



Population-Scale Behavioral Measurement & Routing Infrastructure

\$468M – \$564M

Net Structural Exposure
Per 1,000,000 Covered Lives

THE HIDDEN DENOMINATOR PROBLEM

Only 20–30% of covered lives receive **validated behavioral** screening each year.

Current tools lack a validated clinical cutoff — O2OS™ **Stress Number™** provides the first (≤ 23 , ROC AUC 0.88–0.92).

\$500M – \$1.1B Estimated Unmeasured Exposure
Per 1,000,000 Covered Lives

† Screening penetration estimates derived from published analytic CMS behavioral screening utilization data.

DRIVERS OF STRUCTURAL EXPOSURE

75%+ Penetration Gap

75% Not Measured
250,000 Covered Lives

→ ~25% Sensitivity Loss

Misclassifies ~25% of measured
187,500 Under-identified

\$900M+
Combined Gross
Exposure

937,500 Lives Outside Structured Measurement & Routing Infrastructure

per 1,000,000 Covered Lives

For a 50,000-life employer: ~46,875 employees outside structured behavioral infrastructure.

Screening Alone Does Not Close Risk

WHAT EACH GAP MEANS

Penetration Gap

The population never reached by validated behavioral screening.

Unmeasured risk cannot be managed, priced, or routed.

O2OS™ enables population-scale screening via unified stress/anxiety/depression measure.

EXPOSURE IMPACT

Up to \$600M

(Gross)

Sensitivity Loss

Single-test screening misclassifies ~25% of measured individuals.

False negatives create invisible clinical and financial liability.

EXPOSURE IMPACT

\$100M–\$200M

Structural Leakage
(nested within penetration)

Routing Breakdown

70–80% of positive screens never convert to care.

Identification without connection is waste, not intervention.

O2OS™ closes the loop via EHR-embedded measurement and automated referral routing.

EXPOSURE IMPACT

Up to \$500M

(Gross)



NET STRUCTURAL EXPOSURE
\$468M – \$564M

Per 1,000,000 Covered Lives

Exposure translates into measurable PEPM, workflow waste, and downstream claims volatility.

O2OS™ provides patent-pending unified measurement, routing, and governance infrastructure to close all three gaps.

The Oxygen Plan Corporation

Working in collaboration with Mayo Clinic

Exposure model derived from: CMS behavioral screening utilization data, published screening sensitivity benchmarks, and referral conversion rate studies.

Full methodology available in O2OS™ Exposure Model Documentation. Clinical validation: Archives of Psychology, Vol. 2, No. 7, 2018.