THIRD PARTY ADMINISTRATION SERVICES

PROPOSAL FOR

DATE: JUNE 3, 2026

COMPLETED BY:
CHAD RAYBURN – DIRECTOR OF NATIONAL SALES

JOHNSTON & ASSOCIATES/OCCUSURE
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Our Company History

Johnston & Associates, Inc was founded in 1990. Our risk management services operate under the guiding principle that injuries can be prevented, and costs can be controlled. Throughout our history, J&A has provided clients with a hands-on approach to control costs and achieve a zero-injury culture. We offer a full array of services to help our clients at all stages of injury prevention and claims management. We pride ourselves in providing customized solutions to our clients' unique risk management challenges.

Founded as a safety consulting company, J&A's culture is embodied by the prevention of accidents and injuries through our M.O.S.T. System. Over the years, we have proven that by utilizing our easy-to-understand system of being Method Oriented and applying Safety Thinking—leading to fewer accidents, injuries and higher productivity, thus making companies more profitable. We offer behavioral based systems for frontline employees and supervisors as well as a Defensive Driving System. In addition, we provide OSHA Required Training, DOT Compliance Consulting, IH Services, and Active Shooter Emergency Preparedness.

Our Third-Party Administration service, OccuSure Claims Services, was developed when we noticed employers did not have a partner to ensure claims were managed proactively when accidents occurred. Unlike most of the industry, our claims adjusters handle a total of 75 claims all from start to finish. Putting the best person on the claim from the start leads to better investigation, faster return to work, less attorney involvement and significantly lower costs. We also offer Claim Advocacy services for clients where we cannot provide claims services directly.

Keeping costs low is key, and our Medical Bill Review services are different than the rest. We hand audit every bill for accuracy and medical necessity catching errors that cannot be found by software. Our specialists negotiate and process bills in less than 7 days to ensure preferred providers receive payments timely, leading to better relationships and discounts.

Our RN Case Management services are available for complicated claims. Working with the employer, physician and injured worker we ensure that employees return to work as soon as medically possible and follow a proper treatment plan. Our case managers utilize a combination of telephonic and field case management to achieve the best possible results.

In the event a claim is questionable, we provide Medical Canvassing services. Canvassing is a quick, cost-effective way to verify the legitimacy of a claim. Our specialists canvass 12 specialty facilities closest to the claimant to obtain previous treatment records that may affect the current claim.

Whether our clients utilize one service or our full risk management system, at the core of our culture is a commitment to establish long-term, trusted relationships with our clients by delivering quality, timely results, operating with the utmost integrity and providing the best customer service. We appreciate the opportunity to partner with you.

J&A Johnston & Associates OccuSure COMPASS

Third Party Claims Administration Services

J&A/OccuSure has been handling claims for over 33 years. Our proactive claims management dramatically lowers claims costs. Our goal is to provide a seamless claims management process so that maximum cost containment is achieved.

We strive to fairly and aggressively investigate, negotiate, deny, and settle claims. In order to accomplish this goal, all claims must have careful and thorough investigation of all facts and circumstances surrounding the loss.

Features:

- Proactively manage claims to obtain maximum cost control and minimize abuse and fraudulent claims.
- Full investigation of all claims to determine causation, compensability, subrogation, and exposure..
- Recorded statements are taken on all claims.
- Deny all claims that do not meet the criteria of the policy or state law.
- Process all claims and payments in a timely fashion.
- Compliance and timely submission to required state and federal agency requirements.
- Develop relationships with vendors, doctors, and attorneys to ensure quality claims handling.
- Secure quality medical care for injured employees while communicating a caring attitude toward their recovery process.
- Inform and involve clients in all aspects of the claim.

Uniqueness that Makes a Material Difference:

- Adjuster caseloads of 75 claims versus industry average of 150-200 per adjuster.
- One adjuster is assigned to the file from start to finish to ensure consistency.
- Claims are assigned to the dedicated adjuster within minutes after claims are reported.
- Timely communication with all parties to proactively bring claims to resolution.
- Our adjusters compare diagnosis, and treatment plans using diagnostic codes to those contained in our medical limitation database (ODG – Official Disability Guidelines).
- Our adjusters proactively manage every claim by investigating it fully and preparing a detailed plan of action.
- Employers are actively involved in the claim's management process.

Results:

- We typically reduce claims cost by 30% - 60%.
- Improved client relationships due to increased communication and transparency.
- In partnership with clients, we return 90% of employees back to work without lost time.
- Significantly reduced claim duration.
- Early detection of fraud.

Medical Bill Review

We will review and discount all medical bills to ensure the lowest possible cost. In addition to discounting the charges, we also review all bills for medical necessity and appropriateness of charges and will negotiate preferred provider discounts to reduce the cost associated with medical care. We will provide the following:

- Hand audit every bill for accuracy and medical necessity to catch errors not found by software.
- Compare bills against Pre-Cert and Medical Records to ensure accurate coding
- Aggressively negotiate.
- Apply preferred provider discounts.
- Preferred providers selected based on overall claim outcomes.
- Fair, Accurate, and Timely Payments ensure positive provider relationships.
- Maintain compliance with state laws avoiding fines and penalties.
- Check for duplicate billing.

We typically save an additional 25% more than the industry average. Our average turnaround time is less than 7 days versus an industry average of 30 days, thereby improving provider relationships on claims.

Network Access

Agreements with selected providers are negotiated individually to ensure your employee receives better care at substantially lower costs. There are no affiliations or revenue sharing agreements with any outside restrictive PPO networks. Client's existing preferred physicians or clinics will be added to our network upon request. The selection of any new physicians or clinics will be added with input from the client.

Additional Services Provided

We will issue, mail checks to providers and handle all provider payment inquiries.

Reports

Custom reports will be provided with information and frequency as requested.

RN Nurse Case Management

In an effort to provide optimum cost containment services, Case Management services will be provided for the more complicated claims. Case management monitoring of claims offers maximum control of medical expenses. The central focus of our RN Case Management involvement will be:

- To ensure returning the employee to work as soon as medically possible.
- To ensure that the employee follows a proper treatment plan.
- To ensure proper control of the medical costs through aggressive case management eliminating abuse and fraudulent actions.
- To ensure appropriate doctors are used to deliver quality, cost effective medical care.
- To educate physicians on employer's commitment to modified duty.
- To ensure maintaining a trust relationship with the employee by communicating professional, positive concern.
- To ensure aggressive work toward the timely closure of all claims, especially on the high dollar lost time cases.

Data Reporting and Online Access

Reports

Standard and custom reports are available upon request. Our data reporting team will work with you to determine all reports needed. They will then be sent to all parties on an agreed upon schedule (i.e. weekly, monthly, quarterly). The customization of special reports is included.

On-line Access to RMIS System

Access authorization will be provided to the client to allow review of claims on an ongoing basis. Passwords will be provided, allowing each user access to adjuster notes, claim financials and the ability to run loss run reports with ease on our user-friendly program. This will be available at no additional charge.

Information Security

As a SOC I, Type II Audited Firm, the utmost importance will be placed on information security. Any information received while performing the duties specified in this proposal, which concerns the personal, financial or other affairs of your company, will be handled with full confidence and will not be disclosed to any other person, firm or organization.

Pricing & Terms

Our goal is to become a committed service partner to help to reduce claim costs. With our uncompromised commitment to quality, we will make every effort to provide the highest return on your dollars invested. We appreciate this opportunity to demonstrate the value of our involvement.

J&A/OccuSure provides clients with a unique pricing model which aligns the interests of the client and us. Our flat rate pricing is designed for clients to accurately budget for their claims management fees and provide transparency through eliminating issues regarding classification of claims. We believe all claims deserve the same level of attention from the beginning, so we find this method puts us in the same boat as the client in wanting to ensure all claims are managed correctly to bring them to resolution.

Our flat rate pricing includes.

- ✓ All claims handling.
- ✓ RMIS System Access
- ✓ Account management.
- ✓ Banking fees.
- ✓ Claim reviews, Stewardship Meetings and regular reporting.

The only charge outside of the flat claims fee would be one-time charges should a custom data feed need to be created. Other charges paid to our company would be for managed care services and charged to the individual claims if they are ever needed during the claims adjusting for the GL or AL claim:

- *$100 per hour for RN Case Management,*
- *23% of savings for Medical Bill Review,*
- *$250 per specialty for Medical Canvassing*
- *$30 per year, per open claim for ISO/Medicare/EDI reporting.*

Our flat TPA fee for **Cleveland County Oklahoma** would be **$20,600** per year payable in 12 monthly installments of $1,716.67. The 1-year contract , after the initial contract term it will be auto renewed annually with a 3% increase.

JOHNSTON & ASSOCIATES, INC.
BY: Chad Rayburn DATE: JUNE 3, 2026

CLEVELAND COUNTY OKLAHOMA
SIGNATURE: DATE: