OSCAR INSURANCE CORPORATION
RATE MANUAL FOR ON-EXCHANGE PRODUCTS

EFFECTIVE:
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HIOS ID: 74289NY

295 Lafayette Street, 6th Floor, New York, New York 10012

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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					$243.62
Oscar Platinum Standard	Standard, No Dental, Dependent Age 26	74289NY0010001	$591.32	$1,182.64	$1,005.25	$1,685.27	
Oscar Platinum Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0010002	$595.88	$1,191.76	$1,013.00	$1,698.26	
Oscar Platinum Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0020001	$595.06	$1,190.12	$1,011.60	$1,695.92	
Oscar Platinum Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0020002	$599.63	$1,199.27	$1,019.38	$1,708.95	
Oscar Simple 1000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0410001	$571.96	$1,143.93	$972.34	$1,630.09	
Oscar Simple 1000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0410002	$576.47	$1,152.93	$979.99	$1,642.93	

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					$210.87
Oscar Gold Standard	Standard, No Dental, Dependent Age 26	74289NY0030001	$511.82	$1,023.65	$870.10	$1,458.69	
Oscar Gold Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0030002	$515.34	$1,030.68	$876.08	$1,468.72	
Oscar Gold Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0040001	$516.49	$1,032.99	$878.04	$1,472.01	
Oscar Gold Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0040002	$520.06	$1,040.11	$884.10	$1,482.16	
Oscar Simple 2000	Non-Standard 2, No Dental, Dependent Age 26	74289NY0540001	$493.32	$986.63	$838.64	$1,405.95	
Oscar Simple 2000; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0540002	$496.81	$993.62	$844.58	$1,415.91	

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					$179.20
Oscar Silver Standard	Standard, No Dental, Dependent Age 26	74289NY0050001	$434.96	$869.91	$739.43	$1,239.62	
Oscar Silver Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0050002	$438.37	$876.75	$745.24	$1,249.37	
Oscar Silver Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0060001	$397.73	$795.47	$676.15	$1,133.54	
Oscar Silver Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0060002	$400.97	$801.93	$681.64	$1,142.75	
Oscar Silver Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0070001	$428.48	$856.96	$728.42	$1,221.17	
Oscar Silver Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0070002	$431.88	$863.75	$734.19	$1,230.85	
Oscar Simple 4500	Non-Standard 3, No Dental, Dependent Age 26	74289NY0500001	$394.34	$788.68	$670.38	$1,123.87	
Oscar Simple 4500; Age 29 Rider	Non-Standard 3, NoDental, Dependent Age 29	74289NY0500002	$397.56	$795.12	$675.86	$1,133.05	

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					$145.19
Oscar Bronze Standard	Standard, No Dental, Dependent Age 26	74289NY0080001	$352.39	$704.79	$599.07	$1,004.32	
Oscar Bronze Standard; Age 29 Rider	Standard, No Dental, Dependent Age 29	74289NY0080002	$355.20	$710.39	$603.83	$1,012.31	
Oscar Bronze Edge	Non-Standard 1, No Dental, Dependent Age 26	74289NY0100001	$334.76	$669.52	$569.09	$954.07	
Oscar Bronze Edge; Age 29 Rider	Non-Standard 1, No Dental, Dependent Age 29	74289NY0100002	$337.48	$674.95	$573.71	$961.80	
Oscar Bronze Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0090001	$373.17	$746.34	$634.39	$1,063.53	
Oscar Bronze EdgePlus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0090002	$376.10	$752.20	$639.37	$1,071.89	
Oscar Simple 6600	Non-Standard 3, No Dental, Dependent Age 26	74289NY0520001	$341.29	$682.58	$580.20	$972.68	
Oscar Simple 6600; Age 29 Rider	Non-Standard 3, NoDental, Dependent Age 29	74289NY0520002	$344.03	$688.06	$584.85	$980.48	

Catastrophic

			Premium Per Contract			
Product Name	**Product Description**		**Single**	**Single Plus Spouse**	**Single Plus Child(ren)**	**Single Plus Spouse Plus Child(ren)**
Oscar Secure	Standard, No Dental, Dependent Age 26	74289NY0160001	$180.48	$360.96	$306.81	$514.36

PLAN DESCRIPTIONS

	Standard Plans							
Product Name	Oscar Platinum	Oscar Gold	Oscar Silver	Silver CSR 200-250% FPL*	Silver CSR 150-200% FPL*	Silver CSR 100-150% FPL*	Oscar Bronze	Oscar Secure
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
Metal Level	Platinum	Gold	Silver	Silver	Silver	Silver	Bronze	Catastrophic
Medical Copays/Coinsurance								
Televists	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
Drug Copays/Coinsurance								
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 Variants											
Product Name	Oscar Platinum Edge	Oscar Gold Edge	Oscar Silver Edge	Oscar Silver Edge Plus	Oscar Bronze Edge	Oscar 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
Metal Level	Platinum	Gold	Silver	Silver	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver
Medical Copays/Coinsurance												
Televists	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
Drug Copays/Coinsurance												
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 Simples						
Product Name	Oscar Simple 1000	Oscar Simple 2000	Oscar Simple 4500	Oscar Simple 6600	Oscar Simple 4500 200-250% FPL*	Oscar Simple 4500 150-200% FPL*	Oscar Simple 4500 100-150% FPL*
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	$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
Metal Level	Simple 1000	Simple 2000	Simple 4500	Simple 6600	Simple 4500	Simple 4500	Simple 4500
Medical Copays/Coinsurance							
Televists	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
Drug Copays/Coinsurance							
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

*Please note that plans denoted with asterisks are only available to those families earning less than 250% of the federal poverty line

RATING REGIONS

- The plans and corresponding rates in this manual are the commensurate rates and only for available for plans being sold through the New York State of Health. Some of 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 New York State of Health for individual coverage.

EXPECTED LOSS RATIOS

The expected loss ratio across all products is 87.7%.