

Notice of Privacy Practices.

Your information. Your rights.

Our responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Oscar Insurance Entities

Address

75 Varick St., 5th Floor New York New York,
10013

Website

www.hioscar.com

Privacy Officer's Contact Information

Address

Privacy Officer, Compliance Department 75 Varick St., 5th
Floor New York New York, 10013

Phone: 1-844-392-7589

Email: compliance@hioscar.com

Your Rights.

You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
 - You may request an alternative means or location for receiving communications. You may submit a confidential communication request at any time. To make a request, please call 1-855-672-2755 or email privacyrequest@hioscar.com. You may also send a formal written request to P.O. Box 52146, Phoenix, AZ 85072-2146. All members please note, we will need to further verify your identity to complete this request.
 - For more information, please visit our Privacy Policy at <https://www.hioscar.com/legal/privacy/>
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices.

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Market our services and sell your information.

Our Uses and Disclosures.

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually

within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- We will not retaliate against you for filing a complaint.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling
- 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Choices.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- **Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- We can use and disclose your race/ethnicity and language data to run our organization to develop better services for you. We are not allowed to use race/ethnicity and language data to decide underwriting and denial of coverage and benefits.
- **Example:** We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- **Example:** We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- **Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways– usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- security, and presidential protective services

We collect and maintain oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our members. We use security safeguards

and techniques designed to protect your information. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities.

We do not disclose genetic information for underwriting purposes. We do not sell member information for HIPAA-defined fundraising purposes. If a use or disclosure of health information is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. This means we may restrict others' access to your health information as required by state and federal law.

Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of Notice: October 1, 2013

Last updated: June 22, 2022

This Notice of Privacy Practices applies to the following

Oscar Insurance Entities:

- Oscar Insurance Corporation
- Oscar Insurance Corporation of New Jersey
- Oscar Health Plan of California Oscar Insurance Company (dba “Oscar Managed Care” for Medicare Advantage Plans)
- Oscar Insurance Corporation of Ohio
- Oscar Garden State Insurance Corporation
- Oscar Health Plan, Inc.
- Oscar Insurance Company of Florida
- Oscar Buckeye State Insurance Corporation
- Oscar Health Plan of Pennsylvania, Inc.
- Oscar Health Plan of Georgia
- Oscar Health Plan of New York, Inc.
- Oscar Health Plan of North Carolina
- Oscar Managed Care of South Florida, Inc.

Questions? Contact the Privacy Officer:

Address

Privacy Officer, Compliance Department
75 Varick St., 5th Floor, New York, New York, 10013

Phone: 1-844-392-7589

Email: compliance@hioscar.com

Financial Information Privacy Notice

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective October 1, 2013, Oscar is committed to maintaining the confidentiality of your personal financial information. For the purpose of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information Oscar Collects

Oscar collects personal financial information about you from sources such as applications, claims forms, consumer reports and other transactional documents. These documents may contain information such as your name, address, age, medical information, and/or social security number.

Disclosure of Information - Restrictions

- Oscar does not disclose genetic information for underwriting purposes.
- Oscar does not sell any member information without the express written authorization of the member; this specifically includes for marketing purposes.
- Oscar does not disclose personal financial information about our members or former members to any third party, except as required or permitted by law. For example, in the course of our general business practices, Oscar may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:
 - To Oscar’s corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
 - To non-affiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
 - To non-affiliated companies that perform services for us, including sending promotional communications on our behalf.

- Please note that we do not destroy personal information when you terminate coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain that protect against inappropriate use or disclosure.

Questions About this Notice

If you have any questions about this notice, please contact Oscar at 1-844-392-7589 or write to Oscar.

Compliance Department 75 Varick St., 5th Floor,
New York, New York, 10013

Email: compliance@hioscar.com