



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
DFS Website: 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

DFS website: 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