

Annual Reminders

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Policy & Benefits Information

- Your policy (your contract with Oscar), your schedule of benefits (the document that describes how much you pay) and your Summary of Benefits and Coverage (SBC) **are available online at hioscar.com/forms and in your account at hioscar.com/member/benefits.**
 - Your policy also contains additional information on how to use the pharmacy benefit, how to obtain care and coverage when you're out of the service area, how to appeal a decision that adversely affects coverage, benefits, your relationship with the organization and more.
 - Disclosures regarding out-of-network treatment can be found on hioscar.com/members/documents-and-forms.
 - Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).
 - Utilization management decision making is based only on appropriateness of care and service and existence of coverage.
 - The organization does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for utilization decision makers do not encourage decisions that result in under-utilization. For more information on Utilization Management go to hioscar.com/members/documents-and-forms
 - Please note that your policy accumulators reset to \$0 at the start of your plan year.
 - **Need to make a change to your enrollment? Adding new family members or dependents to your existing plan?** If you are enrolled through the Marketplace, please call your State Based Exchange to make any changes. Otherwise, Give us a call at (855) 672-2755.
- IAAn annual wellness exam, and preventative services

performed during an annual wellness exam, are provided at \$0 cost to you. If, during your exam, a service that is considered diagnostic or non-preventative is provided to you, you may be responsible for the cost - or a share of the cost- for those additional services provided during your office visit depending on your plan.

For Georgia members: Oscar wants to remind you that your plan covers screening mammograms even if you have no signs or symptoms of breast cancer for the purpose of detecting the presence of breast cancer. At the age of 40, getting a mammogram is usually recommended every 2 years – but ask your doctor what makes sense for you. Here's how to schedule your visit: contact your Primary Care Provider for a referral or ask them about it during your next appointment. Effective 07/01/2024, Oscar wanted to remind you that your plan covers prostate-specific antigen testing, even if you have no signs or symptoms of prostate cancer, for the purpose of detecting the presence of prostate cancer. If you have not had prostate specific antigen testing in the past year, it is encouraged that you schedule an appointment with your doctor. Here's how to schedule your visit: contact your Primary Care Provider for a referral or ask them about it during your next appointment.

For Florida members: Oscar wants to remind you of the rights you have as an Oscar member in the state of Florida, when accessing behavioral health and/or mental health services. Federal law requires coverage for behavioral and/or mental health and substance abuse services for all individual and group health insurance plans. For more information on Florida requirements for this coverage, please visit Florida Consumer Services:

<https://www.myfloridacfo.com/division/consumers/consumerprotections/behavioralhealthoverview#>. In addition, the Mental Health Parity and Addiction Equity Act (MHPAEA) requires that coverage for mental and behavioral health, as well as substance abuse services (if offered), be no more restrictive than coverage for other medical and surgical services. Parity is determined by reviewing both quantitative and non-quantitative metrics, such as cost-sharing and medical necessity and/or utilization management. For more information on the MHPAEA, please visit: <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity>. If

you need to contact the Division of Consumer Services regarding these services or information, you can reach them by one of the following: Toll-Free Helpline: 1-877-MY-FL-CFO (1-877-693-5236) Online: <https://apps.fldfs.com/ESERVICE/Default.aspx> <https://myfloridacfo.com/division/consumers/contactus>. You may also locate this information directly on the Oscar website at <https://www.hioscar.com/disclosures>, under “Disclosure for Florida Members”.

For New York members: Your coverage has been updated to include coverage of an aesthetically flat chest wall reconstruction surgery following a mastectomy or partial mastectomy for all stages of reconstruction. This reconstruction surgery followed after a mastectomy will be covered by your policy plan with Oscar Health Insurance. Your Oscar Health Insurance plan covers colorectal cancer preventive screenings in accordance with the American Cancer Society Guidelines.

For Ohio members: If you opt to receive dental or vision care services, or vision care materials, that are not covered benefits under your health plan, a participating dental or vision care provider may charge you his or her normal fee for such services or materials. Prior to providing you with any services or materials that are not covered benefits, the provider will provide you with an estimated cost for each service or material. You may be required to pay as a result of the purchase of vision care services, vision care materials, or dental care services that are not covered. Please refer to your ‘Summary of Benefits and Coverage’ which can be found within your Oscar account for a complete list of all covered services under your plan.

For Mississippi members: Mastectomy related services are covered by your plan with Oscar Health insurance. These services include: all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prosthesis, and physical complications of mastectomy, including lymphedema. Please refer to your ‘Evidence of Coverage’ which can be found within your Oscar account for a complete list of all covered services under your plan.

Provider & Pharmacy Information

- **Our provider directory is available online at hioscar.com/care-options.** Simply type in information about the type of provider you’re looking

for and you’ll get the results you need. The directory may change as providers may join or leave our network at any time. Make sure to check that your provider is in our network before you see them. If you’d like a paper copy of our directory, we can send you a directory by county or provider type. Call or Secure message your Concierge team.

- You can also look up our prescription drug formulary on our website at hioscar.com to see what’s covered. You’ll find information on generic equivalents, limits, quotas, any applicable prior authorization requirements and more. If your doctor believes you need a drug that is not in the formulary, you can submit a form to apply for a non-formulary exception. If granted, the medication would be covered according to the cost sharing terms of your plan.
- Some services require that you obtain prior authorization before you get care. It’s not a referral from your PCP. Examples of services that require prior authorization are inpatient surgery and some outpatient services. To find out if a service requires prior authorization, give us a call at (855) 672-2755.
- You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. When designating your primary care provider be sure to check that your designated provider is accepting new patients. You do not need prior authorization from Oscar or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call us at (855) 672-2755.
- You may request authorization for Out of Network care, to continue seeing a provider you saw before you became an Oscar member (Transition of Care) or to continue seeing a provider who is leaving the Oscar network (Continuity of Care) by completing and submitting a form found on hioscar.com/forms. Please reference the forms for more information. Call (855) 672-2755 with questions.

- Oscar's Virtual Urgent Care offering are not available in US territories or internationally. If you have an HSA-compatible high-deductible health plan or a Secure plan, you won't be eligible for \$0 visits. Prescription, visits, and services may be limited per provider discretion.
- Some Tier 1 prescriptions may be available for \$0. Plan and state restrictions may apply. Please refer to your complete Summary of Benefits and Coverage (SBC) at hioscar.com/forms for more information.

Health and Wellness Programs

- If you have a degenerative or disabling condition and would like us to help you coordinate your care, contact us by sending a secure message to your Concierge team at hioscar.com or in the Oscar app, or by calling (855) 672-2755. We'll help organize your care and speak with your providers when needed.
- Make sure that you go to your provider every year and get an annual physical. Women aged 21 - 65 should also see their OB/ GYN once every 3 years for a pap smear. For women aged 40 and over, make sure that you also get a mammogram once a year.
- Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call us at (855) 672-2755 for more information.
- Oscar has a Quality Improvement (QI) program that focuses on three key areas for our members - a simple and engaging member experience, easy access to better care, and better health outcomes at a lower cost. Go to hioscar.com/forms/2026 to learn more about Oscar's QI program.
- Oscar offers a variety of Population Health Programs designed to keep members healthy and support members who have multiple chronic illnesses or emerging clinical risk. For more information including program details, guidance on enrollment, and opting out, go to hioscar.com/forms/2026.
- Members are invited to complete their Health Survey at hioscar.com/healthsurvey. Upon completion members can set up an account to review their personalized health resources, or they can visit hioscar.com/health-survey-resources to access

member education. Members can also reach out to us at (855) 672-2755 if they require further assistance with accessing these tools.

- Check out the self management tools on our website for advice on healthy ways to handle a range of issues from depression to weight loss.

Health Insurance Information and Member Services

- Medicare Eligibility Reminder - Once you turn 65 years of age you are eligible to enroll in Medicare. You may be able to get Medicare earlier if you have a disability, End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant), or ALS (also called Lou Gehrig's disease). Oscar will notify you about Medicare when you become eligible.
- Your Oscar network providers should provide us with a claim form and everything else we need to process your claim. If you need to submit a claim to us, please visit hioscar.com, click 'Member Resources', click 'Member Forms', and identify your state, plan year, and language. You can locate "Member Claim Form", under "Medical Management Forms". This form will outline the steps needed for claim submission.
- If you need it, our website also has information about how to voice a complaint or file an appeal, including the right to request an independent review.
- Oscar takes allegations of agent misconduct and potential fraudulent enrollment seriously. If you believe you received this coverage notice in error, or you wish to report an enrollment concern, please call (855) 672-2755. If you wish to report potential fraud anonymously please call 844-392-7589 or visit <https://hioscar.ethicspoint.com>
- You can obtain a copy of the Notice of Privacy Practices at any time, at no cost to you. Call or Secure message your concierge team.