

State: Illinois
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: Oscar IL 2027 Individual Rates
Project Name/Number: /

Filing at a Glance

Company: Oscar Health Plan, Inc.
Product Name: Oscar IL 2027 Individual Rates
State: Illinois
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 06/03/2026
SERFF Tr Num: OHIN-134953841
SERFF Status: Assigned
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num:

Effective: 01/01/2027
Date Requested:
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Reviewer(s): Christina Roy (primary), Becky Sheppard, Beth Verticchio
Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 06/04/2026
State Status Changed: 06/04/2026
Deemer Date: Created By: John Lynch
Submitted By: John Lynch Corresponding Filing Tracking Number:
State TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)

State Sub-TOI: HOrg02I.005D Individual - HMO

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: On and Off Exchange

Filing Description:

This submission represents the 2027 individual market rate filing submission for Oscar Health Plan, Inc. The corresponding form number is OSC-IL-IVL-EOC-2027-HIX.

Please do not hesitate to reach out with any questions, concerns, or requests for additional information. We sincerely look forward to hearing from you.

Company and Contact

Filing Contact Information

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Filing Company Information

Oscar Health Plan, Inc.
75 Varick Street
5th Floor
New York, NY 10013
(855) 672-2755 ext. [Phone]

CoCode: 16337
Group Code: 4818
Group Name:
FEIN Number: 82-4782428

State of Domicile: Arizona
Company Type:
State ID Number:

State: Illinois

Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2027 Individual Rates

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Filing Fees

State Fees

Fee Required?No

Retaliatory?No

Fee Explanation:

Per Company:Yes

Company	Amount	Date Processed	Transaction #
Oscar Health Plan, Inc.	\$50.00	06/03/2026 05:57 PM	348556877
EFT Total	\$50.00		

SERFF Tracking #:	OHIN-134953841	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Oscar Health Plan, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	Oscar IL 2027 Individual Rates		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	10.400%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	OHIN-134554956

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Oscar Health Plan, Inc.	Increase	12.700%	12.700%	\$16,795,174	16,533	\$132,510,986	18.400%	1.800%

State: Illinois **Filing Company:** Oscar Health Plan, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
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Rate Review Detail

COMPANY:

Company Name: Oscar Health Plan, Inc.
HHS Issuer Id: 11574

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Oscar Individual HMO	11574		22291

Trend Factors:

FORMS:

New Policy Forms: OSC-IL-IVL-EOC-2027[-HIX]
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 32,188
Benefit Change: Increase
Percent Change Requested: Min: 1.8 Max: 18.4 Avg: 12.7

PRIOR RATE:

Total Earned Premium: 132,510,986.00
Total Incurred Claims: 17,591,544.00
Annual \$: Min: 286.86 Max: 759.35 Avg: 495.28

REQUESTED RATE:

Projected Earned Premium: 131,017,826.00
Projected Incurred Claims: 111,587,435.00
Annual \$: Min: 415.81 Max: 760.77 Avg: 560.11

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State:	Illinois	Filing Company:	Oscar Health Plan, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	Oscar IL 2027 Individual Rates		
Project Name/Number:	/		

URRT

State Determination

Review Status:	Incomplete
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1. Scope and Range of Rate Increase

The purpose of this document is to present rate change justification for Oscar Health Plan, Inc. (Oscar's) Individual Affordable Care Act (ACA) products, with an effective date of January 1, 2027, and to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act (ACA).

Using in-force business as of March 2026, the proposed average rate increase for renewing plans is 7.1%. Rate increases vary by plan due to a combination of factors including shifts in benefit leveraging and cost-sharing modifications. This rate increase is absent of rate changes due to attained age.

The rate increase impacts an estimated 22,291 members.

2. Reason for Rate Increase(s)

The significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends

The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to medical and prescription drug inflation and utilization.

Administrative Expenses, Taxes and Fees, and Risk Margin

Changes to the overall premium level are needed because of required changes in federal and state taxes and fees. In addition, there are anticipated changes in both administrative expenses and targeted risk margin.

Prospective Benefit Changes

Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

Anticipated Changes in the Average Morbidity of the Covered Population

Changes to the overall premium level are needed because of anticipated changes in the underlying morbidity of the projected marketplace.

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State:	Illinois	Filing Company:	Oscar Health Plan, Inc.
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Product Name:	Oscar IL 2027 Individual Rates		
Project Name/Number:	/		

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	2027_IL_Actuarial_Memorandum_20260529_Redacted.pdf

1. Introduction and Purpose

The purpose of this document, which is submitted in conjunction with the Part I Unified Rate Review Template (URRT), is to comply with the requirements of the Part III Actuarial Memorandum and to support the premium rates developed for Oscar Health Plan, Inc. (Oscar's) Affordable Care Act (ACA) products in the individual market, with an effective date of January 1, 2027.

This actuarial memorandum provides certain information related to the rate filing submission including support for the values entered into the URRT, which demonstrates compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the Illinois Department of Insurance (IDOI), the Center for Consumer Information and Insurance Oversight (CCIO), and their subcontractors to assist in the review of Oscar's individual market rate filing.

Future regulatory changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

2. General Information

Company Identifying Information

Company Legal Name:	Oscar Health Plan, Inc.
State:	Illinois
NAIC:	16337
HIOS Issuer ID:	11574
Market:	Individual
Effective Date:	January 1, 2027
Policy Forms:	OSC-IL-IVL-EOC-2027-HIX, OSC-IL-IVL-EOC-2027

Company Contact Information

Primary Contact Name:	[REDACTED]
Primary Contact Telephone Number:	[REDACTED]
Primary Contact Email Address:	[REDACTED]

The products offered within this filing are all guaranteed issue (i.e. no medical underwriting) and guaranteed renewable as required under the ACA. This rate filing applies to non-grandfathered plans only that are open to new sales. Premiums will be charged on a monthly basis.

3. Proposed Rate Increases

Reason for Rate Increase(s)

Exhibit A summarizes the proposed rate increases by plan effective January 1, 2027. Rate increases vary by plan due to a combination of factors including shifts in benefit leveraging, cost-sharing modifications, and geographic rating factors. Using in-force business as of March 2026, the proposed average rate change for renewing plans is [REDACTED]. This rate change is absent of rate changes due to attained age.

The significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends

The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to medical and prescription drug inflation and utilization.

Administrative Expenses, Taxes and Fees, and Risk Margin

Changes to the overall premium level are needed because of required changes in federal and state taxes and fees. In addition, there are anticipated changes in both administrative expenses and targeted risk margin.

Prospective Benefit Changes

Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

Anticipated Changes in the Average Morbidity of the Covered Population

Changes to the overall premium level are needed because of anticipated changes in the underlying morbidity of the projected marketplace.

Rate Development Overview

The plans included in this rate filing are to be offered for sale effective January 1, 2027. Oscar's rate development, including the methodology described below, is based on generally accepted actuarial principles for community rated individual blocks of business.

Underlying Claim Experience

Oscar started with Illinois' individual claim experience from January 1, 2025 through December 31, 2025, with runout through March 31, 2026, as the experience basis in the projection. The claim amount includes an estimate for Incurred But Not Reported (IBNR) claims.

In the absence of fully credible base experience claim data, Oscar also utilized Florida individual claim experience from Oscar's legal entity (Oscar Insurance Company of Florida; NAIC code 16374) as the manual rate basis in the projection. The base experience used for the manual projection reflects claims from January 1, 2025 through December 31, 2025, with runout through March 31, 2026, and includes an estimate for Incurred But Not Reported (IBNR) claims.

Trend

Oscar applied utilization and unit cost trends to the underlying medical and prescription drug claims to reflect the expected claim levels in the projection period.

Benefit Adjustment

The projected claims were adjusted to reflect the benefits for each of the products to be offered on and off the exchange.



Demographics and Morbidity

The starting claim experience was adjusted to reflect changes in the anticipated morbidity and demographics corresponding to Oscar's projected 2027 membership distribution.

Market Morbidity

The starting claim experience was additionally adjusted to reflect changes in the anticipated market morbidity from the experience period to the projection period in response to the uncertainty inherent in the marketplace.

Network Adjustment

The projected claims were adjusted to reflect changes in the anticipated provider reimbursement levels and network configuration.

Risk Adjustment

The projected claims were adjusted to reflect payments to the individual (catastrophic and non-catastrophic) risk pool as a result of the risk adjustment program.

Administrative Expenses and Risk Margin

The premium incorporates an average [REDACTED] administrative charge, which is inclusive of general administrative expenses, commission, and risk margin.

Taxes and Fees

The premium rates reflect applicable state and federal taxes and fees for the 2027 plan year.

4. Market Experience

4.1. Experience and Current Period Premium, Claims, and Enrollment

Oscar's rates are developed using a single risk pool, established according to the requirements in 45 CFR Part 156, §156.80(d). The experience period data is based on all Oscar individual market policies in Illinois and the projection period reflects all projected covered lives for every non-grandfathered product/plan combination for Oscar in the Illinois individual market.

The premium earned during the experience period and as reported on Worksheet 1, Section I of the URRT are from Oscar's data warehouse for calendar year 2025. The premiums do not reflect an adjustment for MLR rebates as Oscar does not anticipate paying rebates for the base period.

The premiums do not reflect an adjustment for MLR rebates that were paid during the experience period.

Paid Through Date

The experience period in Worksheet 1, Section I of the URRT shows Oscar's earned premium and incurred claims for the experience period of January 1, 2025 through December 31, 2025, with claims paid through March 31, 2026.

Current Date

The current period in Worksheet 2, Section II of the URRT shows Oscar's premium and enrollment using in-force business as of March 2026.



Allowed and Incurred Claims Incurred During the Experience Period

Oscar's calendar year 2025 medical and pharmacy claim data was used for developing the single risk pool claims. Worksheet 1, Section I of the URRT outlines Oscar's best estimate of claims incurred during the experience period. The estimate includes:

- Claims processed through Oscar's claim system,
- Claims processed outside of the claim system (e.g. pediatric dental and vision services), and
- Oscar's best estimate of IBNR.

Oscar's claim reserves consists of liabilities for both claims incurred but not reported ("IBNR") and reported but not yet processed through our systems that are determined by employing actuarial methods that are commonly used by health insurance actuaries. The completion factor development method is utilized for non-catastrophic claims (under \$250,000), supplemented by a projected per-member per-month (PMPM) claims methodology for generally the most recent two months. Projected PMPMs are developed from the Company's historical experience and adjusted for emerging experience data in the preceding months, which may include adjustments for known changes in estimates of recent hospital and drug utilization data, provider contracting changes, changes in benefit levels, changes in member cost sharing, changes in medical management processes, claim inventory levels, product mix, and workday seasonality. A seriatim methodology is utilized for single catastrophic claims (over \$250,000), supplemented by known open cases that are in various stages of review by Oscar's medical management team, or under bill audit review. A separate accrual process is also employed to develop reserves for exposure related to out-of-network and other provider disputed claims.

4.2. Benefit Categories

The benefit categories described below are based on the algorithm used by Milliman's *Health Cost Guidelines™* (HCGs). The HCG grouper uses a combination of Diagnosis Related Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 Codes), Healthcare Common Procedural Coding System codes (HCPCS), and revenue codes to allocate detailed claims into roughly 60 benefit categories.

The utilization and unit cost data for rate development were assigned to benefit categories as shown in Worksheet 1, Section I of the URRT based on place and type of service using a detailed claim mapping algorithm, which can be summarized as follows:

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, ancillary, observation and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialty care, therapy, the professional component of laboratory and radiology, and other professional services, except for hospital based professionals whose payments are included in facility fees.



Other Medical

Includes non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, and procedures.

Capitation

Includes the amount for any services that are provided on a capitated basis.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

4.3. Projection Factors

This section includes a description of each factor used to project the experience period allowed claims to the projection period, supporting information related to the development of those factors is also included.

Trend Factors – Cost and Utilization

Average cost trends were developed based on Oscar’s anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman’s HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

Table 1 provides the annualized trend assumptions that were used to adjust the allowed claims from the experience period to the projection period. The overall trend used to get from the experience period to the projection period is based on an unleveraged prospective annual trend of [REDACTED].

Table 1 Annual Trend Assumptions			
Benefit Category	Trend		
	Utilization	Unit Cost	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The trend factors by benefit category are included in the “Year 1 Trend” and “Year 2 Trend” entries on Worksheet 1, Section II of the URRT.

Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

An adjustment was included to reflect changes in the anticipated market morbidity in response to the uncertainty inherent in the marketplace. Specifically, Oscar anticipated changes to the market morbidity associated with the change in Illinois’s enrollment for the projection period relative to the experience period, due to the ending of the enhanced subsidies introduced by the American Rescue Plan Act, as well as the several new enrollment and eligibility procedures



and requirements introduced by regulations including, but not limited to, the 2025 Marketplace Integrity and Affordability Rule and the *HHS Notice of Benefit and Payment Parameters for 2027 Final Rule*.

This adjustment reflects the projected change in claim costs outside of the underlying demographics of the covered population and is also assumed when estimating the risk adjustment transfer for the projection period.

A combined factor of [REDACTED] is included in the “Morbidity Adjustment” entry on Worksheet 1, Section II of the URRT.

Demographic Shift

An adjustment was included to account for the anticipated changes in demographic mix — in both age/gender and geography — between the experience period and the projection period.

A factor of [REDACTED] is included in the “Demographic Shift” entry on Worksheet 1, Section II of the URRT.

Plan Design Changes

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience period and projection period. Plan behavior change factors were applied at the plan level using the prescribed formula in HB 5395 Public Act 103-0650.

Table 2			
2027 Induced Demand Factors			
Metal Level	Minimum IDF	Maximum IDF	Average IDF ¹
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2026 Historical Induced Demand Factors ²			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2025 Historical Induced Demand Factors ³			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2024 Historical Induced Demand Factors ⁴			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



2023 Historical Induced Demand Factors ⁵			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

2022 Historical Induced Demand Factors ⁶			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

A factor of [REDACTED] is included in the "Plan Design Changes" entry on Worksheet 1, Section II of the URR.

Other Adjustments – Changes in Network

Oscar applied an adjustment of [REDACTED] to account for anticipated changes in provider reimbursement levels between the experience period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

Other Adjustments – Prescription Drug Rebates

An adjustment of [REDACTED] was included to account for the anticipated changes in the level of prescription drug rebates between the experience period and projection period.

Other Adjustments – Pooling Charge

An adjustment of [REDACTED] was included to account for Oscar experiencing fewer than expected shock claims during the experience period. In this context, a shock claim is defined as annual costs in excess of \$750,000 per individual claimant.

A combined factor of [REDACTED] is included in the "Other" entry on Worksheet 1, Section II of the URR.

Manual Rate Adjustments

Since Oscar's base experience in Illinois is partially credible, a manual rate methodology was additionally developed for rating purposes as described in this section. The adjustments described below were used to develop the Manual EHB Allowed Claims PMPM entry on Worksheet 1, Section II of the URRT.

Source and Appropriateness of Experience Data Used

[REDACTED]

[REDACTED]

Adjustments Made to the Data

Exhibit B summarizes the adjustment factors, as described in this section, used to project the manual rate claims on an allowed basis to the projection period.

- Incurred But Not Reported

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

- Trend Factors – Cost and Utilization

Average cost trends were developed based on Oscar’s anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman’s HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

Table 2 provides the annualized trend assumptions that were used to adjust the allowed claims from the manual period to the projection period. The overall trend used to get from the manual period to the projection period is based on an unleveraged prospective annual trend of [REDACTED].



Table 2 Annual Trend Assumptions			
Benefit Category	Trend		Total
	Utilization	Unit Cost	

A factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Plan Design Changes

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the manual period and projection period. Plan behavior change factors were applied at the plan level using factors developed from Oscar's nationwide risk adjusted individual claim experience. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

A second adjustment was included to account for anticipated changes in underlying benefit coverage between the manual period and the projection period capturing inherent differences in EHBs, state mandated benefits, and eliminated benefits.

A combined factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Demographic Shift

An adjustment was included to account for the anticipated changes in demographic mix — in age and gender — between the manual base period and the projection period.

A factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Changes in the Morbidity of the Covered Population

[REDACTED]

[REDACTED]



[REDACTED]

These adjustments reflect the projected change in claim costs outside of the underlying demographics of the covered population and were also utilized when estimating the risk adjustment transfer for the projection period.

A combined factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Change in Network

Oscar applied an adjustment to account for anticipated changes in provider reimbursement levels between the manual period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

A factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Prescription Drug Rebates

An adjustment was included to account for the anticipated changes in the level of prescription drug rebates between the manual period and projection period.

A factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

- Pooling Charge

[REDACTED]

A factor of [REDACTED] is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

Inclusion of Capitation Payments

Not applicable.

Credibility of Experience

[REDACTED]

Establishing the Index Rate

Experience Period

As shown in Worksheet 1, Section II of the URRT, the experience period index rate is [REDACTED]. The experience period index rate reflects the estimated total combined allowed essential health benefit (EHB) claim experience in the single risk pool, and is not adjusted for payments and charges under the risk adjustment program or for marketplace user fees.



Projection Period

The index rate is defined as the EHB portion of projected allowed claims with respect to trend, benefit, and demographics and divided by all projected single risk pool lives. Since all benefits covered are considered EHBs, there is no difference between the projected allowed claims and the index rate.

The Adjusted Trended EHB Allowed Claims PMPM of [REDACTED] is blended with the Manual EHB Allowed Claims PMPM of [REDACTED] using a weight of [REDACTED] and [REDACTED], respectively.

Oscar's resulting projection period index rate for the 2027 plan year as shown in Worksheet 1, Section II of the URRT is [REDACTED].

Development of the Market-Wide Adjusted Index Rate

The market-adjusted index rate is calculated as the sum of the projection period index rate, the impact of the risk adjustment program, and the projected exchange user fees. Table 2 details the projection period index rate, allowable market-wide modifiers as defined in 45 CFR Part 156, §156.80(d), and the resulting market-adjusted index rate.

Table 2 Market-Adjusted Index Rate	
Description	Value
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

The adjustments in the table above reflect all of the market-wide modifiers allowed in federal regulation and the average demographic characteristics of the single risk pool. Please note the allowable market-wide modifiers were adjusted to an allowed basis in the development of the market-adjusted index rate which is consistent with the basis of the projected index rate.

Reinsurance

Not Applicable

Risk Adjustment Payment/Charge

To estimate the risk adjustment PMPM, Oscar relied upon the results of the *The Wakley National Risk Adjustment Reporting Project* supplied to Oscar by Wakely to estimate the market wide plan liability risk score, allowable rating factor, actuarial value, and induced demand factor for the individual market. The statewide average premium estimates relied on results from the *Interim Summary Report on Risk Adjustment for the 2025 Benefit Year* published by CMS on March 13, 2026. Oscar's geographic cost factor was also adjusted based on the anticipated geographic mix for the 2027 plan year.

Oscar modeled two independent risk adjustment transfers to appropriately correspond with the risk profile of the members in the underlying experience and manual projections. For the risk adjustment transfer that corresponds to the experience projection, Oscar relied upon projected risk and rating factors that are specific to the experience period in the Illinois market. For the risk adjustment transfer that corresponds to the manual projection, Oscar crosswalked the market metrics — plan liability risk score, statewide average premium, and geographic cost factors — from the manual period (i.e. Florida market) to the projection period (i.e. Illinois market) while maintaining similar relative risk profiles by metal level. The two risk adjustment transfers were then blended by the same credibility weighting used to project allowed claims.



Oscar also included an adjustment to account for the anticipated impact of the Risk Adjustment Data Validation (RADV) audit on the 2027 plan year. To estimate the RADV impact, Oscar relied on historical experience in the individual market, measured anticipated risk adjustment coding error rates inherent in the 2023 and 2024 plan years, and forecasted those error rates to the projection period. The RADV impact is estimated as a payment of █████ PMPM

Lastly, Oscar considered the impact to the projected risk adjustment transfer for the addition of the high-cost risk pooling mechanism that was implemented starting with the 2018 plan year.

The projected risk adjustment transfer, net of the risk adjustment user fee and expressed on an allowed basis, is estimated as a payment of approximately █████ and is reflected in Worksheet 1, Section II of the URRT.

Any resulting risk adjustment transfer payments would be allocated proportionally across all plans in Oscar’s individual market single risk pool.

Detailed quantitative support of the risk adjustment transfer projection is provided in Exhibit C.

Exchange User Fees

Oscar assumed that █████ % of members will enroll through the exchange which translates to an estimated exchange user fee assessment of █████ PMPM. Development of this estimate is provided in Table 3.

Table 3		
Exchange User Fee PMPM Development		
█████	█████	█████
█████	█████	█████
█████	█████	█████
█████	█████	█████
█████	█████	█████
█████	█████	█████

The projected exchange user fee, expressed on an allowed basis, is estimated as a payment of approximately █████ and is reflected in Worksheet 1, Section II of the URRT.

4.4. Plan-Adjusted Index Rate
Projected Plan-Adjusted Index Rates

Exhibit D summarizes the plan-adjusted index rates, which are determined by applying the allowable plan-level modifiers to the market-adjusted index rate.

The allowable modifiers as described in 45 CFR Part 156, §156.80(d)(2) are the following:

Actuarial Value and Cost-Sharing

Each plan’s actuarial value and cost-sharing factor includes a benefit relativity adjustment and the expected impact of the plan’s cost sharing amounts on the member’s utilization of services. Oscar’s internal benefit pricing model, which uses a single claim distribution for all plans, was used to estimate how members purchase services differently based on the level of plan-specific cost sharing. By utilizing a static claim distribution, the pricing model’s adjustments assume the same demographic and risk characteristics for each plan priced and therefore exclude expected differences in the health status of members assumed to select each plan.



Plan's Provider Network and Delivery System Characteristics

There are no anticipated plan-specific differences in the provider network or utilization management practices in Oscar's projected product suite.

Plan Benefits in Addition to the EHBs

Non-Hyde amendment abortions are covered as a state-mandated benefit but are not EHBs and represent 0.01% - 0.02% of premium.

Administrative Costs, Excluding Exchange User Fees

The net claims costs are adjusted to account for expected non-benefit expenses. Exhibit E summarizes the components of the administrative cost factor as shown in Worksheet 2, Section III of the URRT.

Expected Impact of the Specific Eligibility Categories for the Catastrophic Plan

A specific eligibility adjustment reflects the difference in expected demographics between the catastrophic plan and the non-catastrophic plans due to the unique eligibility requirements of the catastrophic plan (i.e. that only individuals under the age of 30 or eligible by reason of financial hardship can enroll). This adjustment reflects that costs vary by age and the cost of the population expected to enroll in the catastrophic plan is anticipated to be lower than non-catastrophic plans.

Oscar is proposing no change to the currently approved catastrophic eligibility adjustment.

4.5. Calibration

A composite calibration adjustment is applied uniformly to all plans. Detailed support of the calibration factor is provided in Exhibit F. The market-wide calibration factor is [REDACTED].

Age Curve Calibration

The average age factor used in the calibration process is [REDACTED] and was determined by applying the standard age curve established by HHS to the projected member distribution by age, with an adjustment for non-billable members who exceed the maximum of three child dependents under the age of 21 rule.

Under this methodology, the approximate average rated age, rounded to the nearest whole number, associated with the single risk pool is [REDACTED].

Geographic Factor Calibration

The average geographic rating factor is [REDACTED]. In order to determine the geographic calibration factor the projected distribution of members by area was determined. The weighted average of the area factors was then calculated using this distribution.

Exhibit G provides a summary of the proposed geographic rating factors applied to the plan-adjusted index rates.

Tobacco Factor Calibration

The average tobacco rating factor used in the calibration process is [REDACTED]

The tobacco factors by age were developed using a Milliman research report titled *Impact of Height, Weight, and Smoking on Medical Claim Costs*, which tabulates the medical claim costs by age for smokers and non-smokers using a government data source, the Medical Expenditure Panel Survey (MEPS). Smoker prevalence rates, which were utilized above to develop the tobacco calibration factor, were based on Oscar's empirical data, and are not anticipated to be substantially different in the projection period.



Oscar is proposing no change to the currently approved tobacco rating factors.

4.6. Consumer-Adjusted Premium Rate Development

Oscar derives consumer-adjusted premium rates by calibrating the plan-adjusted index rate and applying the rating factors specified by 45 CFR Part 147, §147.102. Exhibit H includes the proposed rate manual and a sample rate calculation.

5. Projected Loss Ratio

Oscar's projected loss ratio based on the federally-prescribed MLR methodology is [REDACTED]. The numerator of the projected loss ratio contains claim costs and HCQI expenses net of receipts from the risk adjustment program and the denominator consists of total premiums net of premium taxes and regulatory fees. Note the MLR in this context does not capture all adjustments, including multi-year averaging, credibility, and deductible averaging.

A summary of each component included in the loss ratio projection is provided in Exhibit I.

6. Plan Product Information

6.1. AV Metal Values

The AV metal values included in Worksheet 2, Section I of the URRT were based on the HHS actuarial value calculator with actuarial adjustments for certain plans with unique plan designs.

6.2. Membership Projections

Oscar projected membership as displayed in Worksheet 2, Section IV of the URRT by considering the size of the projected Illinois individual market in 2027 as well as our historical enrollment patterns of the Illinois individual market, to estimate our assumed market penetration rate and member months projection. For silver level plans in the individual market, an estimate was made for the portion of projected enrollment that will be eligible for CSR subsidies at each subsidy level.

Exhibit J summarizes the membership projection by metal level, including the alternative variant silver plans which CSR eligibles can purchase, and exchange status.

6.3. Plan Type

The plan types listed in Worksheet 2, Section I of the URRT appropriately describe Oscar's plans.

7. Miscellaneous Information

7.1. Effective Rate Review Information

CSR Subsidies

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



Terminated Products

Exhibit K summarizes both the discontinued plans that were included in the single risk pool during the experience period or made available thereafter and the corresponding mapped plans.

Marketing Method

Oscar will market individual policies through the state based exchange, direct sales channels and broker arrangements.

Renewability

The products offered within this filing are all guaranteed issue (i.e., no medical underwriting) and guaranteed renewable as required under the ACA. This rate filing applies to non-grandfathered plans only that are open to new sales. Premiums will be charged on a monthly basis and are guaranteed for the duration of the 2027 plan year.

Issue Age Limit

No age limits apply to the plans represented in this filing. Dependent children are eligible for coverage up to and including age 25.

Cost Share Reduction Actual versus Projected Costs

7.2. Reliance

In developing this rate filing, several internal departments were relied upon for information and assumption setting. This information includes, but is not limited to: Actuarial providing rating factors, and claim trend projections; Insurance Financial Management providing membership projections, non-benefit expenses, and taxes and fees; supplemental market data and analytics modeling to estimate the impact of the Expiration of the Enhanced Subsidy Tax Credits from third party consultants; and the Insurance Business providing product changes and contractual terms for healthcare providers and vendors. I have performed a limited review of this information and have deemed it to be reasonable.

7.3. Actuarial Certification

I, David Brandler, am an Actuary for Oscar. I am a member of the American Academy of Actuaries and I meet the qualification standards of the Academy to render the actuarial opinion contained herein.

I hereby certify that the projected index rate is to the best of my knowledge and understanding:

- In compliance with all applicable state and federal statutes and regulations (45 CFR Part 156, §156.80(d)(2) and 45 CFR Part 147, §147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice, including but not limited to:
 - ASOP No. 5, *Incurred Health and Disability Claims*,



- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*,
 - ASOP No. 12, *Risk Classification*,
 - ASOP No. 23, *Data Quality*,
 - ASOP No. 25, *Credibility Procedures*,
 - ASOP No. 26, *Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans*,
 - ASOP No. 41, *Actuarial Communications*,
 - ASOP No. 42, *Determining Health and Disability Liabilities Other than Liabilities for Incurred Claims*,
 - ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*, and
 - ASOP No. 50, *Determining Minimum Value and Actuarial Value Under the ACA*.
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
 - Neither excessive nor deficient.

I further certify that:

- The index rate and only the allowable modifiers as described in 45 CFR Part 156, §156.80(d)(1) and 45 CFR Part 156, §156.80(d)(2) were used to generate plan level rates,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area, and
- The AV calculator was used to determine the AV metal values shown on Worksheet 2 of the Part I URRT for all plans.

URRT Methodology

The Part I URRT and Illinois ACA Rate Review Template do not demonstrate the process used by Oscar to develop proposed premium rates. It is representative of information required by federal and state regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with federal regulations and used consistently and only adjusted by the allowable modifiers.

Plan Behavior Factors and CSR Loading

Mandated Plan behavior factors and CSR loads were applied in accordance with Illinois Department of Insurance (IDOI) rate filing guidance. Actual plan behavior factors and CSR loads may differ from the methods prescribed, which may affect the extent to which the rates presented herein are neither excessive nor deficient.

Individual ACA Marketplace Changes

Rates were developed in line with the current law, which at the time of this rate filing reflects the expiration of the Enhanced Premium Tax Credits introduced by the Inflation Reduction Act (IRA) as of 12/31/2025, as well as provisions introduced by the *2025 Marketplace Integrity and Affordability Rule* and the *HHS Notice of Benefit and Payment*



Parameters for 2027 Final Rule. Future regulatory, legislative, and economic changes may affect the extent to which the rates presented herein are neither excessive nor deficient. This includes, but is not limited to, changes to the *HHS Notice of Benefit and Payment Parameters for 2027 Final Rule*, any changes to the Premium Tax Credit subsidy structure, changes to Medicaid eligibility, and the potential funding of Cost Sharing Reductions.

[REDACTED]

[illegible]

Exhibit B

Rate Development

Manual Rate Development	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Experience Rate Development	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

[illegible]
















Plan-Adjusted Index Rates (2 of 2)

[illegible]

Exhibit F

Calibration Development

[illegible]

Rating Area	Member Distribution	Area Factor
		
		
		
		
		

[illegible]

Exhibit G

Geographic Rating Factors

Rating Area	Description	Member Distribution ¹	Area Factor		% Change
			Current ²	Proposed	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]					
[REDACTED]					



Sample Rate Calculation

A horizontal bar chart titled 'U.S. should take action to reduce greenhouse gas emissions'. The y-axis lists age groups: 18-29, 30-49, 50-64, 65+, and 'All adults'. The x-axis represents the percentage of respondents, ranging from 0 to 100. For each age group, there are two bars: a blue bar for 'Men' and an orange bar for 'Women'. The data shows that younger age groups are more likely to believe in taking action, with 18-29 year olds at 92% for men and 94% for women. The 'All adults' average is 81% for men and 83% for women.

Age Group	Men (%)	Women (%)
18-29	92	94
30-49	85	87
50-64	78	80
65+	72	74
All adults	81	83

Projected Medical Loss Ratio (Federally-Prescribed)

Exhibit J

Distribution of Projected Membership Across Metal

Metal	Exchange Status	Membership	
		Distribution	Member Months
██████████	█	████	█
██████████	█	████	█
████	█	████	████
████	█	████	████
██████████	█	████	█
██████████	█	████	█
██████████	█	████	████
████	█	████	█
██████████	█	████	████
████	█	████	█
██████████	█	████	█
████	█	████	████
████	█	████	█
████	█	████	████



Exhibit K

Terminated Products

PY Terminated	Terminated Plan Name	Terminated HIOS ID	Mapped Plan Name	Mapped HIOS ID
█	█	█	█	
█	█	█	█	█
█	█	█	█	█
█	█	█	█	█
█	█	█	█	█
█	█	█	█	█



SERFF Tracking #:	OHIN-134953841	State Tracking #:	Company Tracking #:
State:	Illinois	Filing Company:	Oscar Health Plan, Inc.
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
Product Name:	Oscar IL 2027 Individual Rates		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	healthpremiumratereviewchecklist_PY27.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Certification
Comments:	
Attachment(s):	actuarialcertificationforratefilings_20260603.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Trade Secret Request
Comments:	
Attachment(s):	2027_IL_Trade_Secret_Request_20260529.pdf
Item Status:	
Status Date:	

Contact Person:**Illinois Division of Insurance****320 West Washington Street
Springfield, IL 62767-0001****Review Requirements Checklist****Effective 05/01/2022****Health Actuarial Unit****DOI.HealthActuarial@Illinois.gov****Line(s) of Business****For Policies issued after 01/01/2014****Health Premium Rates****Line(s) of Insurance****Individual/Small Group Major Medical
Surgical/Medical/Hospital PPO and Non PPO and HMO**

Illinois Insurance Code Link	Illinois Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Cover Letter	50 IL Adm. Code 916.40 (b)	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	SERFF "General Information"

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status: _____.</p>	1 - Not Grandfathered
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2027
Rate Filing Requirements	215 ILCS 5/355	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	Policy forms and rates have been submitted separately
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Submitted
TOI (Type of Insurance)		<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>Inserted directly below is a link to SERFF's Website for the TOI's required.</p> <p>http://www.serff.com/documents/index_ppaca_tois.pdf</p>	The appropriate PPACA TOI was selected
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing.</p> <p>Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p>https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review</p>	SERFF "URRT"
Rate Data Collection Form		<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx</p>	SERFF "Supporting Documentation"

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</p>	SERFF "Supporting Documentation"
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf	SERFF "Supporting Documentation"
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Rate/Rule tab
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	Rate/Rule tab
Public Access	215 ILCS 5/404	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	Supporting Documentation
Have you included the following forms?		<ol style="list-style-type: none"> 1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification 	Supporting Documentation

Oscar Health Plan, Inc

Company Name _____

OHIN-134674841

SERFF Filing Number _____

I, David Brandler, am a member of the American Academy of Actuaries and meet the Academy qualification standards to prepare this rate filing. I certify that:

1. The index rate was calculated appropriately and in compliance with applicable laws and actuarial standards of practice;
2. The plan level rates were developed using the index rate and only adjusted for allowable factors;
3. The standard Actuarial Value calculator was used to determine the metal Actuarial Value for each plan, or if an alternate methodology was used, the methodology is consistent with the Actuarial Value calculator;
4. The geographic factors reflect only differences in the costs of delivery (including both unit costs and provider practice patterns) and do not reflect differences in morbidity; 5. The proposed rates were developed in compliance with applicable Federal regulations; 6. The filing has been prepared in compliance with Actuarial Standards of Practice 8, 26, 31, and 41.

I understand that any intentional material misstatements may result in disciplinary action.

Printed Name David Brandler

Signature *David Brandler*

Title Director Regional Pricing

Date 6/3/2026



Oscar Health Plan, Inc.
75 Varick St, 5th floor
New York, NY 10013
1-855-OSCAR-55
hioscar.com

June 3, 2026

Re: Illinois Rate Filing — Request for Trade Secret Classification

Oscar Health Plan, Inc. respectfully requests that the data included in the following documents be treated and classified by the Illinois Department of Insurance as trade secret information and exempt from public disclosure under Section 7(1)(g) of the Freedom of Information Act and other applicable law:

- Unified Rate Review Template
- Federal Rate Tables Template
- Actuarial Memorandum (unredacted)
- Actuarial Memorandum - State Version (unredacted)
- Proposed Enrollment Template
- Experience Template
- IL Web Portal Submission Data
- SERFF Rate Review Detail
- Objection Correspondence

The information contained in these documents is not generally well known or readily available, and could provide value to other health plans at Oscar's expense. If competitors make subsequent business decisions in reaction to what they have learned, particularly in re-filing, Oscar could suffer economic harm. Keeping the documents mentioned above confidential will allow Oscar to compete fairly in the Illinois market.

David Brandler

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