is the baseline safety solution. Whether a prescription is presented through the mail service pharmacies or our retail network, the pharmacy system automatically evaluates the prescription in the context of the member’s complete drug history. When appropriate, real-time alerts are issued to the dispensing pharmacist regarding possible issues.

All prescriptions are first checked for member eligibility and plan design features and then compared against histories of prescriptions filled by the same pharmacy, by other participating retail network pharmacies, by the mail service pharmacies, and submitted paper claims. All drug conflicts are detected online when the prescription is entered into the computer system. If a conflict is identified, the pharmacist reviews the member's history and may contact the prescriber to make any adjustments prior to filling the prescription. To ensure that there is no delay in members receiving necessary prescriptions, the pharmacist may override an edit when they have reviewed the data with the member or prescriber and have determined that the prescription is safe to dispense. The concurrent DUR program includes key edits such as drug interactions, drug allergy interactions, drug age alerts, and therapeutic duplication.

Oscar's Utilization Management Program supports member safety by applying clinical guidelines to promote the appropriate care in the right setting at the right time. Oscar will standardize the utilization management process and audit it to ensure that the process is followed consistently and with the same result. The process will include the use of best practice evidence-based and nationally accepted clinical guidelines.

- Health Information Technology

Our system is enabled by a technology platform that brings multiple vendor programs and resource information together. Oscar maintains a database that includes the member Health Risk Assessment, the member specific care plan, gaps in care, authorizations, preventive service needs, member claims history, member inquiries and other interactions the member has had with the plan. Oscar will employ the technology to offer a single-point of-contact to members. Members have access to this through our dedicated member portal via the Timeline and Care Router.

At the core of the member's experience with Oscar's tools is the personalized "medical timeline". The member's medical timeline is an intuitively usable and beautifully rendered depiction of the member's full interaction history with the healthcare system and with Oscar. For example, doctor visits, diagnoses and prescriptions are displayed in the timeline. The timeline also displays forward-looking events such as upcoming prescription expiration dates, prescription refill dates, recommended doctor visits based on standard of care guidelines, and reminders of the patient's benefits under the Oscar plan. For example, we will remind the patient of getting an annual physical in his personalized timeline.

**d) Wellness and Health Promotion Activities**

- Wellness Programs

Oscar is a health insurer with market leading consumer tools, data analytics and customer service resources to optimize our members' physical and mental wellbeing. This approach transcends the conventional insurer's role of paying claims and managing employer costs. Instead Oscar's approach is to actively promote lifestyle changes that will maximize health. From the member's perspective, the goal is simple: to maintain or improve health.

Oscar gives individuals simple options, with more control and more conveniences and with an integrated approach to wellness. Our goal is to help our members achieve their optimal health status by proactively engaging members to adopt healthy lifestyles. The consumer-centric approach provides members with tools, more easily understood materials and customer support that encourages members to make better and more informed decisions.

Oscar will present to members a comprehensive program through:

- Early identification and intervention in the event of health issues
- Referral to disease management programs as needed
- Eliminate gaps in care
- Advocacy to help navigate the health care system
- Support to identify and reinforce adherence to the appropriate mix of wellness programs
- Tools and educational materials to foster and support self-management of all aspects of health and wellness

The member's participation in Oscar's wellness and member engagement programs begins with the completion of a health risk assessment (HRA). The HRA will provide the information members need to understand their health status and the types of interventions, lifestyle changes, and medical treatment they might need to explore. It also forms the basis of the collaboration between the member and Oscar in helping determine a wellness plan and setting self-management goals.

Oscar's wellness program utilizes evidence-based interventions to help members make improvements in overall health such as better eating habits, increased level of physical activity, weight loss, and tobacco cessation. The program promotes behavior change through a variety of services, self-help Internet tools, challenges and incentive programs. Participation and engagement are a priority. The program's health promotion campaigns and outreach programs effectively drive member participation.

We offer our members the following programs and tools that can be presented alone or combined to provide a comprehensive and fully integrated total population health platform:

- Online website that provides members with a comprehensive, interactive, and integrated prevention and wellness portal. Components may include:
  - The member’s personalized medical timeline
  - Health education resources
  - Cardio, strength, and nutrition planners
  - Fitness and wellness trackers
  - Searchable database of conditions with natural language processing
  
- Comprehensive exercise and fitness program that provides members with a subsidized fitness club membership and the self-care tools to take care of their personal health.

One of the challenges of behavioral change is maintaining motivation over time. While members may wish to choose health over illness, the correlation between longstanding habits and poor health may not be immediately evident. We at Oscar understand that change is not easy. This goal-oriented web-based program assists participants with losing weight, improving nutrition, managing stress, quitting tobacco use, or increasing physical activity.

**e) Reducing Health and Health Care Disparities**

Oscar’s overriding philosophy of care is focused upon the individual—individual attention, support, care management, and patient advocacy, coordinated by our representatives through a single point of contact. That philosophy applies to all members we serve. Oscar’s members are included and treated with the same level of attention, regardless of the language they speak, their cultural background, any hearing or speech impairment they may have, or the complexity of their care. We strive to make all communications and interactions with all of our members simple, clear, respectful, and effective.

- Use of Language Services

All Oscar members can take advantage of our single-point-of-contact telephone communications approach. Oscar provides access to bilingual representatives who speak English and Spanish, as well as an automated Spanish auto-attendant for routing Spanish-speaking members’ calls. If all Spanish-speaking representatives are occupied, callers are seamlessly directed to the language line, which is an interpreter service available around the clock. Language line uses highly skilled interpreters accommodating more than 150 languages.

Language line assists Oscar’s members in resolving inquiries responsively, compassionately and, most important, effectively. Language Line also enables Oscar’s clinical care managers to assess members with special language needs and make the most appropriate referrals to providers or community resources. Regardless of our members’ unique

language needs, Oscar will provide effective customer service and comprehensive care management—with the utmost efficiency and professionalism—without the typical challenges related to language barriers.

Should it be determined that more than 5% of Oscar’s membership (and more than 50 members) speak a language other than English, we will ensure that vital documents are translated into those other languages. Oscar will provide training to its staff, particularly its customer service staff, to ensure that all members are treated with respect.

For those members with hearing or speech impairment, we will offer TTY/TDD and relay services. Those members can call dedicated numbers and use their telecommunications devices to access telephone, typewriter, teletypewriter, or text phone services.

#### ➤ Community Outreach

As a new insurance company, Oscar has made great efforts to establish community connections. Understanding the local community and what services may be available is part of the holistic approach to the care management process. Whether a local cultural center, a faith based community or a meals-on-wheels provider, Oscar will want to know that this resource is available to members.

Through community outreach, Oscar will seek to establish meaningful partnerships within the community where our members live. This will include educational institutions, legislative and appointed officials, the business and nonprofit sectors, community-based organizations, and other groups who may be interested in promoting wellness and a healthier lifestyle for all community residents.

Oscar plans to participate in local health fairs throughout Oscar’s service area each year. Upon request from churches, schools, service agencies, businesses, hospitals, and other community based organizations, Oscar will distribute health literature and information about our health insurance plans.

#### - Cultural Competency

Oscar fully recognizes the growing impact of the lack of access to health and health care disparities are having on the wellbeing of our potential members. The reduction of these disparities and the promotion of good health require a highly personalized treatment plan and an in-depth relationship between patient and caregiver — the kind of relationship that is at the core of Oscar’s approach to health care. To ensure that Oscar’s future members have convenient and confidential access to appropriate services when they need them, we have partnered with a number of preeminent organizations in our region — organizations such as the Visiting Nurse Service of New York — with a strong community presence designed to optimize access and promote health. Oscar is committed to working with our partners to continue to develop programs of this type to reduce these health and health

care disparities.

**f) Behavioral Health Services**

Oscar fully recognizes the significant impact that mental health and substance abuse related conditions have on the wellbeing of our potential members. These types of conditions often require a highly personalized treatment plan and an in-depth relationship between patient and caregiver—the kind of relationship that is at the core of Oscar’s approach to health care.

- Telepsychiatry

Two of Oscar’s partners are in the process of developing telepsychiatry programs. When the programs are fully tested and validated we plan to utilize these programs.

- Consultative Services for Co-Management of Common Behavioral Health Conditions in Children and Adults

Behavioral health co-morbidity often goes undetected. To address this care deficit, Oscar plans to offer care coordination programs that include proactive identification and outreach to members who may benefit from behavioral health services, as well as efforts to increase coordination between the medical and behavioral health delivery systems. Members meeting criteria for medical coordination receive a comprehensive assessment of care needs. Based on the outcome of the assessment, the level of care needs is identified and an appropriate intensity of interventions ranging from short-term coaching to longer-term intensive case management is employed. With the understanding that the integration of medical and behavioral care must occur at multiple levels to be of greatest benefit to members with co-morbid conditions, the initiatives we will offer include:

- Early identification initiatives to screen for depression, anxiety, and substance abuse with high risk medical condition populations. Depression screening will be conducted by Oscar case managers and treating physicians for members with diabetes, COPD, CAD, asthma, and post-partum.
- Collaboration with medical case managers to coordinate cases with physical and behavioral health components
- Targeted provider outreach and educational initiatives to increase collaboration between the practitioners who provide direct services to members

Enhanced screening and engagement is provided for members participating in physical health disease management programs who have received positive screens for depression, anxiety, or substance abuse. When the potential behavioral condition is confirmed through additional screening, the program provides education, referral options, follow-up monitoring, and care coordination with health disease management partners.

With medical practitioners prescribing a large percent of mental health medications, proper coordination of care is crucial to the wellbeing of members. Oscar's clinical care managers will work with network providers to ensure that they offer appropriate assessments and treatment of depression, and refer members who require support beyond the primary care setting.

Mental health/substance abuse clinical care managers will participate in team rounds to support medical practitioners and to ensure integrated care for members. In rounds the medical and behavioral health care teams will present cases to coordinate care plans. The medical directors from physical and behavioral health will attend with the case managers. The most complex cases are typically dealt with through ad hoc meetings involving Oscar, mental health/substance abuse clinical care managers, and outside parties, such as providers and child welfare departments.

Medical practitioners are provided with online and print materials regarding a variety of behavioral health topics, including the high co-morbidity of depression and diabetes, depression and heart disease, and the importance of post-discharge aftercare following inpatient treatment of a behavioral health illness. Oscar will collaborate with its mental health/substance abuse partner to develop additional educational outreach resources for medical practitioners, as needed.

Screening, evaluation, and treatment (including Applied Behavioral Analysis, or ABA) for individuals diagnosed with autism and other developmental disabilities are now covered benefits in New York. Oscar's mental health/substance abuse partner successfully manages behavioral health rehabilitation services in Pennsylvania for children on the autism spectrum, and is poised to implement that program for Oscar members in our service area.

In designing its program, our mental health/substance abuse partner adopted the Bureau of Autism Services' protocol, which incorporates an evaluation algorithm based on symptom complexity.

Oscar's autism care management program responds well to this requirement. This program includes basic management of autism and includes ABA services that utilize dedicated and licensed clinicians who specialize in management of these cases. The program uses comprehensive Autism Spectrum Disorder (ASD) treatment guidelines specified by the American Academy of Child and Adolescent Psychiatry, the American Academy of Neurology and Child Neurology Society, the American Academy of Pediatrics, and the Agency for Healthcare Research and Quality.

The program also provides established medical necessity criteria to guide the review process for ASD cases. Following an initial assessment and care plan, the frequency of clinical reviews may range from one month to three-to-six months. In addition, intensive case management is provided for families considered at the highest risk for related health

issues and adverse events that are directly or indirectly related to the member's ASD condition. ASD care management services are offered to support the needs of members and their families.

The standard ASD care management program includes an initial evaluation with a qualified provider; provision of standard services such as outpatient therapies and medication management; intensive case management for the highest risk and most complex members; transition case management to assist with level of care changes; and coordination of medically necessary occupational therapy, physical therapy, or speech therapy.

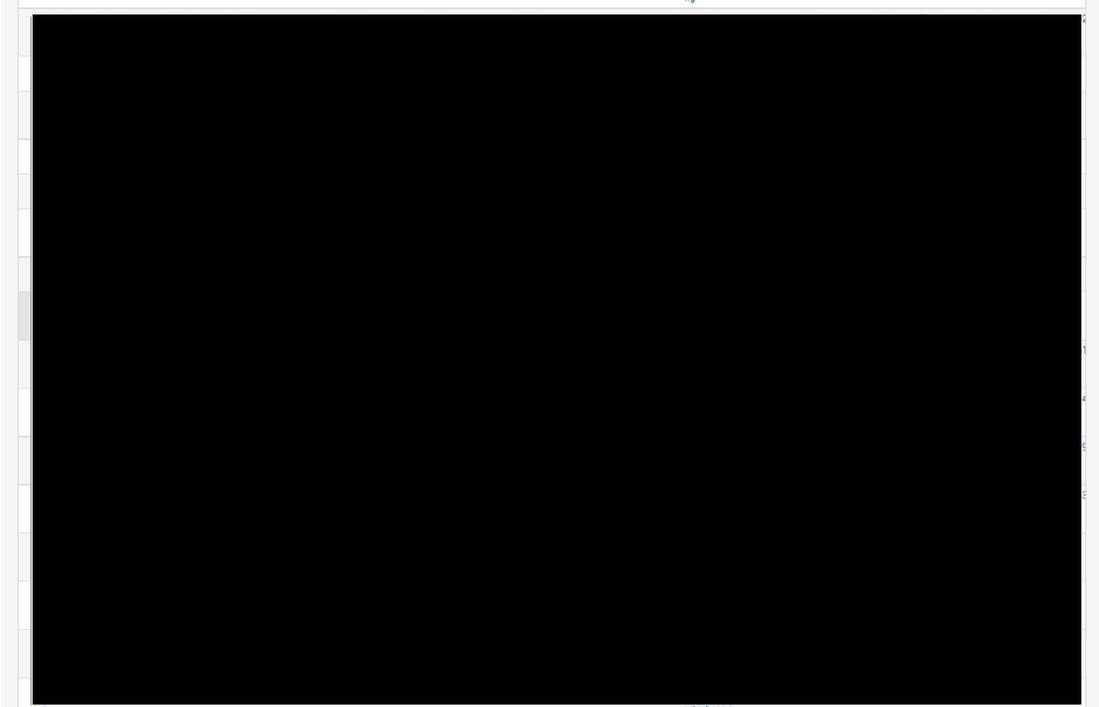
The Oscar Quality Committee is the body for discussion and approval of key quality strategies, documents, and reports. Oscar's Chief Medical Officer chairs the Quality Committee.

Oscar is accredited by NCQA and has adopted NCQA Standards as the foundation for its quality program. The Quality Program description describes the full breath of quality activities in accordance with NCQA standards. Similarly the Complex Case Management, Utilization Management and Disease Management Program documents delineate key strategies and plans, respectively. The Quality program is evaluated annually.

Exhibit A:

The screenshot displays the Splunk Medical Management interface. At the top, there is a navigation bar with 'Medical Management' selected. Below this, the 'Unified Member View' section is visible, with a sub-header 'Prescriptions, medical claims, customer service calls, tele doc calls, etc.'. The interface is divided into several sections, each with a table of data. The data rows in these tables are redacted with black boxes.

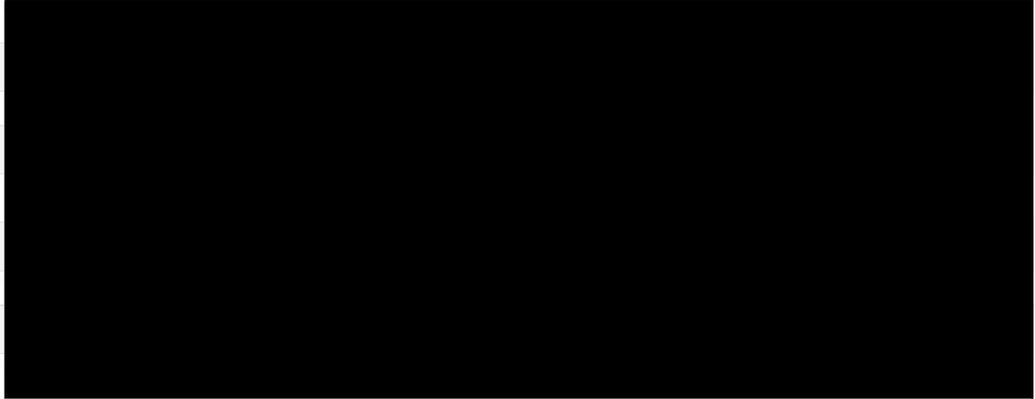
- Basic Info:** A table with one row of redacted data.
- Plan Info:** A table with columns: eff\_dt, name, CSR\_Level, off\_Exchange, is\_child\_only, is\_standard, tier\_code, exchange\_id. The data row is redacted.
- Contact Info:** A table with one row of redacted data.
- Web Info:** A table with columns: Is Active?, Last Login, Date Joined, RHIO Approved?, Onboarding Completed, Tour Completed?, Created, Updated. The data row is redacted.
- Diagnoses Seen:** A table with columns: earliest\_date\_seen, diag, description, highest\_position\_on\_claim. The data row is redacted.
- Total Spend for this Member (includes med claims, rx claims, and estimated IP auths; excludes BH, dental, and other claims):** A table with columns: mem\_id1, total\_rx\_claim, oscar\_rx\_pay, med\_charges, total\_med\_claim, oscar\_med\_claim, inp\_auth\_est, total\_costs, oscar\_total\_costs. The data row is redacted.
- Medical Claims:** A table with columns: clm\_rvcd, clm\_fromid, CLM\_JD1, CLM\_FAC\_NAME, pro\_name, CLM\_PRO\_SPC, CLM\_STADES, CLM\_DIAG1, description, CLM\_PAYP, CLM\_RESP, place\_svc, IN\_OUT, CLM\_ADJ. The data row is redacted.



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Prescriptions 3m ago

date\_of\_service ▾ status ▾ product\_or\_service\_name ▾ generic\_product\_identifier ▾ generic\_name ▾ d0\_rx\_number ▾ quantity\_dispensed ▾ days\_supply ▾ generic\_indicator ▾ dispense\_as\_written\_or\_pro



Value Options Claims 3m ago

No results found.



Inpatient Authorizations

3m ago

No results found.

Outpatient Authorizations

3m ago

svc\_req\_date ◊ auth\_id ◊ admit\_type ◊ svc\_id ◊ svc\_opt1 ◊ physician ◊ phys\_first ◊ phys\_last ◊ phys\_add1 ◊ phys\_add2 ◊ phys\_city ◊ phys\_st ◊ phys\_zip ◊ phys\_phone ◊ phys\_entry\_date ◊



Teladoc Notes

3m ago

date ◊ s\_note ◊ o\_note ◊ a\_note ◊ p\_note ◊ drug\_name ◊ drug\_quantity ◊ drug\_frequency ◊



Customer Service Calls

3m ago

date ◊ time ◊ call\_type ◊ category ◊ caller ◊ note ◊

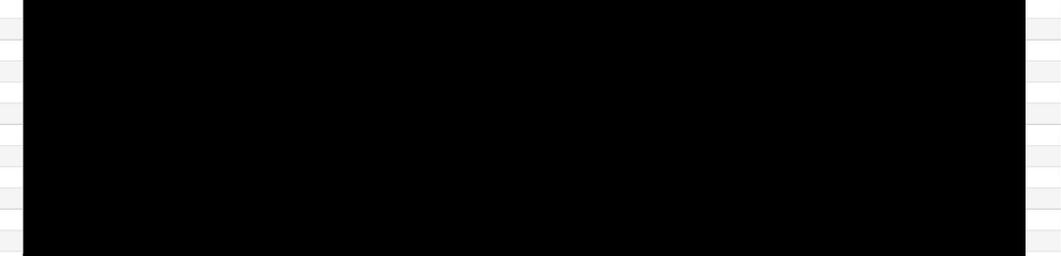


< prev 1 2 next >

Health Risk Assessment

3m ago

id ◊ text ◊ value ◊ option ◊ label ◊





User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Platinum

Platinum Edge			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$2,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10): 2	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 90.6%  
 Metal Tier: Platinum

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier

Gold Edge			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.8%  
 Metal Tier: Gold

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

Silver Edge	
HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount: \$0.00	1st Tier Utilization: 100%
	2nd Tier Utilization: 0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum (\$)	\$6,100.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>	
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.  
68.0%  
Silver\*

\*Note: According to the Actuarial Value Calculator Methodology, "the calculator is designed to produce a summarized AV rounded to the nearest tenth of a percentage point", thus the rounded Actuarial Value does fall within the range for the Silver metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

Silver Edge Plus	
HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount: \$0.00	1st Tier Utilization: 100% 2nd Tier Utilization: 0%

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,600.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>	
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:  
Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.  
72.0%  
Silver\*

\*Note: According to the Actuarial Value Calculator Methodology, "the calculator is designed to produce a summarized AV rounded to the nearest tenth of a percentage point", thus the rounded Actuarial Value does fall within the range for the Silver metal tier.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Bronze

Bronze Edge			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,600.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,600.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10): 2	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 59.4%  
 Metal Tier: Bronze

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Bronze

Bronze Edge Plus			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,600.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 61.9%  
 Metal Tier: Bronze

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Platinum

Platinum Simple			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$1,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
OOP Maximum (\$)		
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 89.5%  
 Metal Tier: Platinum

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

Gold Simple	
HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount: \$0.00	1st Tier Utilization: 100%
	2nd Tier Utilization: 0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>	# Visits (1-10): 2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 81.8%  
 Metal Tier: Gold

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

Silver Simple			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$4,500.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
OOP Maximum (\$)		
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 68.8%  
 Metal Tier: Silver

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier Bronze

Bronze Simple			
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,600.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,600.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
OOP Maximum (\$)		
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 62.0%  
 Metal Tier: Bronze

\*\*\*\*\*STANDARD PLATINUM PLAN (4-23-2014)\*\*\*\*\*

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.12%

Platinum

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.05%

Metal Tier:

Gold

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,500.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

Silver

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$3,000.00
Coinsurance (%; Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.99%

Bronze

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$500.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Status/Error Messages:  
Actuarial Value:  
Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.  
94.1%  
Platinum

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier:

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,200.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$1,200.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.  
 Actuarial Value: 87.7%  
 Metal Tier: Gold

**User Inputs for Plan Parameters**

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier:  ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
OOP Maximum (\$)			\$3,500.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Options for Additional Benefit Design Limits:**

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

**Output**

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
 Actuarial Value: 73.3%  
 Metal Tier: Silver

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.99%

Silver

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

86.66%

Metal Tier:

Gold

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
OOP Maximum (\$)	\$1,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98.48%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

**EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING**

**Company Name:** Oscar  
**NAIC Code:** 15281  
**SERFF Tracking #:** OHIN-129564745  
**Market Segment:** \_\_\_\_\_ Individual

A. Insurer Information: Oscar Insurance Corporation A&H - 42 For Profit 15281  
Company submitting the rate filing request Company Type Org. Type Company NAIC Code  
295 Lafayette Street, 6th Floor New York City, NY 10012  
Company mailing address

B. Contact Person: [REDACTED] [REDACTED] [REDACTED]  
Rate filing contact person name, title Contact phone number Contact Email address

C. Actuarial Contact (If different from above): [REDACTED] [REDACTED] [REDACTED]  
Actuary name, title Actuary phone number Actuary Email address

D. New Rate Information: 1/1/2015 - 12/31/2015 1/1/15 OHIN-129564745  
New rate applicability period New rate effective date SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Individual

F. Provide responses for the following questions: **Response**

1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing. Yes. For certain nonstandard new products, we have established a combined medical & drug deductible, but Tier 1 drugs are not subject to the deductible. In addition, language has been added to allow certain specialty drugs to be paid under the medical benefit as opposed to the prescription drug benefit.

2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16. No

3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2). Per DFS, notices will be sent out by June 18th

4. Have all the required exhibits been submitted with this rate filing? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable? Yes

5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary and numerical summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the pre-filing. Yes

**Notes:**

(1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).

(2) §231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment filing is submitted to the Department of Financial Services.

**EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY**

Company Name: Oscar \_\_\_\_\_  
 NAIC Code: 15281 \_\_\_\_\_  
 SERFF Track: OHIN-129564745 \_\_\_\_\_  
 Market Segment: Individuals On Exchange \_\_\_\_\_

- 1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
- 2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
- 3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
- 4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
- 5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
- 6) The company should submit these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
- 7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
- 8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
- 9) Links should be provided on key pages of the company's website so that the information may be easily located.
- 10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

**A. Average 2014 and 2015 Premium Rates:**

- 1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
- 2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
- 3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
- 4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
- 5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	\$563.63	\$481.43	\$408.62	\$347.05	\$217.95
2015 Premium Rates	\$612.46	\$530.43	\$434.16	\$365.02	\$184.92

Simple arithmetic mean of plans offered both in 2014 and 2015, without dental for consistency  
 Simple arithmetic mean of plans offered both in 2014 and 2015, without dental for consistency

**B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans and Exhibit 14B for Small Group Plans]\*:**

	2014 to 2015
Requested Rate Adjustment	4.8%

**C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]\*:**

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	NA	NA	NA

**D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]\*:**

	2011	2012	2013
MLR	NA	NA	NA

**E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]\*:**

	2013	2014	2015
Annual Claim Trend Rates	NA	NA	6.0%
Expense Ratios	NA	50.0%	12.5%
Pre Tax Profit Ratios	NA	54.5%	17.4%

Simple average of 6.6/16.6 to keep consistent with above  
 Simple average of 6.7/16.7 to keep consistent with above

\* If product was not offered in a particular year, indicate "N/A" in the applicable box.

**EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES**

**-- for Individual Medical Plans**

**Company Name:** Oscar  
**NAIC Code:** 15281  
**SERFF Tracking #:** OHIN-129564862 & OHIN-129564745  
**Market Segment:** Individual

- 1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
- 2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to Individual plans.
- 4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.
- 5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region and product name.
- 6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

**Individual Medical Plan Products**

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	99 - All Regions	Oscar Platinum	Platinum	4.01%	6.97%	6.97%
Individual	01/01/15	Platinum	99 - All Regions	Oscar Platinum Edge	Platinum Edge	7.14%	10.28%	10.27%
Individual	01/01/15	Gold	99 - All Regions	Oscar Gold	Gold	4.85%	7.79%	5.69%
Individual	01/01/15	Gold	99 - All Regions	Oscar Gold Edge	Gold Edge	9.51%	12.71%	11.12%
Individual	01/01/15	Silver	99 - All Regions	Oscar Silver	Silver	3.38%	6.26%	5.56%
Individual	01/01/15	Silver	99 - All Regions	Oscar Silver Edge	Silver Edge	2.79%	5.92%	5.80%
Individual	01/01/15	Silver	99 - All Regions	Oscar Silver Edge Plus	Silver Edge Plus	3.37%	6.29%	5.87%
Individual	01/01/15	Bronze	99 - All Regions	Oscar Bronze	Bronze	3.31%	6.34%	5.29%
Individual	01/01/15	Bronze	99 - All Regions	Oscar Bronze Edge	Bronze Edge	0.97%	4.03%	3.61%
Individual	01/01/15	Bronze	99 - All Regions	Oscar Bronze Edge Plus	Bronze Edge Plus	2.08%	4.88%	4.31%
Individual	01/01/15	Catastrophic	99 - All Regions	Oscar Catastrophic	Catastrophic	-15.16%	-15.16%	-15.16%
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							
Individual	01/01/15							





## EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

**Company Name:** Oscar  
**NAIC Code:** 15281  
**SERFF Number:** OHIN-129564745  
**Market Segment:** Individuals On Exchange

**Instructions:**

- 1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
- 2) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS).
- 3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- 4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
- 5) This form must be submitted as an Excel file and as a PDF file.

**List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.**

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Simple Platinum 1000	Oscar Simple 1000	We created a new non-standard plan where the deductible equals the out-of-pocket max (\$1000), and all drugs are subject to deductible with the exception of Tier 1 drugs.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Simple Gold 2000	Oscar Simple 2000	We created a new non-standard plan where the deductible equals the out-of-pocket max (\$2000), and all drugs are subject to deductible with the exception of Tier 1 drugs.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Simple Silver 4500	Oscar Simple 4500	We created a new non-standard plan, as well as CSR variants, where the deductible equals the out-of-pocket max (\$4500), and all drugs are subject to deductible with the exception of Tier 1 drugs.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Simple Bronze 6600	Oscar Simple 6600	We created a new non-standard plan where the deductible equals the out-of-pocket max (\$6600), and all drugs are subject to deductible with the exception of Tier 1 drugs.

## EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Oscar

NAIC Code: 15281

Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Platinum Edge	Oscar Platinum Edge	The deductible was decreased from \$275 to \$0. The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Gold Edge	Oscar Gold Edge	The deductible was decreased from \$1,300 to \$600. The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge	Oscar Silver Edge	The out-of-pocket was changed from \$6,350 to \$6,100. The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated. The number of free PCP visits went from 3 to 2.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge	Oscar Silver Edge 150	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated. The number of free PCP visits went from 3 to 2.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge	Oscar Silver Edge 200	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated. The number of free PCP visits went from 3 to 2.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge	Oscar Silver Edge 250	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated. The number of free PCP visits went from 3 to 2.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge Plus	Oscar Silver Edge +	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge Plus	Oscar Silver Edge + 150	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge Plus	Oscar Silver Edge + 200	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver Edge Plus	Oscar Silver Edge + 250	The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.

## EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Oscar

NAIC Code: 15281

Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Bronze Edge	Oscar Bronze Edge	Both the deductible and out-of-pocket max were increased from \$6,350 to \$6,600. The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Bronze Edge Plus	Oscar Bronze Edge +	The out-of-pocket max was increased from \$6,350 to \$6,600. The \$500 hospital co-pay credit was removed. The Oscar rewards program was eliminated. The number of free PCP visits was increased from 1 to 2.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Silver	Oscar Silver Standard 250	Per the state, the deductible was reduced from \$1,750 to \$1,200. Per the state, the out-of-pocket max was increased \$4,000 to \$5,200.
Pending	OHIN-129564745		6/13/14	2015 Oscar SOB OnEx Catastrophic	Oscar Catastrophic (Secure)	The deductible and out-of-pocket were increased from \$6,350 to \$6,600.

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Approval Date




**State:** New York **Filing Company:** Oscar Insurance Corporation  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 17.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 18-Index Rate Plan-Design Development
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 18.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 19-Claim Trend, Admin Expenses & Profit
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final EXHIBIT 19.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 20-HIOS ID Mapping
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 20.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 21A-Hospital Inpatient-Unit Costs
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 21A.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibit 21B-Hospital Outpatient-Unit Costs
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SERFF Tracking #:

OHIN-129616646

State Tracking #:

2014070030

Company Tracking #:

State:

New York

Filing Company:

Oscar Insurance Corporation

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Oscar 2015 On Exchange Prior approval filing

Project Name/Number:

/

<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 21B.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 22-Utilization Information
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 22.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Exhibit 23-Requested 2015 Premium Rates
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Actuarial Exhibits On Exchange Final Exhibit 23.pdf Actuarial Exhibits On Exchange Final.xls
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	Documentation not yet available.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Initial Notice of Proposed Rate Adjustment
<b>Comments:</b>	
<b>Attachment(s):</b>	141106_Rate_Change_Letter_V2-3.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Final Notice of Proposed Rate Adjustment
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Rate notice of approved rates.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

OHIN-129616646

State Tracking #:

2014070030

Company Tracking #:

**State:** New York **Filing Company:** Oscar Insurance Corporation  
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense  
**Product Name:** Oscar 2015 On Exchange Prior approval filing  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	Redacted Documents for Web Posting
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Redacted Actuarial Exhibits On Exchange Final Exhibit 13.pdf Redacted Actuarial Exhibits On Exchange Final Exhibit 18.pdf Redacted Actuarial Exhibits On Exchange Final EXHIBIT 19.pdf Redacted Unified Rate Review Template_Wksh1_Wksh2_Oscar Wksh 1 - Market Experience.pdf Redacted Oscar Ind Prod On-Exchange 2015.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Redacted Documents for Web Posting-NG Off Exchange
<b>Comments:</b>	Please see the attached.
<b>Attachment(s):</b>	Redacted Actuarial Exhibits On Exchange Final Exhibit 13.pdf Redacted Actuarial Exhibits On Exchange Final Exhibit 18.pdf Redacted Actuarial Exhibits On Exchange Final EXHIBIT 19.pdf Redacted Unified Rate Review Template_Wksh1_Wksh2_Oscar Wksh 1 - Market Experience.pdf Redacted Oscar Ind Prod On-Exchange 2015.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified Rate Review Template_Wksh1_Wksh2_Oscar.xlsm Unified Rate Review Template_Wksh1_Wksh2_Oscar_2014061210714.xml Rate Data_Oscar.xlsm.xml Rate Data_Oscar.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	





EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Oscar  
 NAIC Code: 15281  
 SERFF Number: OHIN-129564862 & OHIN-129564745  
 Market Segment: Individual

- 1) Complete a separate ROW for Metal Level/Product
  - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
  - Enter in column 1 the Metal Tier level. Use the drop down menu.
  - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
  - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyyy; enter the date in column heading.
  - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- 2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- 3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
- 4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
- 5) ACA Fees are to be entered in columns 6.5 and 16.5.
- 6) This exhibit must be submitted as an Excel file and as a PDF file.

	For the rate period included in this rate adjustment filing										For the rate period included in this rate adjustment filing									
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 06/10/2014	4.1. Period assumed - beginning date (mm/dd/yy)	4.2. Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1. Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2. Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3. Commissions and broker fees as a % of gross premium	6.4. Premium Taxes as a % of gross premium	6.5. Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6. Other administrative expenses - as a % of gross premium	6.7. Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1. State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1. Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	On Std	1,613	XX	01/01/15	12/31/15	6.00%	0.80%	0.98%	0.00%	1.75%	1.45%	14.15%	19.13%	-4.09%	0.00%	0.00%	0.00%	0.00%	15.0%	
Gold	On Std	878	XX	01/01/15	12/31/15	6.00%	0.80%	0.96%	0.00%	1.75%	1.45%	13.70%	18.66%	-4.15%	0.00%	0.00%	0.00%	0.00%	14.5%	
Silver	On Std	859	XX	01/01/15	12/31/15	6.00%	0.80%	0.93%	0.00%	1.75%	1.45%	11.96%	16.90%	-4.04%	0.00%	0.00%	0.00%	0.00%	12.9%	
Bronze	On Std	594	XX	01/01/15	12/31/15	6.00%	0.80%	0.92%	0.00%	1.75%	1.45%	11.44%	16.36%	-5.12%	0.00%	0.00%	0.00%	0.00%	11.2%	
Catastrophic	On Std	796	XX	01/01/15	12/31/15	6.00%	0.80%	0.86%	0.00%	1.75%	1.45%	9.53%	14.40%	-5.70%	0.00%	0.00%	0.00%	0.00%	8.7%	
Platinum	On NonStd	410	XX	01/01/15	12/31/15	6.00%	0.80%	0.96%	0.00%	1.75%	1.45%	14.15%	19.13%	-4.09%	0.00%	0.00%	0.00%	0.00%	15.0%	
Gold	On NonStd	302	XX	01/01/15	12/31/15	6.00%	0.80%	0.96%	0.00%	1.75%	1.45%	13.70%	18.66%	-4.15%	0.00%	0.00%	0.00%	0.00%	14.5%	
Silver	On NonStd	3,725	XX	01/01/15	12/31/15	6.00%	0.80%	0.93%	0.00%	1.75%	1.45%	11.96%	16.90%	-4.04%	0.00%	0.00%	0.00%	0.00%	12.9%	
Bronze	On NonStd	2,382	XX	01/01/15	12/31/15	6.00%	0.80%	0.92%	0.00%	1.75%	1.45%	11.44%	16.36%	-5.12%	0.00%	0.00%	0.00%	0.00%	11.2%	
Platinum	Off Std	5	XX	01/01/15	12/31/15	6.00%	0.80%	0.98%	0.00%	1.75%	1.45%	14.15%	19.13%	-4.09%	0.00%	0.00%	0.00%	0.00%	15.0%	
Gold	Off Std	2,192	XX	01/01/15	12/31/15	6.00%	0.80%	0.96%	0.00%	1.75%	1.45%	13.70%	18.66%	-4.15%	0.00%	0.00%	0.00%	0.00%	14.5%	
Silver	Off Std	274	XX	01/01/15	12/31/15	6.00%	0.80%	0.93%	0.00%	1.75%	1.45%	11.96%	16.90%	-4.04%	0.00%	0.00%	0.00%	0.00%	12.9%	
Bronze	Off Std	312	XX	01/01/15	12/31/15	6.00%	0.80%	0.92%	0.00%	1.75%	1.45%	11.44%	16.36%	-5.12%	0.00%	0.00%	0.00%	0.00%	11.2%	
Platinum	Off NonStd	1	XX	01/01/15	12/31/15	6.00%	0.80%	0.98%	0.00%	1.75%	1.45%	14.15%	19.13%	-4.09%	0.00%	0.00%	0.00%	0.00%	15.0%	
Gold	Off NonStd	298	XX	01/01/15	12/31/15	6.00%	0.80%	0.96%	0.00%	1.75%	1.45%	13.70%	18.66%	-4.15%	0.00%	0.00%	0.00%	0.00%	14.5%	
Silver	Off NonStd	254	XX	01/01/15	12/31/15	6.00%	0.80%	0.93%	0.00%	1.75%	1.45%	11.96%	16.90%	-4.04%	0.00%	0.00%	0.00%	0.00%	12.9%	
Bronze	Off NonStd	417	XX	01/01/15	12/31/15	6.00%	0.80%	0.92%	0.00%	1.75%	1.45%	11.44%	16.36%	-5.12%	0.00%	0.00%	0.00%	0.00%	11.2%	

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

		For the rate period included in the prior rate and form filing														For the rate period included in the prior rate and form filing				
1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 06/10/2014	14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	16.3 Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 + 20	
Platinum	On Std	1,613	XX 01/01/14	12/31/14	#N/A	0.86%	0.66%	0.00%	1.30%	0.97%	34.07%	37.86%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.57%	37.29%	
Gold	On Std	878	XX 01/01/14	12/31/14	#N/A	0.86%	0.77%	0.00%	1.30%	1.13%	39.66%	43.72%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.66%	43.06%	
Silver	On Std	859	XX 01/01/14	12/31/14	#N/A	0.86%	0.89%	0.00%	1.30%	1.31%	46.00%	50.36%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.76%	49.60%	
Bronze	On Std	594	XX 01/01/14	12/31/14	#N/A	0.86%	1.10%	0.00%	1.30%	1.62%	56.83%	61.70%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.94%	60.76%	
Catastrophic	On Std	796	XX 01/01/14	12/31/14	#N/A	0.86%	1.71%	0.00%	1.30%	2.53%	88.68%	95.08%	0.00%	0.00%	7.10%	0.00%	35.00%	-1.47%	93.60%	
Platinum	On NonStd	410	XX 01/01/14	12/31/14	#N/A	0.86%	0.67%	0.00%	1.30%	0.99%	34.90%	38.73%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.58%	38.14%	
Gold	On NonStd	302	XX 01/01/14	12/31/14	#N/A	0.86%	0.79%	0.00%	1.30%	1.17%	41.09%	45.22%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.68%	44.53%	
Silver	On NonStd	3,725	XX 01/01/14	12/31/14	#N/A	0.86%	0.95%	0.00%	1.30%	1.41%	49.44%	53.96%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.82%	53.14%	
Bronze	On NonStd	2,382	XX 01/01/14	12/31/14	#N/A	0.86%	1.11%	0.00%	1.30%	1.65%	57.73%	62.65%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.96%	61.69%	
Platinum	Off Std	5	XX 01/01/14	12/31/14	#N/A	0.86%	0.64%	0.00%	1.30%	0.94%	33.06%	36.80%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.55%	36.25%	
Gold	Off Std	2,192	XX 01/01/14	12/31/14	#N/A	0.86%	0.74%	0.00%	1.30%	1.10%	38.50%	42.50%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.64%	41.86%	
Silver	Off Std	274	XX 01/01/14	12/31/14	#N/A	0.86%	0.86%	0.00%	1.30%	1.27%	44.68%	48.97%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.74%	48.23%	
Bronze	Off Std	312	XX 01/01/14	12/31/14	#N/A	0.86%	1.06%	0.00%	1.30%	1.57%	55.10%	59.89%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.92%	58.98%	
Platinum	Off NonStd	1	XX 01/01/14	12/31/14	#N/A	0.86%	0.65%	0.00%	1.30%	0.96%	33.84%	37.62%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.56%	37.05%	
Gold	Off NonStd	298	XX 01/01/14	12/31/14	#N/A	0.86%	0.77%	0.00%	1.30%	1.14%	39.85%	43.92%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.66%	43.26%	
Silver	Off NonStd	254	XX 01/01/14	12/31/14	#N/A	0.86%	0.90%	0.00%	1.30%	1.34%	46.92%	51.33%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.78%	50.55%	
Bronze	Off NonStd	417	XX 01/01/14	12/31/14	#N/A	0.86%	1.07%	0.00%	1.30%	1.58%	55.61%	60.42%	0.00%	0.00%	7.10%	0.00%	35.00%	-0.92%	59.50%	

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

1. Metal Level [drop down menu]	2. On/Off Exchange Designation and Standard/Non Std [drop down menu]	3. Estimated Membership as of 06/10/2014	
Platinum	On Std	1,613	XX
Gold	On Std	878	XX
Silver	On Std	859	XX
Bronze	On Std	594	XX
Catastrophic	On Std	796	XX
Platinum	On NonStd	410	XX
Gold	On NonStd	302	XX
Silver	On NonStd	3,725	XX
Bronze	On NonStd	2,382	XX
Platinum	Off Std	5	XX
Gold	Off Std	2,192	XX
Silver	Off Std	274	XX
Bronze	Off Std	312	XX
Platinum	Off NonStd	1	XX
Gold	Off NonStd	298	XX
Silver	Off NonStd	254	XX
Bronze	Off NonStd	417	XX



**EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES**

Company Name: Oscar  
 NAIC Code: 15281  
 SERFF Number: \_\_\_\_\_  
 Market Segment: \_\_\_\_\_

**Not applicable as we do not have mature claims experience.**

- 1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period ( 2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
[Redacted Data]						

**EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES**

Company Name: Oscar  
 NAIC Code: 15281  
 SERFF Number:  
 Market Segment:

Not applicable as we do not have mature claims experience.

- 1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
- 2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the provider name.
- 3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
- 4) Enter in Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital outpatient services.
- 5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
- 6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
- 7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
- 8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
- 9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
- 10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
- 11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
[Redacted Data]						

**EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS**

Company Name: Oscar  
 NAIC Code: 15281  
 SERFF Number:  
 Market Segment:

**Not applicable as we are not in the small group market.**

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans (Small Group Sole Proprietor plans to be excluded).
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
1. Medical and Hospital																		
Inpatient Hospital																		
Inpatient Mental Health																		
Inpatient Alcohol and Sub. Abuse																		
Newborn Birth Services																		
Primary Care																		
Physician Specialty Services																		
Ambulatory Surgery																		
Other Professional Services																		
Special Therapies																		
Out-of-Area Other																		
Emergency Room																		
Outpatient Mental Health																		
Outpatient Drug & Alcohol Treatment																		
Dental (excluding Orthodontia)																		
Pharmacy (Prescription Drugs)																		
Durable Medical Equipment																		
Home Health Care																		
Transportation -Emergency																		
Diagnostic Testing, Lab & X-Ray																		
Family Planning																		
Vision Care (incl. eyeglasses)																		
Pharmacy (Non Prescription Drugs)																		
Speech & Hearing																		
Other Medical																		
Total Medical & Hospital																		

**EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES**

**Company Name:** Oscar \_\_\_\_\_  
**NAIC Code:** 15281 \_\_\_\_\_  
**SERFF Number:** OHIN-129564745 \_\_\_\_\_  
**Market Segment:** Individuals On Exchange \_\_\_\_\_

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are only for plans with the following benefit provisions:
  - (a) Through Age 29; **and**
  - (b) With Domestic Partner; **and**
  - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
74289NY001000	Platinum	Ind	ON	Std	No				\$610.54				\$610.54
74289NY003000	Gold	Ind	ON	Std	No				\$528.01				\$528.01
74289NY005000	Silver	Ind	ON	Std	No				\$449.15				\$449.15
74289NY008000	Bronze	Ind	ON	Std	No				\$363.93				\$363.93
74289NY002000	Platinum	Ind	ON	NonStd	No				\$614.38				\$614.38
74289NY004000	Gold	Ind	ON	NonStd	No				\$532.84				\$532.84
74289NY006000	Silver	Ind	ON	NonStd	No				\$410.82				\$410.82
74289NY007000	Silver	Ind	ON	NonStd	No				\$442.50				\$442.50
74289NY010000	Bronze	Ind	ON	NonStd	No				\$345.77				\$345.77
74289NY009000	Bronze	Ind	ON	NonStd	No				\$385.35				\$385.35
74289NY041000	Platinum	Ind	ON	NonStd	No				\$590.64				\$590.64
74289NY054000	Gold	Ind	ON	NonStd	No				\$509.03				\$509.03
74289NY050000	Silver	Ind	ON	NonStd	No				\$407.34				\$407.34
74289NY052000	Bronze	Ind	ON	NonStd	No				\$352.49				\$352.49



Oscar Insurance Corporation  
295 Lafayette Street  
6th Floor  
New York, NY 10012  
HiOscar.com

June 18, 2014  
<First Name Last Name>  
<Street Address>  
<Street Address>  
<City, State Zip Code>

RE: Notice of Proposed Premium Rate Change, Product Name and Health Insurance Oversight System (HIOS) Identification Number

Dear <First Name>,

Oscar is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

**Proposed Premium Rate Change**

Your current monthly premium is: <\$>.  
If approved, the proposed monthly premium will be <\$>.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.



## Why We Are Requesting a Rate Change

Health insurance premiums tend to go up annually because various medical costs increase. These costs include the fees we pay to providers, the cost of prescription drugs, and the increase in the number and type of services members use. At Oscar, we do everything we can to keep costs down while maintaining a high quality of service. Through our efforts we're able to keep the average rate increase to 6% annually across all Oscar plans. In certain instances our rates may even decrease. Rates are not impacted by your age, gender, health or how often you use your Oscar health benefits. If you want more information about the rate change you can contact us or check out our website where we provide answers to frequently asked questions.

## 30-Day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Oscar for additional information at:

Oscar Insurance Corporation  
295 Lafayette Street, 6th Floor  
New York, NY 10012  
1-855-OSCAR-55  
Help@HiOscar.com  
HiOscar.com/member

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services  
Health Bureau – Premium Rate Adjustments  
1 State Street  
New York, NY, 10004  
Email: [premiumrateincreases@dfs.ny.gov](mailto:premiumrateincreases@dfs.ny.gov)  
DFS Website: [dfs.ny.gov/healthinsurancepremiums](https://dfs.ny.gov/healthinsurancepremiums)

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS identification number, which is <HIOS ID #>



Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

### **Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following website:

Oscar website: [hioscar.com/forms](http://hioscar.com/forms)

DFS website: [dfs.ny.gov/healthinsurancepremiums](http://dfs.ny.gov/healthinsurancepremiums)

### **Notice of Approved Premium Rate**

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

A handwritten signature in black ink that reads "Dave Henderson". The signature is fluid and cursive.

Dave Henderson  
President of Insurance  
Oscar Insurance Corporation



Oscar Insurance Corporation  
295 Lafayette Street  
6th Floor  
NY, NY 10012

1-855-OSCAR-NY

[www.HiOscar.com](http://www.HiOscar.com)

<date>

<First Name Last Name>

<Street Address>

<Street Address>

<City, State Zip Code>

RE: Your 2015 Oscar Premium Rate

Hi <First Name>,

This past June, we sent you a letter letting you know that we had filed new health insurance premium rates with the New York State Department of Financial Services (DFS) for the 2015 calendar year. We were recently notified by DFS that our rates have been approved. Starting January 1, 2015, your Oscar premium for your current plan will be changing.

Effective January 1<sup>st</sup>, your monthly premium will be: <\$>.

Open Enrollment for 2015 begins November 15, 2014 and ends on February 15, 2015. If you would like to change your Oscar plan and consider other options, just call our sales center at 1-855-OSCAR-NY during this time. One of our licensed representatives can discuss options with you and enroll you in a different Oscar plan better suited to your needs. If you previously enrolled through a broker, you can call Oscar or contact your broker to make any changes to your plan.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit (APTC), your current premium may be less than the amount shown above. If they haven't already done so, NY State of Health will calculate your eligibility for financial assistance and let you know the amount of your 2015 Oscar premium.

We've worked hard to keep our prices as low as possible while providing the quality you deserve. We know you have lots of choices when it comes to health insurance and we want to thank you for choosing Oscar. As always, if you need help or have questions, you can visit [hioscar.com/member](http://hioscar.com/member), email us at [help@hioscar.com](mailto:help@hioscar.com) or call 855-OSCAR-55.



Sincerely,

A handwritten signature in black ink that reads "Dave Henderson". The signature is written in a cursive style.

Dave Henderson  
President of Insurance  
Oscar Insurance Corporation

Also, keep in mind that our Age 29 Rider which covers Your dependents through Age 29 should be purchased during Open Enrollment. If you purchase it mid-year or during a Special Enrollment Period, it will be considered a new plan and your deductible will start over.