



**SOARING ABOVE ALL OTHERS**

# INDUSTRY OVERVIEW

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- \$3.5 trillion consumer retail and provider care market for health care services in the United States in 2017
- \$130 billion consumer retail and provider care market for dental services in the United States in 2017
- 190 million Americans with a dental insurance benefit in the United States in 2017 gain an enhanced benefit
- 140 million Americans without a dental insurance benefit in the United States in 2017 gain a new benefit



# EXISTING PROBLEMS IN THE MARKET

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- No existing independent nationwide health care company has proprietary technology and licensing capabilities for identifying fraud and creating proper benefit plan design
- No existing independent nationwide health care company owns 100,000+ independent dental provider network for leasing (network accessing)
- Insurance Carriers, Third Party Administrators, and Self-Funded Entities are unable to compete competitively against the Big Five

# BUSINESS MODEL

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- Automatically enhances every employer group and individual's current benefits while simultaneously reducing their overall spending without a reduction in their current benefits or an increase in cost
- Concept works for all Americans regardless if they have or do not have healthcare benefits
- Individuals do not have to pay to join a membership program or an enrollment cost
- Guaranteed Results!

# PRODUCTS

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- Five tangible asset products and services:
  - Anti-Fraud and Proper Benefit Plan Design product allows clients the ability to identify and index fraud, enhance existing benefit plans, and reduce their overall spending at no additional cost
  - Free Benefits App product that results in every American getting new and additional benefits, a reduction in costs, and a decrease to their overall spending
  - Network Accessing product that allows all participants to gain an increase in existing benefits, a reduction in costs, and a decrease to their overall spending
  - Free Data Analytics report for all prospective clients of their total current costs and spending for their existing benefits
  - Utilization Review Analysis report for all clients of their total savings from participation and how they can enhance their existing benefits at no additional cost

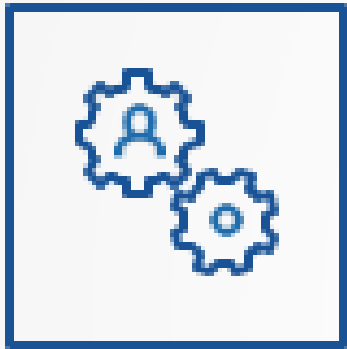
# SOLUTIONS: ANTI-FRAUD + BENEFIT PLAN DESIGN

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- Anti-Fraud product allows each client the capability to:
  - Identify and index types of fraud, prevent future occurrences, and reduce their overall spending
  - Enhance existing benefits while simultaneously adding new ones without increasing costs
  - Create proper benefit plans without limiting access, increasing deductibles, adding co-pays or eliminating any current benefits

# ANTI-FRAUD + BENEFIT PLAN DESIGN



## Data Input

Benefit Plan Design  
Claims History  
Patient Charting  
Provider Network  
Plan Sponsor  
CDT Codes Used



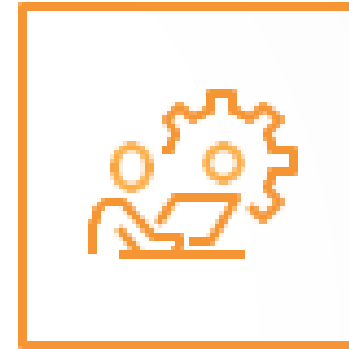
## Analytics

Existing Benefit Plan  
Utilization Review  
Member Participation  
Preferred Providers  
Ratios & Trends  
Quality Controls



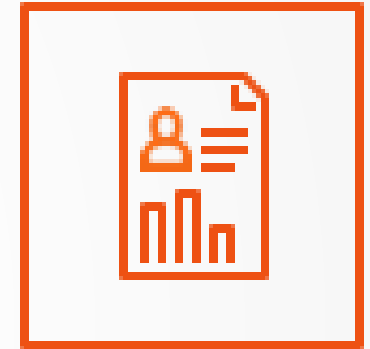
## Profiling

Proper CDT Usage  
Billing Codes Used  
Member Involvement  
Geo Zip Code Offices  
Categorizing Providers  
Up Coding-Side Coding



## Predictive Modeling

Plan Utilization  
Risk & Fraud  
Stratifying  
In & Out of Network  
Projections & Costs



## Reporting

Usage versus Natl. Average  
Potential Costs & Trends  
Proper Benefit Plan Design  
Recommendations & Why

# ANTI-FRAUD + BENEFIT PLAN DESIGN





# SOLUTIONS: FREE BENEFITS APP

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- Free Benefits App allows every American (insured/uninsured):
  - A variety of new and affordable benefits without needing to join a membership program or paying an enrollment fee
  - Gain an immediate increase in value to their existing benefits and a decrease in their total spending, regardless to their current healthcare benefits - or none
  - Receive multiple monetary gains and financial rewards each time the app is used

# FREE BENEFITS APP



The image shows a white smartphone with a blue screen. The screen displays the text "Mobile Benefits App" in white, with the Primacy Health Group logo below it. The phone is centered between two columns of numbered benefits.

Medical	1	7	Naturopathic Medicine
Dental	2	8	Durable Medical Equipment
Vision	3	9	Vitamins and Supplements
Hearing	4	10	Diabetic Supplies
Podiatry	5	11	Pharmacy
Chiropractic	6	12	Wellness

# SOLUTIONS: NETWORK ACCESSING

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- Network Accessing product that allows participating groups to:
  - Immediately participate without needing to change their current benefit plan (silent overlay)
  - Immediately be able to offer expanded benefit plans below market cost
  - Gain an immediate increase in value to their existing benefits and a decrease in their total spending, regardless to their current healthcare benefits - or none

# NATIONWIDE NETWORK ACCESSING



# COMPETITOR ANALYSIS

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- Nothing currently exists in the market that allows:
  - Employer groups and plan administrators to lease software that identifies and indexes multiple types of fraud, prevents future occurrences, reduces spending, and guarantees results
  - Insuring companies, plan administrators, and self-funded entities the ability to lease an independent nationwide dental network for enhancing benefits and reducing overall costs
  - All Americans the opportunity to participate for free, immediately gain an increase in value to their existing healthcare benefits and a decrease in their total spending, regardless to their current healthcare benefits – or none



- “Anti-Fraud + Proper Benefit Plan Design”
  - Licensing or contracting the anti-fraud software (savings sharing)
  - Contracting for properly designing multi-tiered benefit plans
- “Free Benefits App”
  - Manufacturer rebates from the app’s usage
  - Companies paying for statistical data and analytic services
- “Network Accessing”
  - Leasing the independent nationwide discount provider network to insurance carriers, self-funded entities, and labor unions
  - Alliances with discount healthcare networks and benefit plans

# REVENUE CHANNELS

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- Insurance Carriers
- Third Party Administrators
- Self-Funded Companies
- Labor Unions
- Partnerships and Alliances
- Private Labeling
- Affinity Plans / Discount Plans
- Website Advertising / Coupon
- Medical Tourism
- International Expansion

# SENIOR MANAGEMENT

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26  
years

Yale Mallinger  
Chief Executive Officer

32  
years

Kenneth Mackay  
VP of Administration

36  
years

James Nova  
Chief Financial Officer

28  
years

Steve Stith  
VP of Marketing

32  
years

Duane Scott  
VP of Information Systems

41  
years

Roger Skinner  
VP of Sales

31  
years

Dr. Herb Kaufman  
VP of Healthcare

# SUCCESS FACTORS

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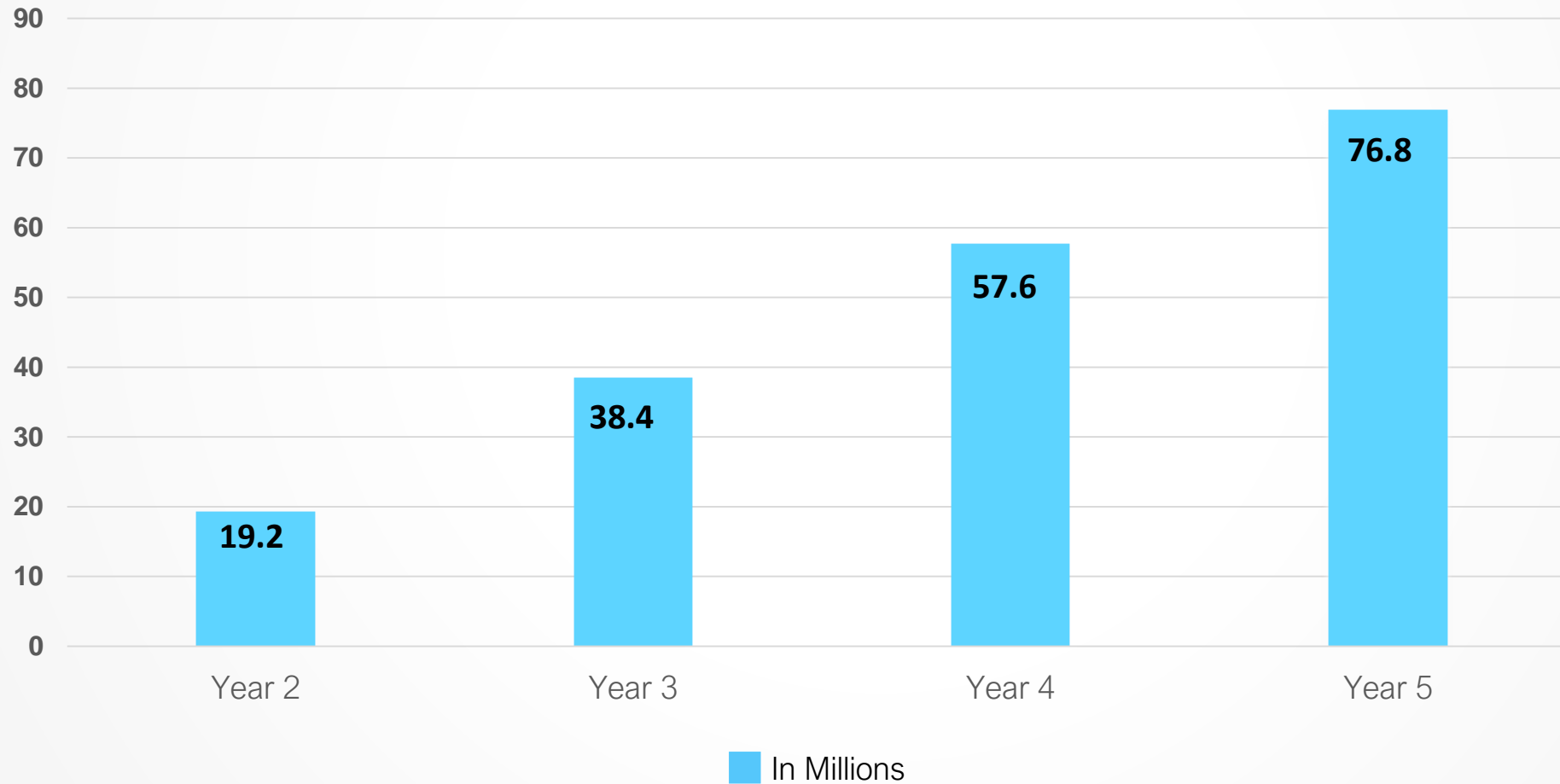


- Senior management team has 226 years of extensive leadership and prior accomplishments in developing networks, creating partnerships, and marketing products
- Prior successful working relationships with target markets, industry decision makers, and revenue channels
- Ability to handle customers' immediate needs without change to their existing programs (silent overlay)
- Ability to succeed against any competitor or new barrier of entry
- No regulatory restrictions or legal requirements ... not affected by potential changes with the Affordable Care Act (Obamacare)

# PROFIT + LOSS



Total Gross Income







<b>Profit &amp; Loss</b>					
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Year Four</b>	<b>Year Five</b>
<b>Revenue</b>	-	19,200,000	38,400,000	57,600,000	76,800,000
<b>Operating Expenses:</b>					
Rent & Utilities	12,000	24,000	36,000	48,000	60,000
Equipment & Furniture	31,000	33,000	35,000	37,000	39,000
Commercial Software	3,000	4,000	5,000	6,000	7,000
Office Supplies	12,000	18,000	24,000	30,000	36,000
Telecommunications	24,000	30,000	36,000	42,000	48,000
Printing	1,000	2,000	3,000	4,000	5,000
Postage	-	-	-	-	-
Data Information	120,000	132,000	144,000	156,000	168,000
Direct Mail	-	-	-	-	-
Credentialing	372,000	396,000	420,000	444,000	468,000
Professional Services	2,772,000	2,436,000	2,460,000	2,484,000	2,508,000
Salaries	360,000	420,000	480,000	540,000	600,000
Payroll Taxes & Employee Benefits	72,000	84,000	96,000	108,000	120,000
Network Contracting	792,000	924,000	948,000	972,000	996,000
Sales & Marketing	432,000	492,000	516,000	540,000	564,000
Benefit Plan Design	324,000	372,000	396,000	420,000	444,000
Anti-Fraud Platform	564,000	636,000	660,000	684,000	708,000
Partnerships & Affiliations	84,000	108,000	132,000	156,000	180,000
Nationwide Registration	25,000	-	-	-	-
<b>Total Operating Expenses</b>	<b>6,000,000</b>	<b>6,111,000</b>	<b>6,391,000</b>	<b>6,671,000</b>	<b>6,951,000</b>
<b>Operating Surplus</b>	<b>(6,000,000)</b>	<b>13,089,000</b>	<b>32,009,000</b>	<b>50,929,000</b>	<b>69,849,000</b>
Provision for taxes (15%)	-	1,963,350	4,801,350	7,639,350	10,477,350
<b>Total Net Income</b>	<b>(6,000,000)</b>	<b>11,125,650</b>	<b>27,207,650</b>	<b>43,289,650</b>	<b>59,371,650</b>
<b>Percentage of U.S. Market Share with annual renewals</b>		<b>less than 0.05%</b>	<b>less than 1.0%</b>	<b>less than 1.5%</b>	<b>less than 2.0%</b>
**Option to begin payment to investors and shareholders in year two					
*** Interest to investors not included in the above					

# DEVELOPMENT TIMELINE: MONTHS 1-3

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- Registering the company nationally
- Contracting employees and specialists
- Mapping all of the products and services
- Structuring contents for sales and marketing
- Identifying revenue channels and target markets
- Identifying partnership and alliance opportunities
- Attending industry sponsored events

# DEVELOPMENT TIMELINE: MONTHS 4-6

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- Planning the licensing and accessing agreements
- Identifying network managers and marketing directors
- Designing the products and services
- Developing contents for sales and marketing
- Setting up potential revenue channels and target markets
- Setting up potential partnership and alliance opportunities
- Participating at industry sponsored events

# DEVELOPMENT TIMELINE: MONTHS 7-9

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- Testing and iteration to cost savings products
- Testing and iteration to free benefits app product (prototype)
- Testing and iteration to network accessing product (prototype)
- Testing and iteration to the data analytics + utilization review analysis
- Testing and iteration to sales and marketing presentation
- Testing partnerships and alliances opportunities
- Collaborating at industry sponsored events

# DEVELOPMENT TIMELINE: MONTHS 10-12

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- Finalizing cost savings products
- Finalizing free benefits app product (prototype)
- Finalizing network accessing product (prototype)
- Finalizing the data analytics + utilization review analysis
- Finalizing sales and marketing campaigns
- Finalizing the partnership and alliance opportunities
- Preparing the company for market entry



# DEVELOPMENT TIMELINE: MONTHS 13-15

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- Three revenue producing tangible assets
- Delivery of cost savings products
- Delivery of free benefits app product (prototype)
- Delivery of network accessing product (prototype)
- Delivery of the data analytics + utilization review analysis
- Backfilling the provider network
- Adjustments and modifications as needed

# FINANCIAL NEEDS

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- \$6 million for building and delivering to market
  - A “Cost Savings” product that allows clients the capability to identify and index fraud, enhance existing health plan’s benefit program, and reduce their overall spending at no additional cost
  - A “Free Benefits App” product that allows every American to gain an increase in value to their healthcare benefits, a decrease in their costs, and a reduction to their overall spending
  - A “Network Accessing” product that provides a nationwide discount dental provider network for leasing and savings

# EXIT STRATEGIES

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- Investment Option One
  - Year one: invest \$6 million
  - Year two: sell the company and allow the investor to gain a return on their initial investment
- Investment Option Two
  - Year one: invest \$6 million
  - Year two: follow the sales & marketing plan, consider an IPO, and allow the investor to gain a sizeable return on their investment