

# Insure Oklahoma ESI Insurance Plan Application

(For Insurance Carriers Only)



<b>I. CONTACT INFORMATION</b>			
<b>Carrier Name</b>			
<b>Health Plan Name</b>			
<b>NAIC Number (5-digit)</b>			
<b>Contact Name</b>			
<b>Address</b>			
<b>City</b>			
<b>State</b>			
<b>Zip Code</b>			
<b>E-Mail</b>			
<b>Main Telephone number</b>			
<b>Direct Telephone number</b>			
<b>Fax</b>			
<b>Alternate contact</b>			
<b>II. Identified Requirements</b>	<b>Yes</b>	<b>/ No</b>	<b>Explanation</b>
<b>1. Does the plan cover hospital services?</b>			
<b>2. Does the plan cover physician services?</b>			
<b>3. Does the plan offer office visits?</b>			
<b>4. Is the office visit co-payment \$50 or less?</b>			
<b>5. Does the plan cover lab &amp; radiology?</b>			
<b>6. Does the plan offer pharmacy benefits (if offered as a rider, is the rider optional or mandatory)?</b>			
<b>7. Is the pharmacy deductible \$500.00 or less per calendar year?</b>			
<b>8. Is the pharmacy co-pay \$50.00 or less?</b>			
<b>9. Is the total individual annual out-of-pocket maximum (including deductibles and co-insurance) less than or equal to \$3,000?</b>			
<b>10. What is the total deductible for individual and family?</b>			

**For OHCA Use Only**

**III. Did the carrier supply all of the required documents as requested?**

Required Documents	Yes	/ No	Explanation
1. Application			
2. Statement of Benefits			
3. Covered Benefits			
4. Description of Premium Calculation			
5. EOB, Premium Rate Sheet, and Sample Invoice			

**IV. Recommendation** **Reasons for Denial (If any)**

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**V. Committee Decision** **Reasons for Denial (If any)**

<p>···APPROVAL ··· ···········DISAPPROVAL</p> <p>Date:</p>	
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