



HEALTH AND WELFARE PLANS

Oasis Outsourcing offers more than one health care plan design wherever possible. Carriers and plans available will vary by geographic location. The following are general descriptions of the medical plan designs which may be available in your area:

Health Maintenance Organization (HMO)

Members must choose a Primary Care Physician (PCP) for themselves and all covered dependents. Your PCP is responsible for coordination of care including authorization of specialist services, hospital procedures and lab work. Without PCP authorization for these services, they will not be covered and payment will be your responsibility. When you receive medical care, you show your ID card and pay your portion of the charge, usually in the form of a copayment. There are no claim forms to file.

Point of Service (POS)

A POS plan is similar to an HMO but also offers coverage for services obtained outside of the managed care network. In order to receive the highest benefit level possible, a PCP manages the health care for you and your dependents. You must obtain a referral for specialist services, hospital procedures and lab work. If you choose to obtain services from a non-participating provider, or if you do not obtain the proper authorizations/referrals for medical treatment, you may have to pay the bill up front and file a claim for reimbursement. Benefits for these services are lower and the percentage of coverage is based on approved charges.

Preferred Provider Organization (PPO)

PPO's offer coverage inside and outside of the network. The level of coverage is higher when utilizing network providers. When utilizing in-network services, there is no referral needed for specialist services. When you receive medical care from a network provider, you pay a portion of the charge, usually in the form of a copayment or coinsurance. When you receive medical care from a non-participating provider, you may have to pay the bill up front and file a claim for reimbursement. Benefits for these services are lower and reimbursements are based on usual, customary, and reasonable rates (UCR).

Indemnity Plan

This type of plan is offered where other products are not available. You may receive treatment from any licensed medical provider. You may have to pay the bill up front and submit a claim for reimbursement. Reimbursements are based on UCR.

Eligibility

Full-time employees who have satisfied their waiting period and work 30 hours or more per week are eligible to participate. Your benefits effective date would be 1st of the month following the satisfaction of the waiting period.

All enrollment forms should be returned to Oasis Outsourcing before the first of the month in which you are eligible. If your forms are received after the first of the month, deductions may have to be adjusted to bring your premium current. (THIS WOULD INVOLVE DOUBLING YOUR DEDUCTION UNTIL THE PREMIUM IS CURRENT). If we don't receive your enrollment forms within 30 days of your eligibility date, you will no longer be eligible to participate until annual enrollment. Check your pay stub! Your pay stub will reflect all benefits that you enrolled in, regardless of whether or not you have a deduction or, you can log on to www.oasisadvantage.com to view your benefit information. Please contact your team immediately if you enrolled in a benefit and it is not listed. IRS guidelines mandate that Oasis cannot process enrollments that are not submitted within 30 days from the effective date.

Please make your elections carefully. You will not be able to cancel or make any changes to your coverage during the year. Changes are permitted only during the Annual Enrollment period or if you experience a Family Status Change and report that change to our office within 30 days of the event. (Examples of Family Status Changes are: marriage, divorce, birth or adoption of a child, commencement/termination of employment of your spouse, death of a spouse or dependent, change from full-time to part-time or vice versa, a significant change in the health coverage of the employee or spouse attributable to the spouse's employment).

NOTICE: WE MUST RECEIVE EITHER A WAIVER OF COVERAGE OR AN ENROLLMENT FORM FROM YOU FOR EACH OF THE INSURANCE PLANS OFFERED. IF NO FORM IS RECEIVED, IT WILL BE ASSUMED THAT YOU ARE WAIVING.

