



Oscar Insurance Company

75 Varick Street, 5th floor

New York, NY 10013

1-855-OSCAR-55

help@hioscar.com

hioscar.com

OSCAR INSURANCE COMPANY NETWORK ACCESS PLAN

INTRODUCTION	2
MEASURING AND MONITORING OUR NETWORK	3
BUILDING OUR NETWORK	4
NETWORK ACCESS PLAN DISCLOSURES AND NOTICES	6
GRIEVANCES	6
APPEALS AND COMPLAINTS	6
APPEALS PROCESS	7
EXTERNAL REVIEW PROCESS	8
EXPEDITED EXTERNAL REVIEW PROCESS	10
APPEAL TO THE STATE OF COLORADO	10
NOTIFICATION OF BENEFIT DETERMINATION	11
OBTAINING EMERGENCY AND NON-EMERGENCY MEDICAL CARE	11
HOW WE CHOOSE NETWORK PARTNERS	12
LANGUAGE AND ACCESS	12
LANGUAGE ASSISTANCE SERVICES FOR THE DEAF OR HARD OF HEARING	13
MEMBER ASSESSMENT FOR LANGUAGE SERVICES / DEMOGRAPHIC PROFILE	13
PLANS FOR COORDINATION AND CONTINUITY OF CARE	14
DISCHARGE PLANNING	16
THE PROCESS TO CHANGE PRIMARY CARE DOCTORS	16
HOLD HARMLESS PROVISIONS	16

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com

hioscar.com

INTRODUCTION

Thank You so much for choosing Oscar! We're so excited to meet You, and look forward to partnering with You towards living Your healthiest life.

This access plan is for the Oscar EPO network (network ID CON001) in Colorado. Oscar Insurance Company ("Oscar") uses this network for individual market products. This network will service the Denver area, including Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson Counties.

In this Network Access Plan, "We", "Us" and "Our" means Oscar. "You" are the eligible Subscriber whose individual enrollment application has been accepted by Us. "You" and "Your" may also refer to any eligible Dependents who are covered under this Plan. The word "Member" means You and any eligible Dependents who are covered under this Plan.

We know that health insurance can be confusing. At Oscar, we're committed to making Our plans as simple as possible, because it's really important to Us that You understand how Your plan works.

HOW TO CONTACT US FOR ASSISTANCE

Resource	Contact Information	Accessible Hours
Member Services Helpline	1-855-672-2755	Monday – Friday 9:00 a.m. – 5:00 p.m. MT
Website	www.hioscar.com	24 hours a day 7 days a week
Mailing Address	P.O. Box 52146 Phoenix, AZ 85072-2146	24 hours a day 7 days a week

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

Chat with Your Member Services team	Oscar smartphone app Oscar's Member portal at www.hioscar.com	Monday – Friday 9:00 a.m. – 5:00 p.m. MT

MEASURING AND MONITORING OUR NETWORK

In 2020, the Oscar EPO network includes:

- 290 PCPs
- 765 Specialists
- 1,755 Behavioral health, mental health, and substance abuse providers and facilities
- 16 Hospitals
- 289 Pharmacies
- 54 Pediatricians
- 133 OB/GYNs

Colorado insurance regulations and the National Committee for Quality Assurance (NCQA) maintain standards on network access and adequacy. These standards vary by provider specialty and facility type, and are measured from Your primary residence. We regularly monitor Our network against these standards to ensure You have access to the care You need, when You need it.

To measure Our networks, We use an Oscar-built software program called the Network Scorecard. The Network Scorecard measures the distance between Our providers and Your primary residence and how long it would take for You to drive to Our providers' offices. The Network Scorecard measures many specialties, including emergency room care, anesthesiology, radiology, hospital care, and pathology and laboratory services. It also measures whether We have enough providers in Our network to meet Your needs. We run this tool on a monthly basis. If adequacy gaps are found, We attempt to close each gap as soon as possible by working with Our network partners to identify additional providers to bring into Our network, or We independently contract more providers.

In addition, We survey members like You on an annual basis to understand Your experience with our provider network. We do not use telehealth or Virtual Primary Care (vPCP) to meet Our network adequacy requirements.

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com

hioscar.com

In Adams, Broomfield, and Douglas counties, You may experience limited access to pediatricians. We are working hard to contract more pediatricians as soon as possible so You have a positive experience with Our network.

BUILDING OUR NETWORK

We aim to build networks that deliver value to You on quality, access, and cost.

Our strategy is to build networks with fewer, but higher-value provider systems than Our competitors. We ensure that Our providers have strong performance on quality, are cost-effective, and can deliver coordinated healthcare services throughout Your healthcare journey. To assess this, We review data published by CMS on provider quality including Hospital and Physician Compare, as well as market reports from Decision Resources Group and US News and World Report. In the proposed service area, We intend to build a network partnering with HealthONE's hospitals, network of ancillary facilities, and employed and admitting physicians.

In the Denver area, We built Our network by contracting with HealthONE's hospitals, their network of ancillary facilities, and their admitting physicians. We then supplement the network by directly contracting more providers to ensure We meet Our network adequacy standards. We choose these additional providers to contract by scoring potential providers based on cost and quality, and then contracting the providers with the highest scores.

To make access to care even simpler, we also offer You unlimited, free telemedicine benefits and a dedicated concierge team made up of nurses, social workers, and on-call physicians who help members like You access Our network in real time.

Quality Assurance Standards

We maintain a Quality Improvement Program to ensure that We provide a simple, engaging, and high quality member experience. We do this by reviewing member feedback, monitoring network adequacy, monitoring continuity of care, reviewing clinical outcomes, and identifying potential patient safety issues. In addition, We maintain accreditation through the National Committee for Quality Assurance to ensure that members like you receive high quality care at all times.

Single Case Agreements

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

We will complete a single case agreement for out-of-network requests when You do not have adequate access to a provider in Our network. Once the out-of-network request has been submitted, our provider team confirms that: the requested out-of-network provider's license is active; that the provider is not subject to any sanctions or other disciplinary action; and that the provider is licensed to provide the service in question. After confirmation, We negotiate a rate with the provider for their services and execute the single case agreement.

Provider Directory

Our provider directory is located at hioscar.com/search. We conduct an ongoing review of the directory and correct or update the information when We become aware of changes. Updates are made to the provider directory at least monthly. If You would like a paper copy of the provider directory, please call Our concierge team and they will send You one in the mail. In addition, the concierge team will send You a copy of the provider directory in Spanish upon request.

Referrals

We are an EPO. This means that You don't need a referral to see a specialist in Our network. If You need help finding a provider, Our concierge team is available to help You. You can also search for providers on Our website or through Our smartphone app.

Covered Services from a Network Provider

You may access Covered Services without a referral from a network provider.

Medically Necessary Out-of-Network Services

First, the Plan completes single case agreement for out-of-network requests when a member does not have adequate access to a provider in our service area. Once the out-of-network request has been submitted, our provider team confirms 1) that the requested out-of-network provider's license is active, 2) that the provider is not subject to any sanctions or other disciplinary action, and 3) that provider is licensed to provide the service in question. After confirmation, we negotiate a rate with the provider for their services and execute the single case agreement. The Plan's contracts prohibit balance billing of insured members.



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

NETWORK ACCESS PLAN DISCLOSURES AND NOTICES

We will inform You of Our services and features through disclosures and notices to policyholders directly via mail. Additionally, You can always find information about Your plan and Our policies on Our smartphone app, Our website, or by speaking directly with Your Concierge Team at 1-855-OSCAR-55.

GRIEVANCES

If You have a concern regarding a person, a service, the quality of care, contractual benefits, an initial eligibility denial, or a rescission of coverage, You can call 1-855-672-2755 and explain Your concern to one of Our Customer Service representatives. We will do Our best to resolve the matter on Your initial contact. If We need more time to review or investigate Your concern, We will get back to You as soon as possible, but at most within 30 days.

If You are not satisfied with the review and our response, You, Your Healthcare Provider, or Your Authorized Representative acting on Your behalf, may file an Appeal. You also may file an Appeal without first requesting a review. An Appeal is a written complaint about: the availability, delivery or quality of Healthcare Services, including a complaint regarding an Adverse Determination made pursuant to Utilization Review; Claims payment, handling or reimbursement for Health Care Services; or matters pertaining to the contractual relationship between You and Us. We will not charge You anything to file an Appeal.

You may contact the Colorado Division of Insurance at any time.

APPEALS AND COMPLAINTS

If You have a concern regarding a person, a service, the quality of care, contractual benefits, an initial eligibility denial, or a rescission of coverage, You can call Our member services team at 1-855-672-2755 and explain Your concern to one of our customer service representatives. We will do our best to resolve the matter on Your initial contact. If We need more time to review or investigate Your concern, We will get back to Your as soon as possible, but in any case within 30 days.

If You are not satisfied with the review and Our response, You, Your healthcare provider, or Your authorized representative acting on Your behalf, may file an Appeal.

If You receive a denial or reduction in claims payment, or any other adverse determination,



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

you may file an appeal without first requesting a review. An appeal is a written complaint about: the availability, delivery, or quality of healthcare services; claims payment, handling or reimbursement for health care services; or matters pertaining to the contractual relationship between You and Oscar. We will not charge You anything to file an appeal.

You may contact the Colorado Division of Insurance at any time for additional assistance.

APPEALS PROCESS

You may file an Appeal within 180 days of receipt of the initial Adverse Determination. You should submit the Appeal to us at:

Oscar Insurance Company
P.O. Box 52146 Phoenix, AZ 85072-2146

You should state the reason why You feel the appeal should be approved and also include any information supporting Your appeal. If You are not able to write, or choose not to, You may ask to register the appeal by calling us at 1-855-672-2755. You may also register the appeal by an arranged appointment or walk-in interview.

Colorado law provides one level of appeals for internal appeals of an adverse determination.

Your request for appeal regarding an adverse determination will be conducted by a reviewer or review panel, which will be made up of one or more people who were not involved in the previous decision. This reviewer or review panel will consult with at least one physician in a similar field as the care being considered. For other coverage plan-related appeals, the review will be conducted by a person who was not:

- A part of the previous decision
- A subordinate or previous decision makers

You have the following rights, pertaining to Your review panel. You can:

- Attend the review in person, or by video/telephone.
- Explain Your situation in person or in writing
- Submit supporting material before and at the review
- Ask questions of Oscar representatives before the review, or at the review
- Be represented or assisted by a person of Your choice.

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

Appeal Determination Timeframes	
Pre-service and concurrent care coverage determinations	15 calendar days
Post service Claims	30 calendar days
Extensions	We will notify You in writing if We need more time to review. This extension will not exceed 15 calendar days.
Expedited Review	Within 72 hours, orally, and within 3 calendar days, in writing.

We will provide You with any additional information or evidence We consider that is in connection with Your appeal. We'll provide it as soon as possible and before the decision, so that You have the chance to respond.

We'll send You Our decision in writing within five working days after We make it, and within the timeframes listed above. You may request that we expedite Our process under the following circumstances:

- The timeframes above would seriously jeopardize Your life, health, or ability to regain maximum function, or would cause severe pain. If this is the case, You may request an expedited External Independent Review at the same time; or
- The Appeal involves non-authorization or an admission or continuing Hospital stay

EXTERNAL REVIEW PROCESS

If You are not fully satisfied with the decision of Our review regarding Your appeal based on an adverse determination, You or Your representative have the option to submit the



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

dispute to the Colorado Division of Insurance for resolution by an External Independent Review "EIR" (which is binding in accordance with applicable law). The EIR is composed of persons who are not employed by Us or any of Our affiliates. A decision to request an appeal to an Independent Review Organization will not affect Your rights to any other benefits under the plan.

We will pay the cost of the EIR, and there is no minimum dollar amount on a claim for it to be eligible for review by EIR. There will be no charge for You to initiate this EIR process.

To request a review, You must notify the Colorado Division of Insurance in writing and within four months following receipt of Oscar's denial. The Colorado Division of Insurance may select an Independent Review Organization to review Your issue.

We will deliver a copy of Your request to the Commissioner within two working days of receipt of Your request for EIR. We will let You know by telephone, and then in writing, within one working day if We decide to reverse the adverse determination before sending Your request to the Commissioner.

The Commissioner will assign an independent external review entity to conduct an external review within two working days of receiving Your request for an EIR, and will notify Oscar of the entity's contact information electronically, by facsimile, or in writing. Within one working day of our receipt of this information, We will provide You with the entity's contact information, and with the procedure for alerting the Commissioner to any potential conflicts of interest with the entity assigned. You must provide this information to the Commissioner within two working days of receiving the information from us. The Commissioner will reassign the entity if needed within one working day, and will notify both Oscar and You of the new entity's contact information. You may submit information directly to the EIR within five business days of receipt of notice from Us that it has been assigned, and the EIR will provide a copy of the information to Us one business day after receipt of the information.

We will deliver the following information to the assigned EIR entity within five working days of our receipt of the assignment from the Commissioner:

- All relevant medical records
- All denial letters
- A copy of the signed consent form
- Documentation provided to Us from You in support of Your request for coverage
- Our clinical reasoning for Our adverse determination
- An index of all submitted documentation

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

Within two working days of receipt of the above material from Us, the EIR entity will deliver the information to You. Upon Your request, We will also provide You with all relevant information we supplied to the EIR entity that isn't confidential or privileged under state or federal law.

Upon the request of the EIR entity, You or Us will submit any additional requested information within five business days.

- If You do not provide this information within the time limit, the EIR entity will make its decision based on what it has from Us.
- We may reconsider Our adverse determination upon new information from You. If We do this, We will notify You within one business day.
- If We do not provide this information within the time limit, the EIR entity may end the review and reverse Our adverse determination. It will notify You, Us, and the Commissioner immediately if this were to happen.

The EIR entity will render an opinion within 45 days. If Our adverse determination is reversed, We will approve the coverage in question within one business day of a pre-service or concurrent care review, or within five business days of a post-service care review.

EXPEDITED EXTERNAL REVIEW PROCESS

When requested, and if either a delay would be detrimental to Your condition, as determined by Our physician reviewer, or if Your appeal concerns admission, availability of care, continued stay, or health care item or service for which You received emergency services but You have not yet been discharged from a facility, the review shall be completed within 72 hours.

APPEAL TO THE STATE OF COLORADO

You have a right to contact the Colorado Division of Insurance at any time. You may contact the Colorado Division of Insurance at:

Colorado Division of Insurance
Department of Regulatory Affairs
1560 Broadway, Suite 850
Denver, CO 80202
1-800-930-3745



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

NOTIFICATION OF BENEFIT DETERMINATION

All benefit determinations on appeals will be provided in writing or electronically, and if it's an adverse determination, will include:

- Information sufficient to identify the claim
- The reason for the adverse determination
- Refer to the plan provisions on which the determination is based
- A statement that You may receive copies of all documents, records, guidelines internal rules, and similar criterion used to make the determination free of charge
- Information about any office of health insurance consumer assistance or ombudsman available to assist You.

All written denials on the grounds that the benefits are not medically necessary will be signed by a physician licensed in the state of Colorado.

As part of Our network construction, We contract with physical therapists, occupational therapists, and a number of additional rehabilitation providers. You are able to search through Our provider search tool to determine available services across the service area.

Additionally, Our Concierge team is available to assist You in accessing all medical services and receive feedback on network performance.

OBTAINING EMERGENCY AND NON-EMERGENCY MEDICAL CARE

You must have a prior authorization for all non-emergency inpatient admissions, and certain other admissions, in order to be eligible for benefits.

We conduct an inpatient prior authorization review to determine both the medical necessity for Your admission and the need for You to continue to stay in the hospital. You should only request an outpatient certification for non-emergency procedures or services, and they should be requested by Your or Your provider at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered.

Emergency services will be reviewed post-admission. When We conduct a utilization review or make a benefit determination for emergency services, We will cover the emergency services necessary to screen and stabilize You and will not require a prior authorization of such services.

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

To obtain prior authorization or verify requirements for inpatient or outpatient services, including which other types of facility admissions require prior authorization, You and providers can call Us at 1-855-672-2755. To verify prior authorization requirements for prescription drugs and supplies, including which prescription drugs and supplies require authorization, You and providers can call Us at 1-855-672-2755.

If prior authorization was not performed, We will use retrospective review to determine if a scheduled or emergency admission or outpatient service was medically necessary.

HOW WE CHOOSE NETWORK PARTNERS

We carefully evaluate Our network partners to assess who will provide the best care for You. We work with Our partners to integrate technological services and ensure the highest levels of satisfaction. Our established relationship with Our partners and their prominence in the Denver market, as well as their history of strong outcomes, makes them an ideal partner for Us in Colorado.

We continue to monitor Your feedback and the health outcomes of Our hospital partners and individual providers to continually ensure that We maintain a network of the highest quality and meet standards of care, all while maintaining access and ease-of-use for Our members.

LANGUAGE AND ACCESS

Your internal points of contact with Us will be Our customer service team (who address Your questions) and medical management staff (for care coordination). Your external points of contact will primarily be providers. All points of contact are aware of their obligation to inform You that interpretation services are available free of charge.

In addition, Our website and various materials provided to You (such as Your contract and grievance-related documents including Independent Medical Reviews) will contain a statement in multiple languages to inform you that You can call Our customer service line for interpretation services free of charge.

We complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We does not exclude people or treat them diferently because of race, color, national origin, age, disability, or sex.

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

We provide free language services, at all points of contact, at all times, 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 We have 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 at:

1-855-OSCAR-55 (TTY: 7-1-1), Mon - Fri 8 am - 8 pm/ Sat - Sun 9 am - 5 pm (EST);
Fax: 1-888-977-2062; and
Email: help@hioscar.com

You can file a grievance in person or by mail, fax, or email. If You need help filing a grievance, Our 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/ofce/file/index.html>.

LANGUAGE ASSISTANCE SERVICES FOR THE DEAF OR HARD OF HEARING

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.

MEMBER ASSESSMENT FOR LANGUAGE SERVICES / DEMOGRAPHIC PROFILE

We have adopted standards for completing a member language needs assessment and demographic profile. At least one year from Our first year of operation in a new state, and



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55
help@hioscar.com
hioscar.com

at least every three years thereafter, We assess Our member needs for language assistance. We utilize statistically valid methods to conduct this assessment, while developing a demographic profile inclusive of the following:

- During the registration process, You are asked to indicate Your preferred language, race and ethnicity;
- Your language preference is documented in Your individual file;
- We shall send a linguistic needs survey to You on an annual basis;
- If, when a Your call Our Member Services line, Our representative with whom You speak notices that You unable to understand or answer questions, the representative may ask if You would like interpretation services (available from a third-party provider) and record Your preference in Your individual file; and
- Through the Federal or State Exchange application process.

To the extent that You provide information about Your language preference through any of these channels, this information will be maintained in Your file accessible by Our customer service and medical management staff. Providers can also view Your language preferences via the Provider Web portal or collect Your language preferences by calling Our provider service line.

We employ a data science team at that assesses clinical outcomes and service patterns, along with an in-house clinical organization to ensure that Our network is consistently meeting Your needs.

We encourage member feedback and use concierge resources that are available to You 24/7 to facilitate feedback and a constant dialogue with Us. We additionally maintain an LEP program to facilitate feedback from diverse populations.

PLANS FOR COORDINATION AND CONTINUITY OF CARE

We make a good faith effort to notify You in writing when Your provider is no longer in Our network. We always try to notify You as soon as We become aware of the termination. We also inform You of other participating providers who are available to assume Your care and facilitate Your transition from a terminating provider so that Your care is not interrupted.

We recognize the importance of Your relationship with Your provider, particularly if You have serious health issues. To ensure that Your provider relationship is maintained in qualifying clinical situations (such as the second or third trimester of pregnancy) where an unexpected provider termination, withdrawal, or nonrenewal could disrupt Your recovery



Oscar Insurance Company

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

or put You at risk, We will cover ongoing services with Your terminating provider. Our policies for continued coverage are compliant with applicable Colorado and/or federal laws.

Continued coverage of the provider's services is subject to the provider's agreement to contractual and reimbursement terms in accordance with applicable law. We are not required to continue coverage in instances where the provider was terminated based upon the following, but not limited to:

- Our opinion that the provider is an imminent danger to You or other members or the public's health, safety and welfare;
- A determination of fraud;
- A breach of contract by the provider; or
- The health care professional being the subject of disciplinary action by the State Board of Medical Examiners.

If You desire to initiate a request for continued coverage You may contact Our Concierge Team at 1-855-OSCAR-55 or by logging in to the member portal at www.hioscar.com and contacting the Concierge team via Secure Message. Your Concierge team, a team of both member representatives and care nurses, will work with You and Your providers to determine eligibility for continuity of care coverage and to facilitate review of potentially qualifying conditions as appropriate.

The determination as to the medical necessity of Your continued treatment with a terminated health care professional will be made in accordance with the process and timeframes outlined in Our Colorado Utilization Management Program and Our Colorado Utilization Management Appeals policy.

When You are granted continued coverage with a terminated provider, the amount of, and the requirement for payment of, copayments, deductibles or other cost sharing components during the period of completion of covered services will be the same as would be paid by You if receiving care from a provider currently contracting with Us.

We identify whether You are currently undergoing treatment with a provider, provider group, or hospital leaving the network and send a notification of the termination to You within 15 working days after We receive the notice of termination. You are identified as an affected member if You have seen the terminating provider one (1) or more times in the 12 months prior to provider's termination date. The notice will include the effective date of the

**Oscar Insurance Company**

75 Varick Street, 5th floor
New York, NY 10013

1-855-OSCAR-55

help@hioscar.com
hioscar.com

provider's termination, the provider or Provider Group's name, a copy of Our Continuity of Care policy and the number to call for help with finding an in-network provider.

The continuity of care period for Our members who undergo an active course of treatment extends to the earlier of:

1. The termination of the course of treatment by You or the treating provider;
2. Ninety (90) days after the effective date of the provider's departure or termination from the network, unless Our Medical Director determines that a longer period is necessary;
3. The date that care is successfully transitioned to a participating provider;
4. Benefit limitations under the plan are met or exceeded; or
5. The care is no longer medically necessary.

DISCHARGE PLANNING

Through Discharge Planning, the Concierge team works to effectively transition You home after Hospital stays. Any member who is admitted to a hospital is eligible for Discharge Planning. Our Nurse Case Managers will reach out directly to You and hospital staff to coordinate Discharge Planning activities. To discuss any planned upcoming hospital stay and/or a recent hospital stay with a Nurse Case Manager, please reach out to Our Concierge team.

THE PROCESS TO CHANGE PRIMARY CARE DOCTORS

We are an "open Referral" EPO Plan. Under this Plan, You do not have to select a PCP, but You are encouraged to do so. The PCP is available to supervise and coordinate Your health care in Our Network. You do not need a Referral from a PCP to obtain treatment for covered benefits before receiving Specialist care from an In-Network Specialist. You are also not required to take any action to change Your in-network primary care providers.

HOLD HARMLESS PROVISIONS

We have "hold harmless" provisions in Our provider contracts, which prohibit contracted providers from balance-billing You in the event of Our insolvency or other inability to continue operations. You can request this information by reaching out to Our Concierge team at 1-855-OSCAR-55 or by logging in to the member portal at www.hioscar.com and contacting the Concierge team via Secure Message.