



Nongroup Enrollment/Change Request **Pennsylvania Off-Exchange**

Choose your plan

- | | |
|---|---|
| <input type="radio"/> Oscar Classic Bronze | <input type="radio"/> Oscar Saver Silver |
| <input type="radio"/> Oscar Classic Gold | <input type="radio"/> Oscar Simple Bronze |
| <input type="radio"/> Oscar Classic Silver | <input type="radio"/> Oscar Simple Silver |
| <input type="radio"/> Oscar Saver Bronze | <input type="radio"/> Oscar Simple Secure |
| <input type="radio"/> Oscar Classic Bronze Next | <input type="radio"/> Oscar Classic Silver Next |

Note: Pediatric Dental coverage is included in all medical plans

Oscar ID (if changing an existing plan)

Who are you buying insurance for?

- | | | |
|---|---|----------------------------------|
| <input type="radio"/> Individual | <input type="radio"/> Parent & Child(ren) | <input type="radio"/> Child Only |
| <input type="radio"/> Individual & Spouse | <input type="radio"/> Family | |

Type of Activity

- | | | |
|---|--|---|
| <input type="checkbox"/> Add dependent | <input type="checkbox"/> Change benefit plan | <input type="checkbox"/> Update name and/or address |
| <input type="checkbox"/> Remove dependent | <input type="checkbox"/> Marital status change | |
| <input type="checkbox"/> New enrollment | | |
| <input type="checkbox"/> Special enrollment period (following a triggering event, see list in instructions) | | |

Requested

Start Date ____/____/____

Date of QLE ____/____/____

Qualifying life event (if applicable)

Who's Covered

	Name (First, Middle Initial, Last)	Is dependen disabled?**	Sex (M/F)	Social Security No.	Date of Birth (MM/DD/YYYY)	Phone number	Email	Eligible for Medicare?	Smoker?**
Applicant		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
Child dependent(s)		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

* If you have a disabled dependent over age 26, please contact us at brokers@hioscar.com to request a disabled dependent form

** Within the past 6 months have you used any tobacco products 4 or more times per week, on average, excluding religious or ceremonial use? Tobacco products include products such as cigarettes, e-cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and others. Note that when determining your premium, Oscar may consider whether you smoke or use tobacco.

Just a few more questions

Home address (P.O. box does not qualify)		Apt #	City	County	State	Zip code
Home phone		Cell phone			Email address	
Primary language (if other than English)			Marital status	Single	Married	Domestic Partner
If your mailing address is different than your home address, please enter it below						
Name	Address	Apt #	City	County	State	Zip code
Do you maintain a home in another state or county?			<input type="radio"/> Yes <input type="radio"/> No			
			Are you a Pennsylvania resident?			
			<input type="radio"/> Yes <input type="radio"/> No			
Do you have a Primary Care Physician?			<input type="radio"/> Yes <input type="radio"/> No			
			If yes, please provide your Primary Care Physician's phone number (Optional)			

GA / Broker info (if applicable)

	Name	Writing number or National Producer Number (NPN)	Agency name	Phone	Email
GA					
Broker					
Co-broker					

Please Read the Following Terms & Conditions Carefully

I understand that upon review of my Contract that I may cancel it. Any request to cancel must be made in writing within 10 days from the date I receive the Contract. On behalf of myself and any covered dependents, to the extent permitted by law, I hereby authorize all health care providers who have rendered service to any of us and any payers of claims to provide to Oscar any records pertaining to care provided, claims paid and/or our medical history. I authorize Oscar to provide such information to network physicians for the purpose of continuity of care, medical management, etc. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (18 Pa.C.S.A. s 4117(k)(1)). I am applying for coverage for myself, my spouse and my eligible dependent children named on this application. All statements made within this form are true and accurate to the best of my knowledge.

Signature

Date

By typing your name, you are signing this Agreement electronically and consenting to its terms & conditions. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. Note that Oscar will use either your qualifying event date or date the application was submitted to Oscar to determine your effective date of coverage. We will not use the signature date on this application.

Instructions

- With the exception of the last question, you must complete all sections, and sign and date this form.
- Please print except when a signature is requested.
- If a dependent child is disabled and you want to continue his or her coverage beyond age 26, attach proof of disability and contact Oscar for a Disabled Dependent form.
- If you are applying to add a spouse, civil union partner, domestic partner, or child outside of Open Enrollment please check "Add dependent" in the "Type of Activity" section and identify the applicable Qualifying Life Event.
- Eligible for Medicare means the person satisfies the requirements for Medicare but has not yet enrolled in Medicare. Entitled or Enrolled under Medicare parts A or B means you have Medicare and CANNOT enroll in an individual plan.
- If you have any questions concerning the benefits or services provided by or excluded under this policy, contact a customer service representative by navigating to "Get help" on hioscar.com or emailing help@hioscar.com before signing this form.
- Keep a copy of this completed application!
- You can print out a temporary ID card on hioscar.com if needed. Coverage must be verified with Oscar prior to visiting with a specialist or admission to a hospital.

Qualifying Life Events include, but are not limited to:

1. Involuntary loss of minimum essential coverage
2. Dependent attained age 26 and lost coverage
3. Marketplace changed your subsidy determination
4. Change in household due to marriage, domestic partnership, birth, adoption or placement for adoption, placement in foster care or a child support order or other court order
5. Gained access to plans as a result of permanent move to a new state
6. No longer incarcerated
7. Became lawfully present
8. Holds or gained status as an Native American or Alaska Native

For a list of Qualifying Life Event documentation, please see hioscar.com/brokers

Eligibility

- You must not be enrolled in or entitled to Medicare Parts A or B.
- If application is made for the Secure Plan the following additional requirements apply:
 1. You must be under 30 years old at the beginning of the plan year; OR
 2. You must have a Certificate of Hardship Exemption from the Marketplace. Attach a copy to your application.
- The Annual Open Enrollment Period is the designated period of time each year during which you may apply for, or change coverage for, yourself and your dependents. Your application must be received during the designated Annual Open Enrollment Period, unless you've experienced a Qualifying Life Event. For 2020 coverage, the Annual Open Enrollment Period runs from November 1, 2019 through December 15, 2019.
- A Special Enrollment Period lasts for 60 days following a Qualifying Life Event. In certain cases, the applicant may also apply during the 60 days leading up to the Qualifying Life Event.
- Pediatric dental is a mandatory Essential Health Benefit under the Affordable Care Act (ACA) and is included in all plans. Benefits are provided to any covered person under the age of 19.
- Note: If you currently have coverage, and the plan for which you are applying will replace the current coverage, you should not terminate your current policy until the new coverage is active.

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 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 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.

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

বাংলা (Bengali): লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-OSCAR-৫৫.

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 اذكر 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.

اُردُو (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. یکگیدت 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): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક 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 ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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 በነፃ ሊያገኙዎት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ 1-855-OSCAR-55.

Հայերեն (Armenian): Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Զանգահարեք 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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ 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): ถ้ าคคุณพูดภาษาไทยคุณสามารถใช้ บริการช้ วยเหลือทางภาษาได้ ฟรี โทร 1-855-OSCAR-55.

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

Oroomiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, 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: Díí baa akó nínizin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 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