



OSCAR INSURANCE CORPORATION
RATE MANUAL FOR OFF-EXCHANGE PRODUCTS

EFFECTIVE:
JANUARY 1, 2015

HIOS ID: 74289NY

TABLE OF CONTENTS

Topic	Page No.
Product Name, Product Description, HIOS/Plan ID, and Rates	3
Plan Descriptions	5
Rating Regions	7
Rating Classes	8
Commissions and Fees	9
Underwriting Guidelines	10
Expected Loss Ratios	15

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; Dental	Standard, Dental, Dependent Age 26	74289NY0180001	\$592.66	\$1,185.32	\$1,007.52	\$1,689.07	
Oscar Platinum Standard; Dental, Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0180002	\$597.21	\$1,194.41	\$1,015.25	\$1,702.04	
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; Dental	Non-Standard 1, Dental, Dependent Age 26	74289NY0190001	\$596.39	\$1,192.77	\$1,013.86	\$1,699.70	
Oscar Platinum Edge; Dental, Age 29 Rider	Non-Standard 1, Dental, Dependent Age 29	74289NY0190002	\$600.96	\$1,201.91	\$1,021.63	\$1,712.73	
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; Dental	Non-Standard 2, Dental, Dependent Age 26	74289NY0420001	\$573.25	\$1,146.51	\$974.53	\$1,633.77	
Oscar Simple 1000; Dental, Age 29 Rider	Non-Standard 2, Dental, Dependent Age 29	74289NY0420002	\$577.77	\$1,155.54	\$982.21	\$1,646.64	
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; Dental	Standard, Dental, Dependent Age 26	74289NY0200001	\$512.98	\$1,025.96	\$872.06	\$1,461.99	
Oscar Gold Standard; Dental, Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0200002	\$516.50	\$1,032.99	\$878.04	\$1,472.01	
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; Dental	Non-Standard 1, Dental, Dependent Age 26	74289NY0210001	\$517.66	\$1,035.32	\$880.02	\$1,475.33	
Oscar Gold Edge; Dental, Age 29 Rider	Non-Standard 1, Dental, Dependent Age 29	74289NY0210002	\$521.21	\$1,042.42	\$886.06	\$1,485.45	
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; Dental	Non-Standard 2, Dental, Dependent Age 26	74289NY0550001	\$494.44	\$988.88	\$840.55	\$1,409.15	
Oscar Simple 2000; Dental, Age 29 Rider	Non-Standard 2, Dental, Dependent Age 29	74289NY0550002	\$497.92	\$995.84	\$846.47	\$1,419.08	
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	
Oscar Simple 2500; Dental	Non-Standard 3, Dental, Dependent Age 26	74289NY0460001	\$476.96	\$953.93	\$810.84	\$1,359.35	
Oscar Simple 2500; Dental, Age 29 Rider	Non-Standard 3, Dental, Dependent Age 29	74289NY0460002	\$480.37	\$960.74	\$816.63	\$1,369.05	
Oscar Simple 2500	Non-Standard 3, No Dental, Dependent Age 26	74289NY0450001	\$475.86	\$951.73	\$808.97	\$1,356.21	
Oscar Simple 2500; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0450002	\$479.28	\$958.56	\$814.78	\$1,365.95	

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; Dental	Standard, Dental, Dependent Age 26	74289NY0220001	\$435.89	\$871.78	\$741.01	\$1,242.28	
Oscar Silver Standard; Dental, Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0220002	\$439.33	\$878.66	\$746.86	\$1,252.09	
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; Dental	Non-Standard 1, Dental, Dependent Age 26	74289NY0230001	\$398.60	\$797.20	\$677.62	\$1,136.01	
Oscar Silver Edge; Dental, Age 29 Rider	Non-Standard 1, Dental, Dependent Age 29	74289NY0230002	\$401.82	\$803.64	\$683.09	\$1,145.19	
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; Dental	Non-Standard 2, Dental, Dependent Age 26	74289NY0240001	\$429.40	\$858.80	\$729.98	\$1,223.80	
Oscar Silver Edge Plus; Dental, Age 29 Rider	Non-Standard 2, Dental, Dependent Age 29	74289NY0240002	\$432.81	\$865.62	\$735.78	\$1,233.51	
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 4000; Dental	Non-Standard 3, Dental, Dependent Age 26	74289NY0570001	\$406.73	\$813.45	\$691.44	\$1,159.17	
Oscar Simple 4000; Dental, Age 29 Rider	Non-Standard 3, Dental, Dependent Age 29	74289NY0570002	\$410.02	\$820.05	\$697.04	\$1,168.57	
Oscar Simple 4000	Non-Standard 3, No Dental, Dependent Age 26	74289NY0560001	\$405.84	\$811.68	\$689.93	\$1,156.64	
Oscar Simple 4000; Age 29 Rider	Non-Standard 3, No Dental, Dependent Age 29	74289NY0560002	\$409.13	\$818.25	\$695.51	\$1,166.01	
Oscar Simple 4500; Dental	Non-Standard 4, Dental, Dependent Age 26	74289NY0510001	\$395.22	\$790.44	\$671.87	\$1,126.37	
Oscar Simple 4500; Dental, Age 29 Rider	Non-Standard 4, Dental, Dependent Age 29	74289NY0510002	\$398.44	\$796.88	\$677.35	\$1,135.55	
Oscar Simple 4500	Non-Standard 4, No Dental, Dependent Age 26	74289NY0500001	\$394.34	\$788.68	\$670.38	\$1,123.87	
Oscar Simple 4500; Age 29 Rider	Non-Standard 4, No Dental, 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 Only	
Oscar Bronze (Child Only)	Child Only	74289NY0130001						\$145.19
Oscar Bronze Standard; Dental	Standard, Dental, Dependent Age 26	74289NY0250001	\$353.19	\$706.37	\$600.42	\$1,006.58		
Oscar Bronze Standard; Dental, Age 29 Rider	Standard, Dental, Dependent Age 29	74289NY0250002	\$355.98	\$711.96	\$605.16	\$1,014.54		
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; Dental	Non-Standard 1, Dental, Dependent Age 26	74289NY0260001	\$335.48	\$670.95	\$570.31	\$956.11		
Oscar Bronze Edge; Dental, Age 29 Rider	Non-Standard 1, Dental, Dependent Age 29	74289NY0260002	\$338.18	\$676.36	\$574.91	\$963.82		
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; Dental	Non-Standard 2, Dental, Dependent Age 26	74289NY0270001	\$373.92	\$747.84	\$635.66	\$1,065.67		
Oscar Bronze Edge Plus; Dental, Age 29 Rider	Non-Standard 2, Dental, Dependent Age 29	74289NY0270002	\$376.83	\$753.66	\$640.61	\$1,073.96		
Oscar Bronze Edge Plus	Non-Standard 2, No Dental, Dependent Age 26	74289NY0090001	\$373.17	\$746.34	\$634.39	\$1,063.53		
Oscar Bronze Edge Plus; Age 29 Rider	Non-Standard 2, No Dental, Dependent Age 29	74289NY0090002	\$376.10	\$752.20	\$639.37	\$1,071.89		
Oscar Simple 6600; Dental	Non-Standard 3, Dental, Dependent Age 26	74289NY0530001	\$342.01	\$684.02	\$581.41	\$974.72		
Oscar Simple 6600; Dental, Age 29 Rider	Non-Standard 3, Dental, Dependent Age 29	74289NY0530002	\$344.75	\$689.49	\$586.07	\$982.52		
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, No Dental, Dependent Age 29	74289NY0520002	\$344.03	\$688.06	\$584.85	\$980.48		

Catastrophic

Product Name	Product Description	Plan ID	Premium Per Contract			
			Single	Single Plus Spouse	Single Plus Child(ren)	Single Plus Spouse Plus
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	Oscar Bronze	Oscar Secure
Single/Family Deductible	\$0/\$0	\$600/\$1,200	\$2,000/\$4,000	\$3,000/\$6,000	\$6,600/\$13,200
Deductible Also Applies to Drugs	No	No	No	Yes	Yes
Generics Subject to Deductible	No	No	No	Yes	Yes
Single/Family OOP Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$5,500/\$11,000	\$6,350/\$12,700	\$6,600/\$13,200
Metal Level	Platinum	Gold	Silver	Bronze	Catastrophic
Medical Copays/Coinsurance					
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	\$15	\$25	\$30	50%	0%
# PCP visits covered in full	0	0	0	0	3
Specialist	\$35	\$40	\$50	50%	0%
Emergency Room	\$100	\$150	\$150	50%	0%
Urgent Care	\$55	\$60	\$70	50%	0%
Ambulance Copay	\$100	\$150	\$150	50%	0%
Inpatient Facility	\$500	\$1,000	\$1,500	50%	0%
Outpatient Facility - Surgery	\$100	\$100	\$100	50%	0%
PT/OT/ST	\$25	\$30	\$30	50%	0%
Pediatric Glasses	10%	20%	30%	50%	0%
DME/Prosthetics	10%	20%	30%	50%	0%
Surgeon - IP/OP Facility	\$100	\$100	\$100	50%	0%
\$500 copay credit?	No	No	No	No	No
Rewards?	No	No	No	No	No
Drug Copays/Coinsurance					
Generic	\$10	\$10	\$10	\$10	0%
Preferred	\$30	\$35	\$35	\$35	0%
Non-Preferred	\$60	\$70	\$70	\$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
Single/Family Deductible	\$0/\$0	\$600/\$1,200	\$5,000/\$10,000	\$2,500/\$5,000	\$6,600/\$13,200	\$4,000/\$8,000
Deductible Also Applies to Drugs	No	No	No	No	Yes	Yes
Generics Subject to Deductible	No	No	No	No	Yes	Yes
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
Metal Level	Platinum	Gold	Silver	Silver	Bronze	Bronze
Medical Copays/Coinsurance						
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	\$15	\$25	\$30	\$30	0%	\$30
# PCP visits covered in full	2	2	2	2	2	2
Specialist	\$35	\$40	\$50	\$50	0%	\$50
Emergency Room	\$100	\$150	\$150	\$250	0%	\$150
Urgent Care	\$55	\$60	\$70	\$70	0%	\$70
Ambulance Copay	\$100	\$150	50%	50%	0%	\$150
Inpatient Facility	\$500	\$1,000	\$1,500	\$2,000	0%	\$1,500
Outpatient Facility - Surgery	\$100	\$100	\$100	\$100	0%	\$100
PT/OT/ST	\$25	\$30	\$30	\$30	0%	\$30
Pediatric Glasses	10%	20%	30%	30%	0%	30%
DME/Prosthetics	10%	20%	30%	30%	0%	30%
Surgeon - IP/OP Facility	\$100	\$100	\$100	\$100	0%	\$100
\$500 copay credit?	No	No	No	No	No	No
Rewards?	No	No	No	No	No	No
Drug Copays/Coinsurance						
Generic	\$0	\$0	\$0	\$0	\$0	\$0
Preferred	\$30	\$35	\$35	\$35	\$0	\$35
Non-Preferred	\$150	\$150	\$150	\$150	\$0	\$150

Oscar Simple						
Product Name	Oscar Simple 1000	Oscar Simple 2000	Gold Simple 2500	Oscar Simple 4000	Oscar Simple 4500	Oscar Simple 6600
Single/Family Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,500/\$9,000	\$6,600/\$13,200
Deductible Also Applies to Drugs	Yes	Yes	Yes	Yes	Yes	Yes
Generics Subject to Deductible	No	No	No	No	No	No
Single/Family OOP Maximum	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,500/\$9,000	\$6,600/\$13,200
Metal Level	Simple 1000	Simple 2000	Gold Simple Off	Silver Simple Off	Simple 4500	Simple 6600
Medical Copays/Coinsurance						
Televisits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician (PCP)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
# PCP visits covered in full	2	2	2	2	2	2
Specialist	#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
Urgent Care	#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
Inpatient Facility	#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
PT/OT/ST	#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
DME/Prosthetics	#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
\$500 copay credit?	No	No	No	No	No	No
Rewards?	No	No	No	No	No	No
Drug Copays/Coinsurance						
Generic	#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
Non-Preferred	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

RATING REGIONS

- The plans and corresponding rates in this manual are the commensurate rates and only for plans being sold outside of the NYS Health Benefit 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 4 tiers:

- Single
- Single and Spouse
- Single and Child/Children
- Single, Spouse and Child/Children
- Child-Only

Commission Schedule and Fees

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

UNDERWRITING GUIDELINES

1. Underwriting Review

a) Underwriting will require that each individual be approved for coverage by Oscar. Eligible individuals shall fall into one of the following rate tiers: (1) individual/subscriber; (2) individual/subscriber+ spouse; (3) individual/subscriber+child(ren); (4) family coverage; and (5) child-only.

b) All subscribers must live, work or reside within Oscar's Service Area to be covered by an Oscar product. The Service Area shall be defined as follows: the 5 boroughs of New York City, (which includes the following counties: New York (Manhattan); Queens, Kings (Brooklyn); Bronx and Richmond (Staten Island)), Nassau, Suffolk, Rockland and Westchester. It is understood that there are no out-of-network benefits for any of the Oscar plans except emergency care.

c) Domestic partners may be covered in the same manner as a spouse.

d) Individuals may not be Medicaid eligible. Individuals who are eligible for Medicaid will not be considered Qualified Persons for the purpose of Oscar's off-exchange products.

2. Documentation Required

a) Proof of location will be required; an address with a PO Box shall not be considered acceptable proof. Acceptable proof for home, i.e. live or reside, shall consist of a lease, mortgage statement or driver's license with the subscriber's name and home address as well as one other bill, e.g. electric, cable television, phone, etc. in the subscriber's name. The bill must have a date that is within the previous 45 days. If the individual works within Oscar's service, he/she must provide a recent paystub showing that their work location is within Oscar's service area.

b) If a subscriber and his/her spouse have different last names and/or a child has a different last name from the subscriber and they are enrolling under a spouse or family policy, Oscar will require documentation showing that the individuals are married and that the children are their legal children. Appropriate documentation of the family relationship, including but not limited to a birth certificate, marriage certificate or an IRS Form 1040, will need to be provided.

c) In the case of a domestic partnership, proof of the domestic partnership and financial interdependence must be submitted in the form of: (i) Registration as a domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months, where such registry exists, or (ii) for partners residing where registration does not exist, by an alternative affidavit of domestic partnership:

a) The affidavit must be notarized and must contain the following:

- The partners are both eighteen years of age or older and are mentally competent to consent to contract.
- The partners are not related by blood in a manner that would bar marriage under laws of the State of New York
- The partners have been living together on a continuous basis prior to the date of the application;
- Neither individual has been registered as a member of another domestic partnership within the last six months; and

b) Proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof)

c) Proof that the partners are financially interdependent. Two or more of the following are collectively sufficient to establish financial interdependence:

- A joint bank account
- A joint credit card or charge card
- Joint obligation on a loan
- Status as an authorized signatory on the partner's bank account, credit card or charge card
- Joint ownership of holdings or investments
- Joint ownership of residence
- Joint ownership of real estate other than residence
- Listing of both partners as tenants on the lease of the shared residence
- Shared rental payments of residence (need not be shared 50/50)
- Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence
- A common household and shared household expenses, e.g., grocery bills, utility bills, telephone bills, etc. (need not be shared 50/50)
- Shared household budget for purposes of receiving government benefits
- Status of one as representative payee for the other's government benefits
- Joint ownership of major items of personal property (e.g., appliances, furniture)
- Joint ownership of a motor vehicle
- Joint responsibility for child care (e.g., school documents, guardianship)

- Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50)
- Execution of wills naming each other as executor and/or beneficiary
- Designation as beneficiary under the other's life insurance policy
- Designation as beneficiary under the other's retirement benefits account
- Mutual grant of durable power of attorney
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney)
- Affidavit by creditor or other individual able to testify to partners' financial interdependence
- Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

3. Children Covered Under This Contract

If an individual selected Parent and Child/Children or Family coverage, "Children" covered under their Contract include their natural Children, legally adopted Children, step Children, and Children for whom they are the proposed adoptive parent without regard to financial dependence, residency with the individual, student status or employment. A proposed adopted Child is eligible for coverage on the same basis as natural Child during any waiting period prior to the finalization of the Child's adoption. Coverage lasts until the end of the month in which the Child turns 26 years of age. To the extent that an individual purchases parent and child/children or family coverage, he/she may purchase a rider to provide coverage to the individual's young adult child; coverage will be provided for the young adult child through age 29.

a) Is unmarried;

b) Is not insured by or eligible for coverage under an employer-sponsored health benefit plan covering him or her as an employee or member, whether insured or self-insured;

Coverage also includes Children for whom the individual is a legal guardian if the Children are chiefly dependent upon the individual for support and the individual has been appointed the legal guardian by a court order. Foster Children and grandchildren are not covered.

Any unmarried dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the Mental Hygiene Law), or physical handicap and who became so incapable prior to attainment of the age at which the Child's coverage would otherwise terminate and who is chiefly dependent upon the individual for support and maintenance, will remain covered while the individual's insurance remains in force and their Child remains in such condition. The

individual has 31 days from the date of their Child's attainment of the termination age to submit an application to request that the Child be included in their coverage and proof of the Child's incapacity. Oscar has the right to check whether a Child is qualified under this section.

Oscar has the right to request and be furnished with such proof as may be needed to determine eligibility status of a Member or prospective Member in relation to eligibility for coverage under any Contract at any time.

4. Enrollment Periods

a) Annual Open Enrollment. Subscribers who meet the requirements of Section 1, paragraphs b-d of this Exhibit may enroll during annual open enrollment. For 2014/2015, initial open enrollment period runs from November 15, 2014 through February 15, 2015 or as otherwise modified by the state or federal government. If the Qualified Person is enrolled between November 15, 2014 and December 15, 2014, their coverage will begin on January 1, as long as their applicable premium payment is received by then. If enrollment is received by Oscar during the 1st and 15th day of the month of January or February of 2015, their coverage will begin on the 1st day of the following month, as long as their applicable premium payment is received by then. If their enrollment is received by Oscar between the 16th and last day of the month of December 2014 or January or February of 2015, their coverage will begin on the 1st day of the 2nd month, as long as their applicable premium payment is received by then.

Payment must be received and processed by Oscar in accordance with the above timeframes in order for enrollment to be effectuated.

Plan "upgrades" or "downgrades", or any change where a termination from one plan and enrollment in another plan would be required shall not be permitted except during open enrollment; this may include, but is not limited to, a change within a metal level.

b) Special Enrollment.

Outside of the annual open enrollment period, a subscriber, their spouse, or their child, can enroll for coverage within 60 days of the occurrence of one of the following events:

1. You or Your Spouse or Child loses minimum essential coverage;
2. Your enrollment or non-enrollment in another health plan was unintentional, inadvertent or erroneous and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the NYSOH;
3. You adequately demonstrate to Us that another health plan in which You were enrolled substantially violated a material provision of its contract;
4. You move and become eligible for new health plans;

5. You gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption;
6. You are determined newly eligible or newly ineligible for advance payments of the premium tax credit or have a change in eligibility for cost-sharing reductions; or
7. You, Your Spouse or Child exhausted Your COBRA or continuation coverage.

We must receive notice of these events within 60 days and premium within 75 days.

EXPECTED LOSS RATIOS

The expected loss ratio across all products is 87.7%.