Oscar Silver 70 HDHP EPO $2,000/20% + Child Dental INF Schedule of Benefits

All services and supplies must be provided by an Oscar In-Network Provider, unless an Out-of-Network provider is authorized by Oscar, and except in the case of an Emergency or Urgent Care. If you receive covered services at an In-Network facility at which or as a result of which you receive services provided by an Out-of-Network provider, you will pay no more than the same cost sharing you would pay for the same covered services received from an In-Network provider. This schedule is intended to help you compare covered benefits and is a summary only. The Subscriber Agreement and Combined Evidence of Coverage and Disclosure Form should be consulted for a detailed description of covered benefits and limitations.

Deductible

This is the amount of Covered Charges that a Covered Person must pay before this Subscriber Agreement and Combined Evidence of Coverage and Disclosure Form pays any benefits for such charges. Deductible does not include Coinsurance, Copayments, and Non-Covered Charges.

Maximum Out of Pocket

This is the annual maximum dollar amount that a Covered Person must pay as Copayment, Deductible, and Coinsurance for all covered services and supplies in a Calendar Year. All amounts paid as a Copayment, Deductible, and Coinsurance shall count toward the Maximum Out of Pocket. Once the Maximum Out of Pocket has been reached, the Covered Person has no further obligation to pay any amounts as Copayment, Deductible, or Coinsurance for In-Network covered services and supplies for the remainder of the Calendar Year.

Copayment

This is a specified dollar amount a Covered Person must pay for specified Covered Charges.

Coinsurance

This is the percentage of a Covered Charge that must be paid by a Covered Person.

Deductible

Individual	$2,000.00
Family	$4,000.00

Out-of-Pocket Maximum

Individual	$6,550.00
Family	$13,100.00

HSA Deductible

Individual	$2,700.00
Family	$4,000.00

MEDICAL PROFESSIONAL SERVICES	Participating Provider Member Responsibility for Cost-Sharing	Limits
Primary Care Office Visits	20% coinsurance after deductible	
Specialist Office Visits	20% coinsurance after deductible	
All other Practitioner Visits	20% coinsurance after deductible	
Acupuncture	20% coinsurance after deductible	
Complex Imaging Services CT/PET scans, MRIs **Preauthorization may be required**	20% coinsurance after deductible	

Allergy Testing - Primary Care Physician Visit	20% coinsurance after deductible	
Allergy Testing - Specialist Visit	20% coinsurance after deductible	
Anesthesia Services - Outpatient	20% coinsurance after deductible	
Anesthesia Services - Inpatient	20% coinsurance after deductible	
Chemotherapy **Preauthorization may be required**	20% coinsurance after deductible	Cost-sharing for oral anti-cancer drugs limited to $200 per 30 day supply
Outpatient Rehabilitation Physical Medicine Services (Physical Therapy, Occupational Therapy or Speech Therapy) **Preauthorization may be required**	20% coinsurance after deductible	
Outpatient Habilitation Physical Medicine Services (Physical Therapy, Occupational Therapy or Speech Therapy) **Preauthorization may be required**	20% coinsurance after deductible	
Laboratory Procedures and Genetic Testing **Preauthorization may be required**	20% coinsurance after deductible	

Maternity and Newborn Care		
Diagnostic and other Prenatal and Postnatal Care	20% coinsurance after deductible	
Routine Prenatal and Postnatal Care	$0 copayment not subject to deductible	
Inpatient Hospital Services and Birthing Center	20% coinsurance after deductible	
Physician and Midwife Services for Delivery	20% coinsurance after deductible	
Breast Pump	$0 copayment not subject to deductible	
Preventive care	$0 copayment not subject to deductible	
X-rays and Diagnostic Imaging **Preauthorization may be required**	20% coinsurance after deductible	

Medical Outpatient Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Ambulatory Surgical Center Facility Fee **Preauthorization may be required**	20% coinsurance after deductible	
Outpatient Physician / Surgeon Fees **Preauthorization may be required**	20% coinsurance after deductible	
Outpatient Visits	20% coinsurance after deductible	

Medical Hospitalization Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Inpatient Facility Fee Preauthorization required. However, Preauthorization is not required for emergency admissions	20% coinsurance after deductible	
Inpatient Physician / Surgeon Fees Preauthorization required. However, Preauthorization is not required for emergency admissions	20% coinsurance after deductible	
Skilled Nursing Facility Preauthorization required	20% coinsurance after deductible	100 visits per Plan Year

Emergency Health Coverage	Participating Provider Member Responsibility for Cost-Sharing	Limits
Emergency Room Facility Fee Waived if admitted	20% coinsurance after deductible	
Emergency Room Physician Fee Waived if admitted	$0 copayment after deductible	
Urgent Care Center	20% coinsurance after deductible	

Ambulance Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Emergency Transportation/ Ambulance Preauthorization required for non-emergency ambulance transportation	20% coinsurance after deductible	

PRESCRIPTION DRUGS Preauthorization/step therapy may be required	Participating Provider Member Responsibility for Cost-Sharing	Limits
Retail Pharmacy		
30-day supply		
Tier 1 - Generic Drugs	20% coinsurance after deductible	Up to $250 per script after deductible
Tier 2 - Preferred Brand Name	20% coinsurance after deductible	Up to $250 per script after deductible
Tier 3 - Non-preferred Brand Name	20% coinsurance after deductible	Up to $250 per script after deductible
Tier 4 - Specialty Drugs	20% coinsurance after deductible	Up to $250 per script after deductible
Mail Order Pharmacy		
90-day supply (except for Tier 4)		
Tier 1 - Generic Drugs	20% coinsurance after deductible	Up to $750 per script after deductible
Tier 2 - Preferred Brand Name	20% coinsurance after deductible	Up to $750 per script after deductible
Tier 3 - Non-preferred Brand Name	20% coinsurance after deductible	Up to $750 per script after deductible
Tier 4 - Specialty Drugs	20% coinsurance after deductible	Limited to 30-day supply Up to $250 per script after deductible

Durable Medical Equipment	Participating Provider Member Responsibility for Cost-Sharing	Limits
Durable Medical Equipment and Braces **Preauthorization required, if annual cost (purchase/ rental) > $500**	20% coinsurance after deductible	

Mental Health Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Inpatient Mental Health Care (for a continuous confinement when in a Hospital) **Preauthorization may be required. However, Preauthorization is not required for emergency admissions**	20% coinsurance after deductible	
Inpatient Physician Fees **Preauthorization may be required. However, Preauthorization is not required for emergency admissions**	20% coinsurance after deductible	
Outpatient Mental Health Office Visits	20% coinsurance after deductible	
Outpatient Mental Health Items and Services	20% coinsurance after deductible	

Chemical Dependency Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Inpatient Substance Use Services (for a continuous confinement when in a Hospital) **Preauthorization may be required. However, Preauthorization is not required for emergency admissions**	20% coinsurance after deductible	
Inpatient Physician Fees **Preauthorization may be required. However, Preauthorization is not required for emergency admissions**	20% coinsurance after deductible	
Outpatient Substance Use Office Visits	20% coinsurance after deductible	
Outpatient Substance Use Items and Services	20% coinsurance after deductible	

Home Health Services	Participating Provider Member Responsibility for Cost-Sharing	Limits
Home Health Care **Preauthorization may be required**	20% coinsurance after deductible	100 visits

ADDITIONAL SERVICES, EQUIPMENT and DEVICES	Participating Provider Member Responsibility for Cost-Sharing	Limits
Diabetic Equipment, Supplies and Self-Management Education		
Diabetic Equipment **Preauthorization may be required.**	20% coinsurance after deductible	
Diabetic Supplies **Preauthorization may be required.**	20% coinsurance after deductible	
Diabetic Education	$0 copayment not subject to deductible	
Hospice Services **Preauthorization may be required**	$0 copayment after deductible	
Treatment for Infertility **Preauthorization may be required**		Use Cost-Sharing for appropriate service (office visits, diagnosis, diagnostic tests, prescription drugs, and surgery (including gamete intrafallopian transfer).) In vitro fertilization is not covered.

Pediatric Dental and Vision Care	Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care		See Supplemental Pediatric Dental Care Schedule of Benefits
Pediatric Vision Care		
Exams	$0 copayment not subject to deductible	One (1) exam per Plan Year Preventive visits $0 copayment not subject to deductible
Lenses and Frames	$0 copayment not subject to deductible	One (1) prescribed lenses and frames per Calendar Year
Contact Lenses	$0 copayment not subject to deductible	Only in lieu of glasses

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Subscriber Agreement and Combined Evidence of Coverage and Disclosure Form, You will be responsible for the full cost of the services.

Emergency Medical Conditions are covered by Us. We will cover all costs beyond the required member cost share (copayment, coinsurance, deductible), as outlined by the health care plan service contract.

You may contact California Department of Managed Healthcare at 1-888-466-2219; it also has a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department's internet website can be accessed at https://www.dmhc.ca.gov.

To reach CA Relay, please use the numbers below:

Type of Call	Language	Toll-free 800 Number
TTY/VCO/HCO to Voice	English	1-800-735-2929
Voice to TTY/VCO/HCO	English Spanish	1-800-735-2922 1-800-855-3000
From or to Speech-to-Speech	English Spanish	1-800-854-7784

You can reach Us at 1-855-Oscar-55 or at www.hioscar.com

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. Oscar does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 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:

NY/NJ/TX/OH/TN Members: Oscar Insurance, Attention Grievances PO Box 52146, Phoenix AZ, 85072

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

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, 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.

Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Oscar. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerrni veprim brenda afateve të caktuara për të mbuluar koston shëndetësore ose për ndihmën. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin 1-855-OSCAR-55.

يحتوي هذا الإشعار على معلومات مهمة. يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك من خلال Oscar. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ نهائية معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على هذه المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-855-OSCAR-55.

Սույն ծանուցումը պարունակում է կարևոր տեղեկություն: Սույն ծանուցումը կարևոր տեղեկություն է պարունակում Ձեր դիմումի կամ Oscar ապահովագրական ծածկույթի մասին: Փնտրե՛ք ծանուցման մեջ ներկայացված էական ամսաթվերը: Ձեզնից կարող է պահանջվել մինչև որոշակի վերջնաժամկետները ձեռնարկել գործողություններ Ձեր առողջության ապահովագրական ծածկույթը պահպանելու կամ ծախսերի հետ կապված օգնություն ստանալու համար: Դուք իրավունք ունեք այս տեղեկատվությունն ու օգնությունն անվճար ստանալու Ձեր նախընտրած լեզվով: Զանգահարե՛ք 1-855-OSCAR-55.

এই নোটিশে গুরুত্বপূর্ণ তথ্য আছে। এই নোটিশে আপনার আবেদনপত্র অথবা কভারেজ সম্পর্কে Oscar –এ গুরুত্বপূর্ণ তথ্য রয়েছে। এই নোটিশের গুরুত্বপূর্ণ তারিখগুলো দেখুন। আপনাকে হয়তো সুনির্দিষ্ট কোন সময়সমীয়ার ভেতরে কোন পদক্ষেপ নিতে হতে পারে আপনার স্বাস্থ্য বীমা চালু রাখতে অথবা ব্যয় বহনের সাহায্যে। আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। কল করুন ১-৮৫৫-অস্কার-৫৫

本通知有重要的訊息。本通知有關於您透過 Oscar 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 1-855-OSCAR-55。

این اعلامیه حاوی اطلاعات مهمی می باشد. این اعلامیه حاوی اطلاعات مهمی درباره فرم تقاضا و یا پوشش بیمه ای شما توسط Oscar می باشد. به تاریخ های مهم در این اعلامیه توجه کنید. شما برای حفظ پوشش مزایای سلامتی خود و یا کمک در زمینه مخارج ممکن است لازم باشد تا در تاریخ های مشخصی کارهای خاصی را انجام دهید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود و به طور رایگان دریافت نمایید. لطفا با شماره 1-855-OSCAR-55 تماس بگیرید.

Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou couverture par l'intermédiaire d'Oscar. Recherchez les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures avant une échéance spécifiée afin de conserver votre couverture santé ou aide financière. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue gratuitement. Appelez le 1-855-OSCAR-55.

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz über Oscar. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Es ist möglicherweise notwendig, bis zu bestimmten Stichtagen zu handeln, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-855-OSCAR-55.

Αυτή η ειδοποίηση περιλαμβάνει σημαντικές πληροφορίες. Αυτή η ειδοποίηση περιλαμβάνει σημαντικές πληροφορίες σχετικά με την αίτησή σας ή την κάλυψή σας από την Oscar. Εδώ, θα βρείτε βασικές ημερομηνίες. Ενδέχεται να χρειαστεί να ενεργήσετε εντός ορισμένων προθεσμιών για να διατηρήσετε την ασφαλιστική κάλυψη υγείας ή την υποστήριξή σας με κάποιο κόστος. Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες, καθώς και βοήθεια, χωρίς καμία χρέωση. Καλέστε στον αριθμό 1-855-OSCAR-55.

આ સુચના મહત્વની છે. આ સુચના તમારી અરજી અથવા Oscar માટેની મહત્વની માહિતી ધરાવે છે. આ સુચનામાં મહત્વની તારીખો જુઓ. તમારે તમારા હેલ્થ કવરેજ અથવા ખર્ચ માટેની મદદની સમયમર્યાદામાં જરૂર પડી શકે છે. તમને તમારી ભાષામાં નિશૂલ્ક મદદ અને માહિતી મેળવવાનો અધિકાર છે. 1-855-OSCAR-55 પર ફોન કરો.

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a gen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Oscar. Chèche dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 1-855-OSCAR-55.

इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Oscar के माध्यम से बीमे के बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या लागतों में मदद के लिए आपको कुछ निश्चित समय सीमा तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत दिए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-855-OSCAR-55 पर कॉल करें।

Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Oscar. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntsiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 1-855-OSCAR-55.

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso Oscar. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 1-855-OSCAR-55.

この通知には重要な情報が含まれています。Oscar の申請または補償範囲に関する大切な情報です。通知に記載されている重要な日付をご確認ください。健康保険を継続したり費用支援を受けるには、特定の期日までに行動を取らなければならない場合があります。この情報やサポートを無料でご希望の言語によって受けることができます。1-855-OSCAR-55 までお電話ください。

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានយ៉ាងសំខាន់ អំពីទម្រង់ ឬការធានារ៉ាប់រង
របស់លោកអ្នកតាមរយៈ Oscar ។ សូមស្វែងរកកាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ លោកអ្នកប្រហែលជាត្រូវចាត់
វិធានការទៅតាមកាលបរិច្ឆេទផុតកំណត់ជាក់លាក់ណាមួយ ដើម្បីរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬជំនួយក្នុងបង់ប្រាក់
។ លោកអ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ 1-855-
OSCAR-55 ។

본 통지서에는 중요한 정보가 포함되어 있습니다. 이 통지서에는 귀하의 신청 또는 Oscar를
통한 커버리지에 관한 중요한 정보가 포함되어 있습니다.
본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하의 의료 커버리지를 계속 유지하거나 비용을 절감하기 위해서
일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하에게는 이러한 정보와 도움을 귀하의 언어로 비용
부담없이 제공받을 권리가 있습니다. 1-855-OSCAR-55번으로 전화해 주십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສຳຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບໃບຄຳຮ້ອງ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Oscar. ຊອກເບິ່ງວັນທີສຳຄັນຢູ່ໃນ
ແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ດຳເນີນການຕາມກຳນົດເວລາທີ່ກຳນົດໄວ້ ເພື່ອຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອພ້ອມ
ຄ່າໃຊ້ຈ່າຍໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 1-855-OSCAR-55.

To ogłoszenie zawiera ważne informacje. To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Oscar. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu, aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji oraz pomocy we własnym języku. Zadzwońcie pod numer 1-855-OSCAR-55.

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ। ਇਸ ਨੋਟਿਸ ਵਿੱਚ Oscar ਵਲੋ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ। ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਖਾਸ ਤਾਰੀਖਾਂ ਲਈ ਵੇਖੋ। ਜੇਕਰ ਤੁਸੀ ਸਹਿਤ ਕਵਰੇਜ ਰੱਖਣੀ ਹੋਵੇ ਜਾਂ ਉਸ ਦੀ ਲਾਗਤ ਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਜਰਖ਼ ਤੋ ਪਹਲਿਾਂ ਕੁਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ।
ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਅਤੇ ਆਪਣੀ ਭਾਸਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਕਿਾਰ ਹੈ। 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Oscar. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1-855-OSCAR-55.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Oscar. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-855-OSCAR-55.

Ang Paunawang ito ay may Mahalagang Impormasyon. Ang paunawang ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o saklaw sa pamamagitan ng Oscar. Hanapin ang mahahalagang petsa sa paunawang ito. Maaaring may kailangan kang gawin bago sumapit ang ilang partikular na deadline upang mapanatili ang iyong saklaw o tulong sa kalusugan nang walang bayad. May karapatan kang makuha ang impormasyong ito at makatanggap ng tulong nang nasa iyong wika nang walang bayad. Tumawag sa 1-855-OSCAR-55.

ประกาศนี ้มีข้อมูลส าคัญ ประกาศนี ้มีข้อมูลที่ส าคัญเกี่ยวกับการสมัครหรือขอบเขตในการคุ้มครองประกันสุขภาพของคุณผ่าน Oscar ดูก
าหนดการในประกาศนี ้ คุณอาจจะต้องด
าเนินการภายในกาหนดวลาที่แน่นอนเพื่อจะรักษาประกันสุขภาพของคุณหรือการช่วยเหลือในค่าใช้จ่าย
คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือ ้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-855-OSCAR-55

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через програму OSCAR. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 1-855-OSCAR-55.

اس نوٹس میں اہم معلومات ہے ۔ اس نوٹس میں آپ کی درخواست یا پھر Oscar کے ذریعے آپ کو حاصل بیمے کے تحفظ کے بارے میں اہم معلومات ہے۔ اس نوٹس میں اہم تاریخوں کو دیکھیں۔ ہو سکتا ہے آپ کو اپنی صحت کی خدمات کو برقرار رکھنے یا پھر لاگت کے سلسلے میں بعض حتمی تاریخوں سے پہلے کچھ اقدامات کرنے کی ضرورت ہو۔ آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے 1-855-OSCAR-55 پر کال کریں۔

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Oscar. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-855-OSCAR-55.

דאס מעלדונג האט וויכטיק אינפארמאציע. דאס מעלדונג האט וויכטיק אינפארמאציע וועגן אייער אפליקציע אודר דעקונג דורך Oscar. קוק אויף
וויכטיקע דאטעס אין דאס מעלדונג. עס איז מיגלעך אסט מיזען האנדלען אויף זיכערער טערמינען צו האלטן אייער געזונט דעקונג אודר הילף מיט
דאר קאסט. איר האט דאס רעכט צו האבן דאס אינפארמאציע אונד הילף און אייער שפראך אומזיסט. קלונג 1-855-OSCAR-55.