

HealthPass/Oscar 1/1/2019 Special Open Enrollment Form



For Oscar members with an 11/1 or 12/1 group effective date only.

Group Name:

Group Number:

Member Name (First, Last):

Last Four of SSN:

Plan Selection: To enroll, employees must live/work/reside in the following NY counties: five boroughs, Nassau, Suffolk, Westchester and Rockland.

- | | | |
|-----------------|--|---|
| Platinum | <input type="radio"/> Oscar Circle Platinum | <input type="radio"/> Oscar Circle Plus Platinum |
| Gold | <input type="radio"/> Oscar Circle Gold | <input type="radio"/> Oscar Circle Plus Gold |
| | <input type="radio"/> Oscar Circle Gold 750 | <input type="radio"/> Oscar Circle Plus Gold 750 |
| | <input type="radio"/> Oscar Circle Gold 2000 | <input type="radio"/> Oscar Circle Plus Gold 2000 |
| Silver | <input type="radio"/> Oscar Circle Silver | <input type="radio"/> Oscar Circle Plus Silver |
| | <input type="radio"/> Oscar Circle Silver 2700 | <input type="radio"/> Oscar Circle Plus Silver 2700 |
| | <input type="radio"/> Oscar Circle Silver 4500 | <input type="radio"/> Oscar Circle Plus Silver 4500 |
| | <input type="radio"/> Oscar Circle Silver HSA 3000 | <input type="radio"/> Oscar Circle Plus Silver HSA 3000 |
| Bronze | <input type="radio"/> Oscar Circle Bronze 4000 | <input type="radio"/> Oscar Circle Plus Bronze 4000 |
| | <input type="radio"/> Oscar Circle Bronze 7900 | <input type="radio"/> Oscar Circle Plus Bronze 7900 |
| | <input type="radio"/> Oscar Circle Bronze HSA 6650 | <input type="radio"/> Oscar Circle Plus Bronze HSA 6650 |

Disclaimer:

I understand that by changing my medical plan I will also change the medical plan of any enrolled dependents and will reset my plan's deductible/maximum out of pocket accumulations.

Employee Signature:

Date:

/ /

Authorized Signature:

Date:

/ /