oscar



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VIA FIRST CLASS MAIL

September 30, 2016

[OFFICE_NAME]
ATTN: [PROVIDER_NAME]
[PROVIDER_ADDRESS]
[PROVIDER_CITY], [PROVIDER_STATE] [PROVIDER ZIP]

Dear [PROVIDER_NAME],

We are writing in regard to [PROVIDER_NAME]'s participation in Oscar Insurance Corporation's ("Oscar") 2017 participating provider network through your relationship with MagnaCare Administrative Services, LLC ("MagnaCare"). Oscar is making adjustments to its provider network and as such, its benefit plan designs will not include services provided by you for 2017. This letter is to advise you that effective January 1, 2017, [PROVIDER_NAME] will no longer be included as a participating provider in Oscar's provider network. We value and appreciate the health care services you have provided to Oscar members. Effective on January 1, 2017, MagnaCare will not be performing repricing nor providing Oscar access to your MagnaCare Agreement.

This change will not affect [PROVIDER_NAME]'s relationship with MagnaCare or MagnaCare's other payors. MagnaCare looks forward to your continued partnership and participation in other products.

This letter serves as notice of removal of a payor (Oscar) from MagnaCare's provider network, if applicable. Oscar will continue to reimburse [PROVIDER_NAME] for health care services that are provided through December 31, 2016 to Oscar members as set forth under your MagnaCare contract. For members requiring continuity of care pursuant to New York Insurance Law Section 3217-d(c) on or after January 1, 2017, Oscar will reimburse [PROVIDER_NAME] for those health care services at the in-network rates applicable before the start of this continuity of care period as payment in full. Continuity of care shall be applicable to the following Oscar enrollees:

- (1) those who are in an on-going course of treatment with [PROVIDER_NAME] as of January 1, 2017 for a period of ninety (90) days;
- (2) those who are pregnant as of January 1, 2017, through post-partum care related to the delivery;
 - (3) those who have an authorized surgery scheduled to occur on or before June 29, 2017;
- (4) those with serious chronic conditions that persist without full cure, for the period of time necessary to arrange for safe transfer to another provider, up to 12 months; or
- (5) those with terminal illness for the duration of the terminal illness, up to 12 months; and
 - (6) in accordance with Oscar's Continuity of Care policy.

All applicable Oscar policies and procedures, including quality assurance requirements and authorization processes, shall apply during any continuity of care period. Nothing herein precludes the coverage of emergency care provided by [PROVIDER_NAME] to an Oscar enrollee as set forth in Section 3216(i)(9)(A) of the New York Insurance Law. Please be advised that Oscar benefit plans do not include out-of-network benefits.

We thank [PROVIDER_NAME] again for the care you provided to our members and look forward to working with you to ensure a smooth transition. Please contact Oscar at 1-855-OSCAR-55 if you have any questions about these changes in Oscar's participating provider network. If you have any questions about your continued relationship with MagnaCare, please contact MagnaCare at 866-281-0360.

Very Truly Yours,

Oscar - Brian West, CFO

MagnaCare – Naren Lulla, COO