



Oscar Health Plan of California
P.O. Box 1279
Culver City, CA 90232
1-855-672-2794

October 3, 2019

Important information about your 2020 Oscar plan.

Hi [First Name],

Enclosed is a letter from Oscar with your new plan and insurance premium for 2020. Please read it over closely to make sure you understand your 2020 plan and how it compares to your current plan.

Important: One change we wanted to bring to your attention is that in 2020, your plan will no longer be HSA-compatible. That means that in 2020 you can no longer contribute funds to a Health Savings Account (HSA) to be used towards qualified medical expenses. However, if you have unused funds that you contributed to the account before 2020, you can still use previously accrued funds in your Health Savings Account to cover qualified medical expenses, regardless of the health plan you're enrolled in.

Why is this happening?

A new plan regulation requires that we remove HSA-compatibility in order to offer you free Doctor on Call in 2020. Last year, Oscar members saved an average of \$129 each time they used Doctor on Call. They also saved over 106,000 hours in total travel time. We believe that the ability to offer you free Doctor on Call is an important benefit that can save you both time and money. By making it free for everyone on an individual and family plan, we can make great care more accessible for all Oscar members.

What does this mean for you?

If you didn't make use of your plan's HSA compatibility in the past, you won't notice many significant changes between your current plan and your 2020 plan. During Open Enrollment (starting on October 15, 2019), we encourage you to visit the CoveredCA marketplace to see if you qualify for lower monthly payments and copays for things like doctor visits and prescription drugs.

If having an HSA-compatible plan is very important to you, we understand. Starting October 15, 2019, you can enroll in a new plan with HSA compatibility by visiting [CoveredCA.com](https://coveredca.com).



If you have any questions we're here to help! Give us a call at 1-855-672-2794, or send us a message through your Oscar account at hioscar.com/member or in the Oscar app.

Sincerely,
Your Concierge team

SAMPLE ONLY

What's included in your plan - for free.

With these free features, managing your health care just got a whole lot easier.

Get a refill without an appointment.

Are you out of a prescription and don't want to make the trip to the doctor's office for a refill? Now you can request a refill for most prescriptions right through your Oscar account. A provider will help prescribe your medication and send it to the closest in-network pharmacy for you.



Talk to a doctor for free, anytime 24/7

Request a consultation and a health care provider will get back to you in as little as 15 minutes. You may be able to get a diagnosis and prescription for a variety of common illnesses, or get a refill for many types of medications. Always free and unlimited, available online or through the Oscar app.



Get personalized care.

Every member gets a team comprised of care guides and a nurse who specialize in your local area. They know your plan and nearby care options so they can help you find doctors and answer questions about your specific benefits, claims, and billing. Your nurse can help coordinate your care and help you prepare for any upcoming procedures.



Find care fast.

Get personalized search results for in-network doctors, facilities, prescriptions and more with Oscar's easy-to-use search tool at hioscar.com/search.





Notice of Cancellation, Rescission, or Nonrenewal

Important: Your plan will no longer be offered. Take action by December 15, 2019, or you'll be automatically enrolled in a different plan. This may change some of your costs and coverage, so review your options carefully.

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Hi [First Name],

Thank you for choosing Oscar for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Beginning January 1, 2020, we won't offer your current health coverage. The last day of your current coverage is December 31, 2019. Read this letter carefully and review your options.

Who is affected by this change?

[Policy holder (and any dependents, if applicable)]

Your new plan for 2020

We found another plan that may meet your needs. Starting in January, you'll be automatically enrolled in the **Oscar Silver 70 EPO Off Exchange** plan, which is a Select Network plan.

Important: Neither the Oscar Bronze 60 EPO, nor the Oscar Silver 70 EPO plan are a High Deductible Health Plan as defined by the Internal Revenue Code. As you have been auto enrolled into these plans you will no longer be able to establish a new HSA or contribute to your existing HSA. You can still pay for qualified out-of-pocket medical expenses with your remaining HSA funds. See Internal Revenue Service Publication 502 for additional information on qualifying out-of-pocket medical expenses:



<https://www.irs.gov/forms-pubs/about-publication-502>. If you would like to pick a different plan, you may do so between October 15, 2019 and January 15, 2020. Please visit www.hioscar.com to see all of your options.

Important: This isn't a Covered California plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you enroll in this plan. To see if you qualify for these savings and to enroll in a Covered California plan, visit CoveredCA.com by December 15, 2019 to make changes to your health plan for coverage beginning January 1, 2020, and by January 15, 2020, for coverage beginning February 1, 2020. If you don't enroll in a Covered California plan by then, you may not be able to switch to one for 2020, even if your finances change.

Your new premium

- Your current monthly premium is: \$340.73
- Starting in January, your estimated monthly premium will be **\$343.69**.

Important: This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your January bill.

Other changes

- Your individual deductible will be \$4,000 and your family deductible will be N/A for the plan.
- Your individual maximum out of pocket will be \$7,800 and your family maximum out of pocket will be N/A for the plan.
- We're making some adjustments to our drug formulary in 2020. To see if a medication you're currently taking is impacted, go to hioscar.com/search.
- In 2020, Walgreens, Duane Reade, Rite Aid, and some independent pharmacies will no longer be in Oscar's network. To view your closest in-network pharmacy for 2020, please visit hioscar.com/search.
- The plan you'll be renewed into no longer has UCLA Hospital, UCLA hospital affiliated providers, Hoag Hospital, and Hoag Hospital affiliated providers in the network. If you've visited one or more providers that will be going out-of-network, we will be reaching out with more information about what this means for you and your care. If you would like to select a different plan that includes access to these providers, please call us at 1-855-672-2794

As a reminder, Oscar's plans cover care with providers in our network. Out-of-network care may not be covered except in an emergency in accordance with section 3216 (i)(9)(A) of the Insurance Law. To learn about the rest of your plan's benefits visit hioscar.com or call us at 1-855-672-2794.

Important changes to your provider network

In an effort to manage costs and keep premiums lower, Oscar made some changes to our provider network effective January 1, 2020. The following providers and facilities will no longer be available in-network for you if you choose to stay enrolled in a Select Network plan.

- UCLA Medical Center, Ronald Reagan
- UCLA Medical Center, Santa Monica
- UCLA Medical Group physicians and UCLA Santa Monica Bay Physicians



- Hoag Memorial Hospital Presbyterian in Newport Beach
- Hoag Hospital Irvine
- Hoag Orthopedic Institute
- Hoag Medical Group Physicians

To find other providers and facilities in Oscar's network, go to hioscar.com/search. Your Concierge team is also available to help you find other in-network options near you. Give them a call at 1-855-672-2755 or send a message through your account. We're here to help!

What if I need to or want to keep these providers?

If you or a covered dependent is currently receiving care from a healthcare provider who, because of a network status change, no longer belongs to the Oscar provider network, you or your dependent may be eligible to complete treatment with this provider. Please contact our Member Services Team to find out what conditions qualify and initiate the Continuity of Care Process at 1-855-672-2755 or hioscar.com. We will help you get started. Oscar will work with you and your provider(s) to facilitate completion of covered services, as appropriate. For more information, see "Continuity of Care for Oscar Members" form on hioscar.com/forms.

You also may have the option to enroll in a Circle Network plan through Oscar which includes access to UCLA and Hoag providers and facilities. If you enroll in a Circle Network plan for 2020, you don't need to submit a request for Continuity of Care.

What if I do nothing?

If you do nothing, you will be automatically renewed in your current plan, but you will not have access to UCLA and Hoag providers.

If you want to pick another plan, enroll by December 15, 2019 to make sure you have the coverage you want. See below for more information.

What you need to do

Decide if you want to enroll in this plan or choose another one.

- **I want to enroll in this plan.**
 - Pay the monthly premium January 1, 2020 and you'll be automatically enrolled.
- **I want to pick a different plan**
 - You can choose a different plan between October 15, 2019 and January 15, 2020. Enroll by December 15 for coverage to start January 1, 2020.

Here are some ways to look at other plans and enroll:

- Check with Oscar to see what other plans may be available.
- Visit CoveredCA.com to see Covered California plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget. New state-level subsidies may be available to you which could lower your monthly payment. To see if you qualify, visit CoveredCA.com.



We're here to help

- Call Oscar at 1-855-672-2794 between 9 a.m. and 8 p.m. EST. Or send us a message on hioscar.com or the Oscar mobile app.
- Visit CoveredCA.com, or call 1-800-300-1506 (TTY: 1-888-889-4500) to learn more about Covered California and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at CoveredCA.com/find-help
- Contact an agent or broker you've worked with before.
- Call 1-855-672-2755 for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

More information

Your health insurance choices are different. You may qualify for free or low-cost health insurance.

Because of changes in federal law, you have different health insurance choices that may save you money. As of January 2014, you cannot be denied health insurance because you have health problems or a pre-existing condition. There are new options for low cost or free health insurance for you or your dependents.

Covered California

You can buy health insurance through Covered California. The State of California set up Covered California to help people and families, like you, find affordable health insurance. You can use Covered California if you do not have insurance through your employer, or Medicare. You can also apply for Medi-Cal through Covered California.

You must apply during an open or special enrollment period, except a Medi-Cal application can be made at any time. Open enrollment begins October 15, 2019 and ends January 15, 2020. If you have a life change such as marriage, divorce, a new child or loss of a job, you can apply at the time the life change occurs ("special enrollment period").

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce your out of pocket costs: Out-of-pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits; and
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S. In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans or insurance agents during Open Enrollment and Special Enrollment periods, but the financial help is available only if you select a Covered California product.



Medi-Cal Is Changing Too

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes. You can get Medi-Cal if:

- Your income is low; and
- You are a U.S. citizen, U.S. national or lawfully present in the U.S.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime. To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.

For More Information

To learn more about Covered California or Medi-Cal, visit CoveredCA.com or call 1-800-300-1506. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling 1-800-430-4263, visiting benefitscal.org or beneficioscal.org (Spanish) online, or visiting your county human services office in person.

Right to Submit a Grievance of Cancellation, Rescission, or Nonrenewal of Your Plan Contract, Enrollment, or Subscription

If you believe your plan coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance. You have the options of going to the plan and/or the Department if you do not agree with the plan decision to cancel, rescind or not renew your plan coverage.

Option 1 - You may submit a Grievance to your plan

- You may submit a grievance to Oscar by calling 1-855-OSCAR-88 or submitting a grievance at www.hioscar.com, or by mailing your written grievance to help@hioscar.com or to:

Oscar Health Plan of California
P.O. Box 1279
Culver City, CA 90232

- You may want to submit your grievance to Oscar first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible after you receive the Notice of Cancellation, Rescission, or Nonrenewal.
- Oscar will resolve your grievance or provide a pending status within three (3) days. If the plan upholds your cancellation, rescission or nonrenewal, it will immediately transmit your grievance to the Department of Managed Health Care and you will be notified of the plan's decision and your right to also seek a further review of the plan's decision by the Department as detailed under Option 2, below.

Option 2 - You may submit a Grievance to the Department of Managed Health Care

- You may submit a grievance directly to the Department of Managed Health Care without first



submitting it to the plan or after you have received the plan's decision on your grievance.

- You may submit a grievance by the Department of Managed Health Care online, by mail, or by phone.

Online at:

www.HealthHelp.CA.gov

By mail:

Help Center

Department of Managed Health Care 980 Ninth Street, Suite 500

Sacramento, CA 95814-2725

By phone:

1-888-466-2219

TDD: 1-877-688-9891

FAX: 1-916-255-5241

Sincerely,

Sid Sankaran

Sid Sankaran

Chief Financial Officer

Oscar Health Plan of California

Getting help in other languages

Please see the multi-language interpreter services information enclosed in this letter.



Your 2019 plan vs. your 2020 plan

Plan basics:

	Your 2019 plan Oscar Saver Silver HSA HDHP EPO	Your 2020 plan Oscar Silver 70 EPO Off Exchange
Your individual deductible	\$2,700	\$4,000
Your individual out-of-pocket max	\$6,500	\$7,800
Family deductible	N/A	N/A
Family out-of-pocket max	N/A	N/A

More details:

Type of Care	Your 2019 plan (pre-deductible / post-deductible)	Your 2020 plan (pre-deductible / post-deductible)
Primary care visit	negotiated rate / 30% coinsurance	\$40 / \$40
Specialist visit	negotiated rate / 30% coinsurance	\$80 / \$80
Urgent care	negotiated rate / 30% coinsurance	\$40 / \$40
Emergency room	negotiated rate / 30% coinsurance	\$400 / \$400
Generic drugs (30d)	negotiated rate / 30% coinsurance	negotiated rate / \$16
Tier 2 drugs (30d)	negotiated rate / 30% coinsurance	negotiated rate / \$60
Tier 3 drugs (30d)	negotiated rate / 30% coinsurance	negotiated rate / \$90
Doctor on Call	\$0	\$0

Note: If you make any changes, select a different plan, or if you do not pay your bill by January 1, 2020, this plan and coverage is subject to change.



Notice of Non-Discrimination:

Discrimination is Against the Law

Oscar complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Coverage for medically necessary health services is made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. Oscar will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. Oscar will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Oscar:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services at all times, at all points of contact, to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-855-OSCAR-55 (TTY: 7-1-1).

If you believe that Oscar has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CA Members: Oscar Health Plan of California, Attention Grievances 9942 Culver City Blvd., PO Box 1279, Culver City, CA 90232

All other Members: Oscar Insurance, Attention Grievances PO Box 52146, Phoenix, AZ 85072

1-855-OSCAR-55 (TTY: 7-1-1), Mon - Fri 8am - 8pm/ Sat - Sun 9am - 5pm (EST), Fax: 1-888-977-2062, Email: help@hioscar.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Oscar's Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services for the Deaf or Hard of Hearing

ATTENTION: If you are deaf or hard of hearing, talk to text services, free of charge, are available to you. Call 1-855-Oscar-55 and dial 711 to receive TTY/TDD services.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-OSCAR-55.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-OSCAR-55。

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-OSCAR-55.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-OSCAR-55.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-OSCAR-55 번으로 전화해 주십시오.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-OSCAR-55.

אידיש (Yiddish): אויפגערוקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. 1-855-OSCAR-55.

বাংলা (Bengali): লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-৫৫৮২-৫৫৫৫.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-OSCAR-55.

العربية (Arabic): ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل برقم 1-855-OSCAR-55.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-OSCAR-55.

اردو (Urdu): خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-OSCAR-55.

Tagalog (Tagalog - Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-OSCAR-55.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-OSCAR-55.

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-OSCAR-55.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-OSCAR-55.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-OSCAR-55 पर कॉल करें।

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بکیرید 1-855-OSCAR-55.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-OSCAR-55.

ગુજરાતી (Gujarati): ધ્યાન: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-OSCAR-55.

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-OSCAR-55 まで、お電話にてご連絡ください。

ພາສາລາວ (Lao): ໂປດຂາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດ້ຮັບເສັ້ນຮ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-OSCAR-55.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-OSCAR-55.

አማርኛ (Amharic): ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፡ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-OSCAR-55.

Հայերեն (Armenian): Ուշադրություն: Որովհետև դուք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Զանգահարե՛ք 1-855-OSCAR-55.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1-855-OSCAR-55.

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-OSCAR-55.

ภาษาไทย (Thai): ด้ ำคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-855-OSCAR-55.

Deutsch (Pennsylvania Dutch): Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-OSCAR-55 (TTY: 711).

Oromiffa (Oromo): XIYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-OSCAR-55.

Nederlands (Dutch): AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-OSCAR-55.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-OSCAR-55.

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit.

Sunați la 1-855-OSCAR-55

Navajo Diné Bizaad: Dii baa akó nínizin: Dii saad bee yáńílti' go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíilnih 1-855-OSCAR-55 (TTY:711.)

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-OSCAR-55