



OVERVIEW



WE ARE OSMA HEALTH

At OSMA Health, we believe in the power of a shared vision. We look toward the future, with the same focus every single day, **to make a difference!**

Since 2005, the OSMA Health Plan has had a proven track record of providing significant savings to its members, while offering a broad range of plans for medical coverage. Additional benefits include no cost surgery and labs at select facilities. It is a health plan created by physicians for healthcare providers in Texas, Oklahoma, Arkansas, Kentucky and Arizona and is administered by Assured Benefits Administrators.

A FOCUS ON EXCELLENCE



Entrepreneurial company culture

- Continuous improvement is in our DNA
- Ongoing investment in personnel and infrastructure
- Digital health focus



Customer focused platform that brings value to our clients

- Transparency tools
- Superior claims control
- Integrated technology solutions



Concierge-style service

- Navigation and advocacy support
- Continual, successful delivery of key service requirements
- Ability to adapt quickly to the needs of our clients

OSMA HEALTH: ELIGIBLE GROUPS

OSMA Health Plan offers affordable health coverage for your clients in the healthcare industry, including:*



Medical Doctors



Emergency Medical Technicians



Medical Equipment Providers



Doctors of Osteopathy



Podiatrists



Veterinarians



Dentists



Chiropractors



Pharmacists



Optometrists



Home Health Agencies



Hospitals

**The above eligible groups are not all- inclusive*

For base rates quote please provide a census of all eligible employees

UNDERWRITING GUIDELINES



OSMA ADJUNCT AFFILIATE MEMBERSHIP

ANNUAL DUES:

\$100 for primary
adjunct affiliate

\$25 for each
employee

- If joining January 1st through June 30th, full annual dues must be paid.
- If joining July 1st through September 30th, ½ of the annual dues must be paid.
- If joining October 1st through December 31st, full annual dues must be paid which will cover the next calendar year.

NEW BUSINESS SUBMISSION CHECKLIST

- Employer application
- Individual enrollment/declination form
- Most recent State quarterly tax & wage statement
- Copy of proposal with plan selection
- *Check for the first month contribution/void check if electing ACH method
- *OSMA Affiliate Membership application with annual dues check
- W-9 from the Agent (on their first OSMA Health case)

** Both payments must be received before the group can be issued*

OMSA HEALTH

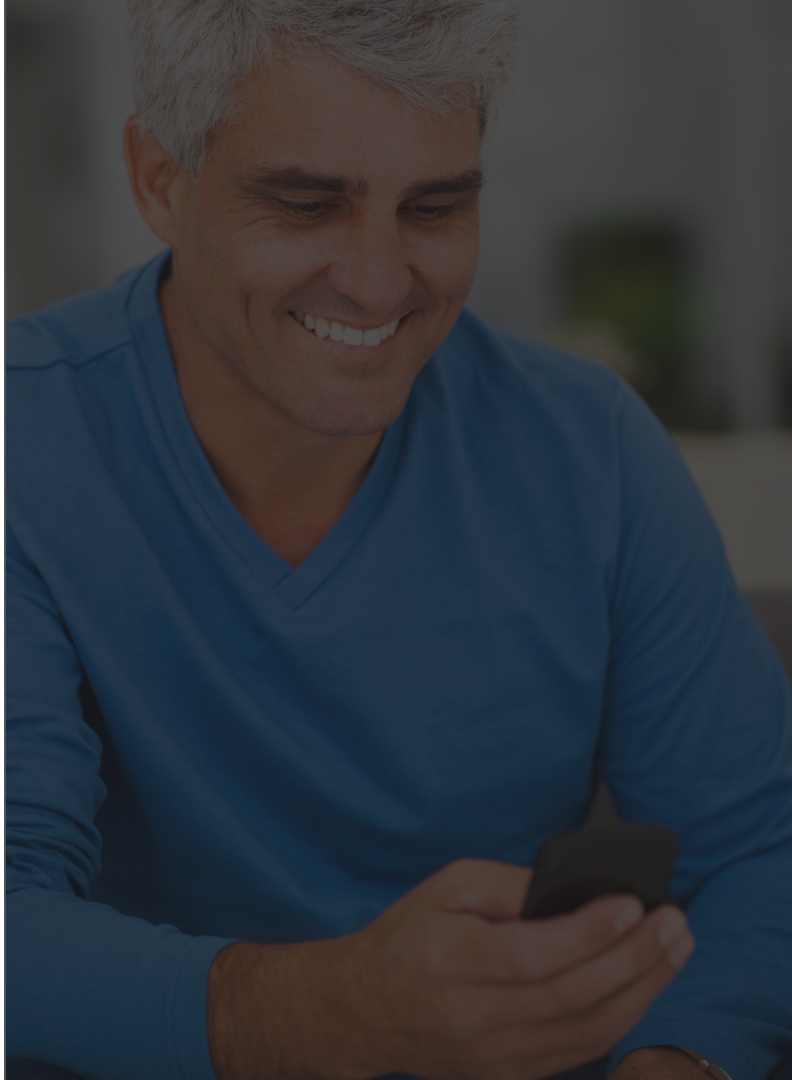
PRODUCT GRID

PLAN NAME	OSMA HEALTH ESSENTIAL UHC	OSMA HEALTH ADVANTAGE UHC	OSMA HEALTH PREFERRED UHC	OSMA HEALTH HDHP UHC	OSMA HEALTH HDHP CHOICE UHC
DEDUCTIBLE SINGLE	\$1,000	\$2,000	\$4,000	\$3,000	\$5,000
DEDUCTIBLE FAMILY	\$2,500	\$6,500	\$10,000	\$6,000	\$10,000
PERCENTAGE PARTICIPANT PAYS	20%	20%	20%	20%	10%
OUT OF POCKET MAX SINGLE	\$3,000	\$6,000	\$6,600	\$5,000	\$5,950
OUT OF POCKET MAX FAMILY	\$8,500	\$12,700	\$13,200	\$10,000	\$11,900
OFFICE VISIT COPAY PHYSICIAN	\$35	\$40	\$40	20% after deductible	10% after deductible
OFFICE VISIT COPAY SPECIALIST	\$35	\$40	\$40	20% after deductible	10% after deductible
URGENT CARE	\$35	\$40	\$40	20% after deductible	10% after deductible
*OUT OF NETWORK					
DEDUCTIBLE SINGLE	\$3,000	\$6,000	\$8,000	\$3,000	\$5,000
DEDUCTIBLE FAMILY	\$7,500	\$15,000	\$20,000	\$6,000	\$10,000
PERCENTAGE PLAN PAYS	50%	50%	50%	40%	50%
OUT OF POCKET MAX SINGLE	\$15,000 per Individual	\$20,000 per Individual	\$21,000 per Individual	\$7,000	\$10,000
OUT OF POCKET MAX FAMILY	N/A	N/A	N/A	\$14,000	\$20,000
HOSPITAL EXPENSES	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
DIALYSIS CENTER EXPENSES	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
INPATIENT HOSPITAL	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
OUTPATIENT SURGERY	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
EMERGENCY ROOM	\$100 copay then 20% after deductible	\$100 copay then 20% after deductible	\$400 copay then 20% after deductible	20% after deductible	10% after deductible
PRESCRIPTION DRUGS	\$0/\$15/\$40/\$60	\$0/\$15/\$40/\$60	\$0/\$15/\$40/\$60	20% after deductible	10% after deductible
SPECIALTY DRUGS	Tier 1 \$125 copay+ 20% after copay	Tier 1 \$125 copay+ 20% after copay	Tier 1 \$125 copay+ 20% after copay	Tier 1 per script 20% after deductible	Tier 1 per script 10% after deductible
	Tier 2 \$175 copay+ 30% after copay	Tier 2 \$175 copay+ 30% after copay	Tier 2 \$175 copay+ 30% after copay	Tier 2 per script 30% after deductible	Tier 2 per script 30% after deductible

*Applies to Physicians and Ancillary Services.

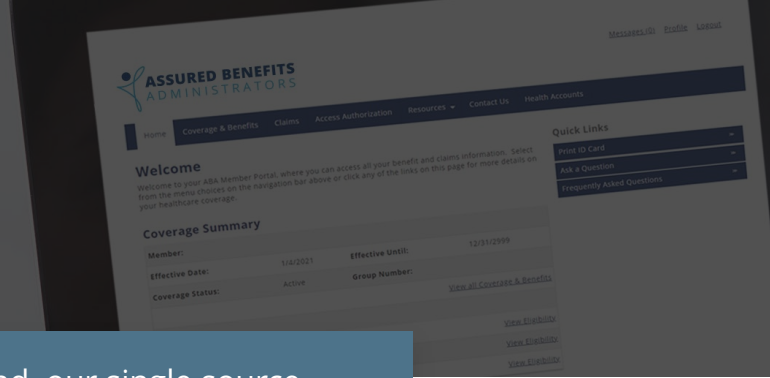
EHEALTH APP

- eHealthApp is a FREE service to Agents
- Portals are branded after your agency
- Greet your clients with a customized home page when they log into their accounts to complete IMQs
- Increase your time and capacity with eHealthApp's quick, easy and efficient application collection process
- Daily reminder emails
- Health application status tracking—know exactly who is complete, who is not, if they have started...all in real time
- 100+ languages



ASSURED BENEFITS MEMBER PORTAL

Developed with convenience in mind, our single source member portal provides quick and easy access to view:



To register visit www.abadmin.com

AGENT PORTAL:

- access temporary ID cards
- download important documents (plan documents, SBC's)

EMPLOYEE PORTAL:

- claims, deductibles & out-of-pocket maximums
- access temporary ID cards
- download important documents (plan documents, SBC's)

EMPLOYER PORTAL:

- Eligibility changes (enrollments, terminations, change of address, coverage changes etc.)
- access temporary ID cards
- download important documents (plan documents, SBC's)



QUESTIONS?

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