



# ADVANTAGE

HEALTH PLANS TRUST

## 2022 Annual Member Meeting Handouts

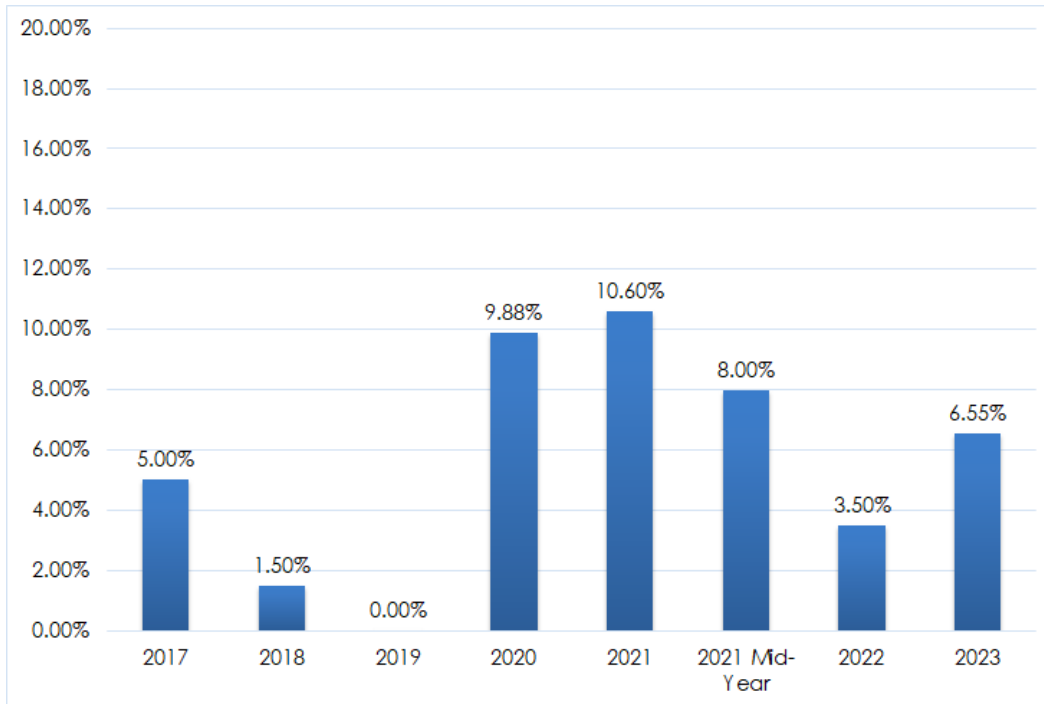


(800) 324-9396

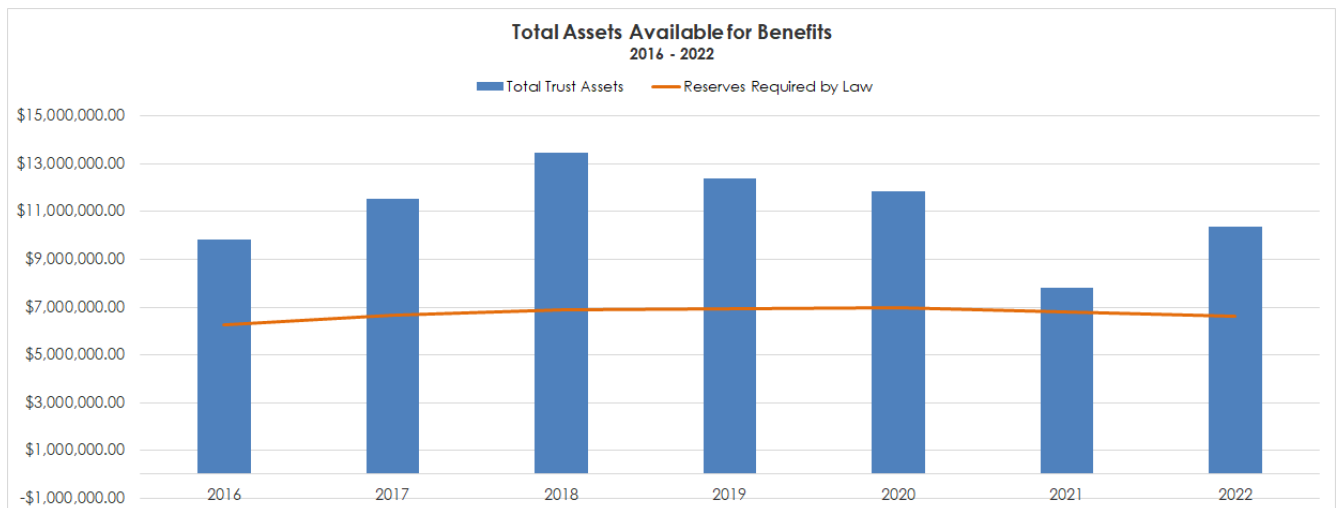


[AdvantageHealthPlans.com](https://www.advantagehealthplans.com)

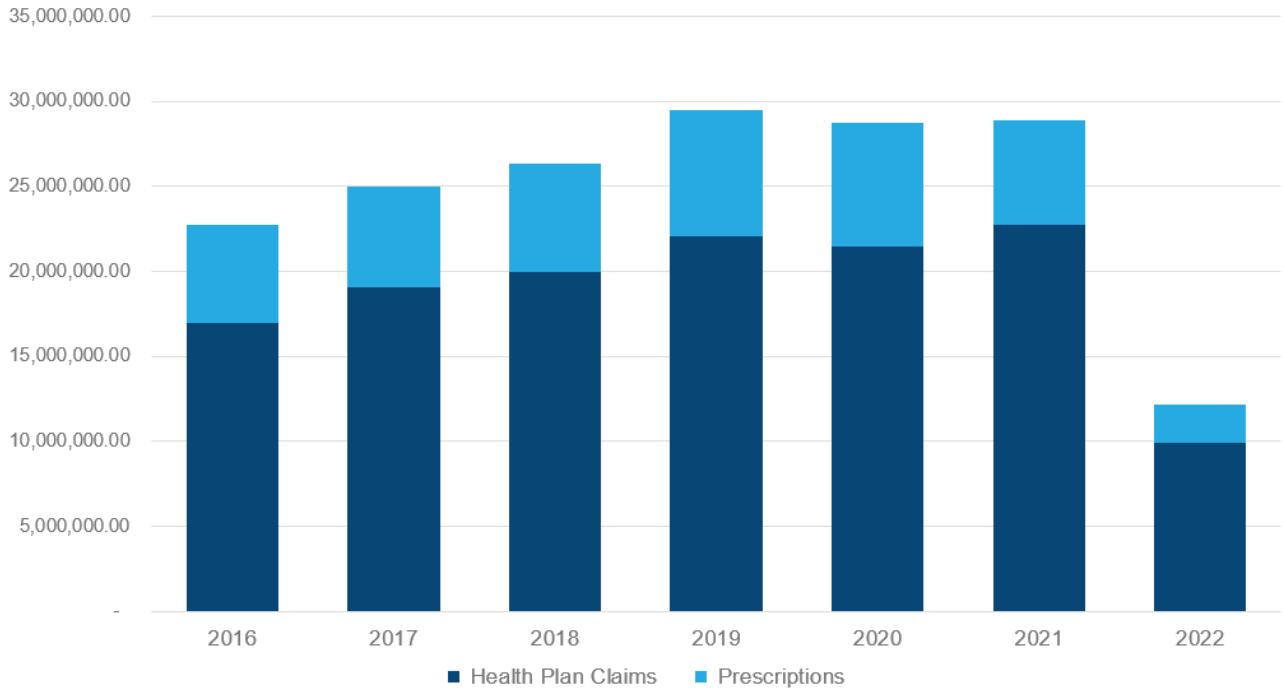
## HISTORICAL RATE ADJUSTMENT 2017-2023



## TRUST ASSETS 2016-2022y 1 - June 30)

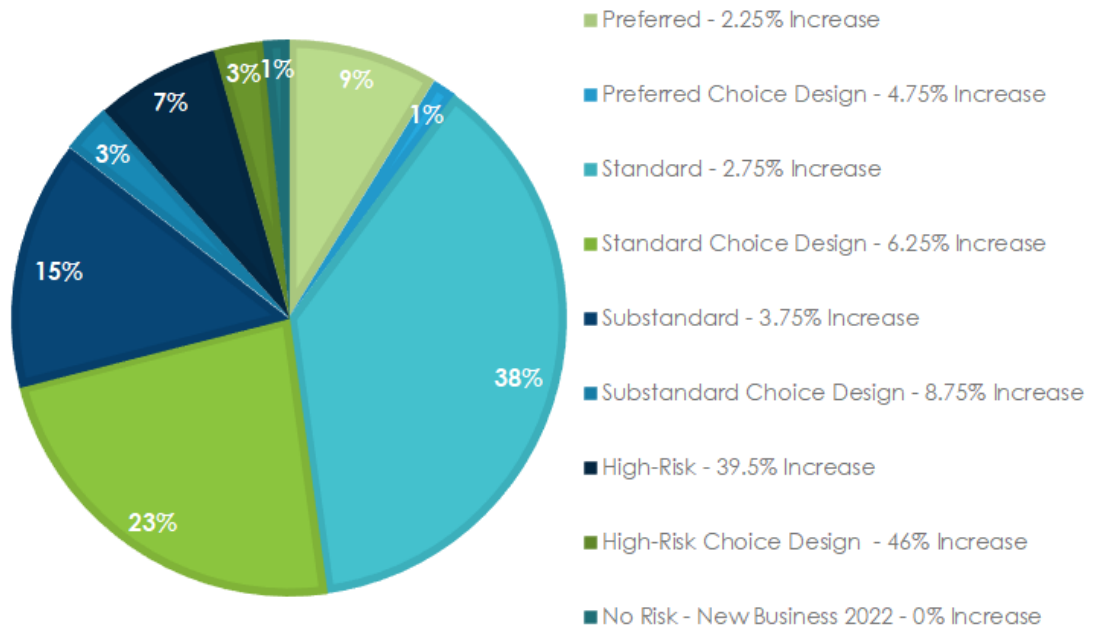


### MEDICAL AND RX CLAIMS BY YEAR (January - December)



### 2023 RENEWAL ADJUSTMENT METRICS

### Contribution Increase Categories



**85.5% of Banks Under Trust Level**

### COVID-19 Antibody Testing

**491**  
Count of Claims

**\$33,469.22**  
Total Plan Paid

**\$65.96**  
AVG Network Allowable

### Antibody Test

**318**  
Employees

**78**  
Dependents

### COVID-19 Diagnostic Testing

**5721**  
Count of Claims

**\$444,291.46**  
Total Plan Paid

**\$78.87**  
AVG Network Allowable

### Diagnostic Test

**1804**  
Employees

**888**  
Dependents

### Treatment Details

COVID-19 Confirmed

**2530**  
Count of Claims

**\$2,180,957.87**  
Total Plan Paid

### Confirmed

**877**  
Employees

**358**  
Dependents

COVID-19 Suspected

**5893**  
Count of Claims

**\$2,579,388.55**  
Total Plan Paid

### Suspected

**2007**  
Employees

**1019**  
Dependents

### Total Treatment Costs

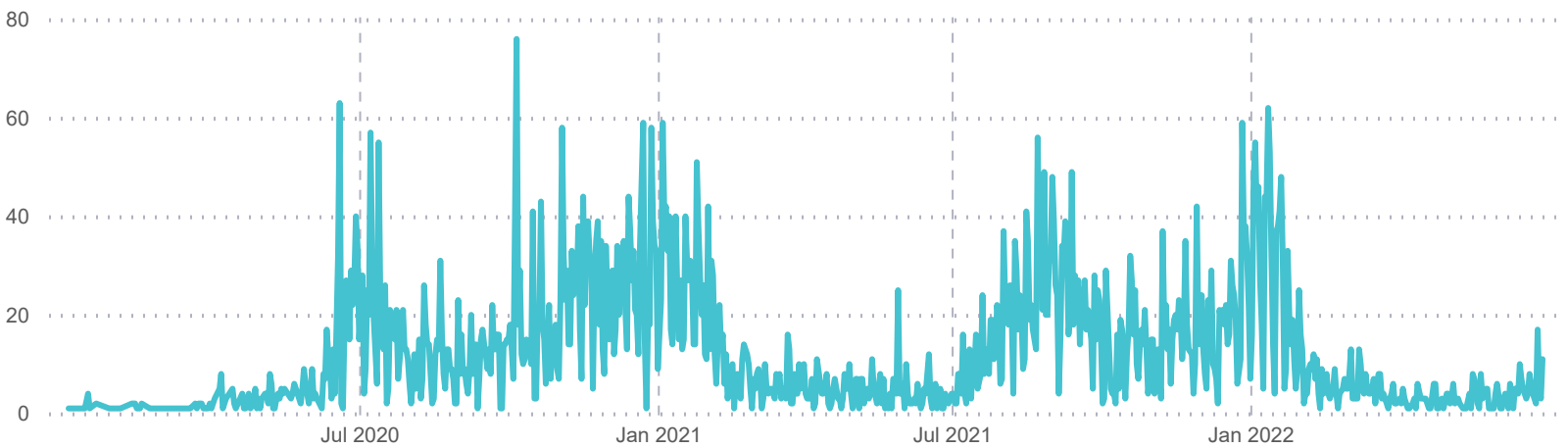
**10412**  
Count of Claims

**\$5,008,327.21**  
Total Plan Paid

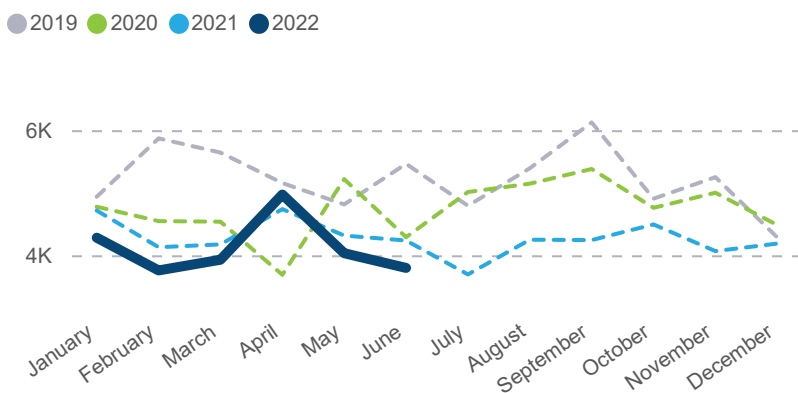
### Divisions with Activity

**203**

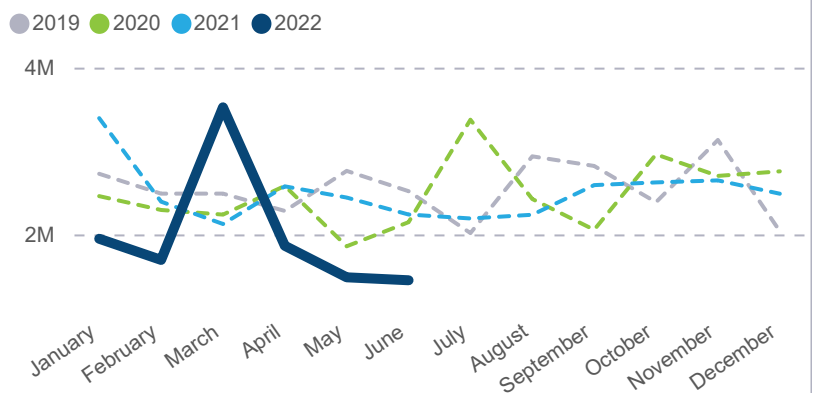
### COVID-19 Activity



### Total Claim Volume



### Total Plan Paid



### KPPFree Missed Opportunity Savings by Year

# \$20,284,575.33

Total Savings Missed

# 5,133

Count of Missed Opportunities



Year	Missed Savings	Count
2012	\$888,241.39	98
2013	\$1,387,633.01	133
2014	\$1,444,459.06	165
2015	\$1,580,780.56	194
2016	\$2,088,734.52	709
2017	\$2,043,032.27	703
2018	\$2,086,423.17	671
2019	\$2,832,653.83	829
2020	\$3,002,600.66	754
2021	\$1,973,266.54	615
2022	\$956,750.32	262
<b>Total</b>	<b>\$20,284,575.33</b>	<b>5,133</b>

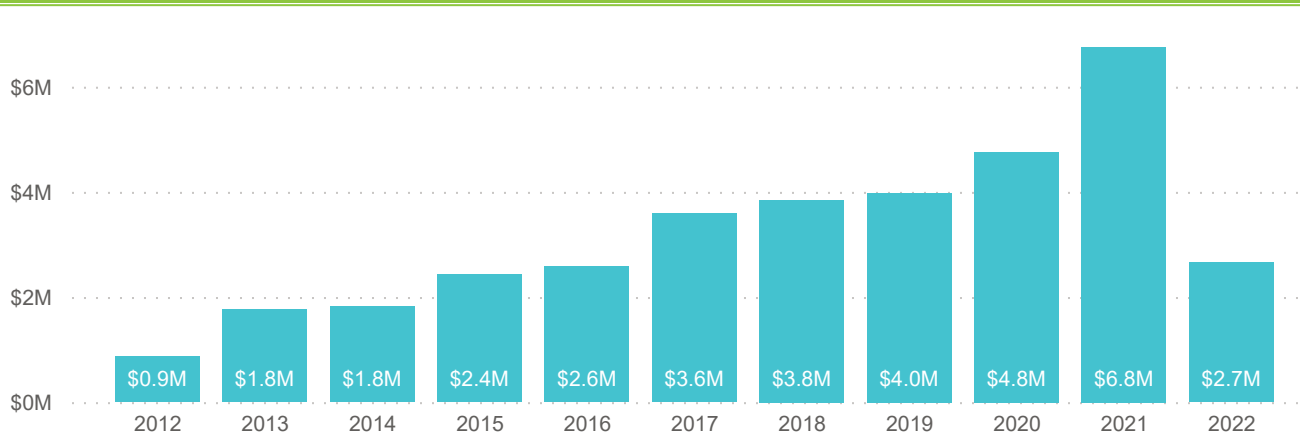
### KPPFree Savings and Utilization by Year

# \$35,052,569.97

Total Estimated Savings

# 23,055

Count of KPPFree Procedures



Year	Estimated Savings	Count
2012	\$873,781.69	120
2013	\$1,761,844.71	333
2014	\$1,819,065.54	497
2015	\$2,432,138.58	870
2016	\$2,576,097.91	2,123
2017	\$3,593,118.85	2,136
2018	\$3,845,480.68	2,265
2019	\$3,979,068.21	2,767
2020	\$4,756,290.23	3,496
2021	\$6,757,861.84	6,104
2022	\$2,657,821.74	2,344
<b>Total</b>	<b>\$35,052,569.97</b>	<b>23,055</b>

## REFERENCE BASED PRICING METRICS - 1/1/2020-6 30 2022



## KEMPTON DIRECT ACCESS PROVIDER METRICS

Mid-Texas Direct Primary Care, Fredericksburg, TX – 4 enrollments

Primary Health Partners, OKC Metro, OK – 119 enrollments

Reliant Direct Primary Care, Enid, OK – 4 enrollments

Remedy Health Direct Primary Care, Tulsa, OK – 58 enrollments

Direct Primary Care of Oklahoma – 0 enrollments

Simple Primary Care Solutions – 0 enrollments

#### NEW KPPFREE™ PROVIDERS ADDED IN 2022:

- FlexCare Infusions – Locations in Oklahoma and Alabama
- Arete Surgical Center (Nadora Healthcare) – Johnstown, CO
- Good Night Sleep Center – Del Rio, TX
- Vital Heart and Vein – Humble, TX
- Evolution Imaging – Edmond, OK
- Legent Outpatient Surgery – Frisco, TX
- Legent Outpatient Surgery – Austin, TX
- Legent Orthopedic & Spine – San Antonio, TX
- Legent Orthopedic Hospital – Carrollton, TX
- Legent Hospital of El Paso – El Paso, TX
- Legent Westover Hills – San Antonio, TX
- Delray Beach Surgical Suites – Delray Beach, FL
- Imagine Pediatric Therapy, PLLC – Owasso, OK
- Orthopedic Spine & Sports Physical Therapy – Moore, OK
- Ohio Bone & Joint – Toledo, OH
- Peak Physical Therapy & Sports Medicine – Kyle, TX
- Green Imaging – 600 new locations nationwide

#### NEW RBP DIRECT PROVIDERS IN 2022:

- Texas Oncology – 210 locations across Texas
- National Sinus Institute – 16 locations in New Mexico and Texas
- Olney Hamilton Hospital – Olney, TX
- Kell West Regional Hospital – Wichita Falls, TX
- FlexCare Infusions – Locations in Oklahoma and Alabama
- Life Psychiatric Clinic – Edmond, OK
- Central Texas OBGYN Associates – Austin, TX
- Vital Heat and Vein – Humble, TX
- Medina Regional Hospital – Hondo, TX
- Medical Clinic of Hondo – Hondo, TX
- Medical Clinic of Castroville – Castroville, TX
- Medical Clinic of Devine – Devine, TX
- Imagine Pediatric Therapy – Owasso, OK

#### NEW KDAP PROVIDERS IN 2022:

- Medical Dojo – Amarillo, TX
- Harmony Health Direct Primary Care – Norman, OK
- Magnolia Family Care – Ada, OK

PLAN NAME	SELECT 500	SELECT 750	SELECT 1500
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$500	\$750	\$1,500
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$3,500	\$3,750	\$4,500
<b>Family Deductible</b> Individual family member is embedded.	3 individual deductibles must be satisfied per family.	3 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,250	\$10,500
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 80% of covered charges, the participant pays 20%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$15	\$25	\$25
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$100 copay, then subject to deductible and coinsurance.	\$100 copay, then subject to deductible and coinsurance.	\$100 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$10 Name Brand - \$90	Generic - \$10 Name Brand - \$90	Generic - \$10 Name Brand - \$90
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.



PLAN NAME	VALUE 750	VALUE 1500	VALUE 2000
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$750	\$1,500	\$2,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$5,750	\$6,500	\$7,000
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$11,500	\$13,000	\$14,000
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$35	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35	Generic - \$15 Name Brand - \$35
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

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PLAN NAME	VALUE 3000	VALUE 5000
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$3,000	\$5,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$7,350	\$8,150
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$14,700	\$16,300
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150

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PLAN NAME	HDHP 2500	HDHP 5000	MINIMUM VALUE PLUS PLAN
<b>Health Benefits</b> Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	In-network and out-of-network benefits are the same for medical services, unless otherwise noted.  <b>Out-of-network claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>*100% Benefits Available, after deductible is met:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	<b>*100% Benefits Available, after deductible is met:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	<b>100% Benefits Available:</b>  KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$2,500 <b>Individual KPPFree™ Deductible - \$1,500</b>	\$5,000 <b>Individual KPPFree™ Deductible - \$1,500</b>	\$9,100
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$5,000	\$5,000	\$9,100
<b>Family Deductible</b> Individual family member is embedded.	\$5,000 Embedded deductible for a family member is \$3,000. <b>Embedded KPPFree™ Deductible - \$3,000</b>	\$10,000 Embedded deductible for a family member is \$5,000. <b>Embedded KPPFree™ Deductible - \$3,000</b>	\$18,200 aggregate. Embedded deductible for family member is \$9,100
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,000	\$10,000	\$18,200 aggregate.
<b>Coinsurance Percentage</b> Unless another percentage is stated.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$50
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%, after deductible is met.	\$0, after deductible is met.	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0, after deductible is met.	\$0, after deductible is met.	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	\$150

*There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*

PLAN NAME	CHOICE SELECT 1500	CHOICE VALUE 750	CHOICE VALUE 3000
	<b>There is NO PPO NETWORK.</b>	<b>There is NO PPO NETWORK.</b>	<b>There is NO PPO NETWORK.</b>
<b>Health Benefits</b> Network Information	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.	<b>ALL claims are processed at a percentage above the provider's Medicare Rate:</b> Physician 130%, Facility/Hospital 160%, Anesthesia 250%, Outpatient Laboratory 100%, Emergency 200%, Air Ambulance 120%. This Plan has other limitations, please review your Summary Plan Description.
<b>100% Benefits*</b>	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	<b>100% Benefits Available:</b> KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
<b>Individual Deductible</b>	\$1,500	\$750	\$3,000
<b>Individual Out-of-Pocket Maximum</b> Includes deductibles and copays.	\$4,500	\$7,750	\$7,350
<b>Family Deductible</b> Individual family member is embedded.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
<b>Family Out-of-Pocket Maximum</b> Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,500	\$14,700
<b>Coinsurance Percentage</b> Unless another percentage is stated.	The Plan pays 80% of covered charges, the participant pays 20%.	The Plan pays 70% of covered charges, the participant pays 30%.	The Plan pays 70% of covered charges, the participant pays 30%.
<b>Office Visit Copay</b> Physician Office Visit, Urgent Care Visit, Specialist Visit. Employees enrolled in Kempton Direct Access Providers will have no co-pay for services provided under the monthly fee.	\$25	\$35	\$35
<b>Emergency Room Benefit</b> Additional copay may be waived if accident or life threatening.	\$100 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.	\$200 copay, then subject to deductible and coinsurance.
<b>Surgical Procedure Benefit</b> Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.	\$300 copay, then subject to deductible and coinsurance.
<b>Pre-Certification Requirement</b>	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
<b>Laboratory Benefit</b> Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 80% of covered charges, the participant pays 20%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.
<b>Diagnostic Imaging</b> Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 70% of covered charges, the participant pays 30%.
<b>Prescription Benefits - PBM Southern Scripts</b> Walgreens & Costco are non-covered.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.	For pharmacy, the use of a Southern Scripts network pharmacy is mandatory. Out-of-network pharmacy is non-covered. Walgreens and Costco are non-covered.  Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.  If you select a brand name drug when a generic drug is available, you pay the copay PLUS the difference in cost between the generic and the brand name drug.
<b>Prescription Copay</b>	Generic - \$10 Name Brand - \$45	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
<b>Maintenance Medications</b> A 102-day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy or through mail order.	Generic - \$10 Name Brand - \$90	Generic - \$30 Name Brand - \$110	Generic - \$30 Name Brand - \$110
<b>Therapeutic Alternative Limitation</b> There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the copay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at AdvantageHealthPlans.com.	50%	50%	50%
<b>Premier Drug Tier</b> <i>Over-the-Counter</i> - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. <i>Prescription Medications</i> - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
<b>Specialty Medications</b> Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.

# Reducing Costs Improving Quality Enhancing Experiences

## WHO WE ARE

Southern Scripts provides pharmacy benefit management solutions that guarantee employers absolute autonomy in plan design development. We strive to deliver positive member experiences and outcomes to everyone we serve with the goal of reducing total net costs.

## MISSION ALIGNED

Founded and governed by clinical pharmacists, Southern Scripts is laser-focused on delivering significant savings to our clients through a single, straightforward pricing model and sound clinical management philosophies. We bring value and control back to the plan sponsor, the way it should be, and the way it was intended to be.

## VALUE-ADDED SOLUTIONS

In an ongoing effort to bring our clients the most cost-effective source for prescription medications, we allow the plan sponsor complete control and flexibility to source high-cost medications through an innovative and transformative variety of market-leading providers.



Southern Scripts is approved by

**PHARMACISTS UNITED FOR TRUTH AND TRANSPARENCY**

Pharmacists United for Truth and Transparency is a non-profit advocacy organization founded by independent pharmacists and pharmacy owners devoted to exposing the truth about the anti-competitive tactics of pharmacy benefit managers.

*“In 2018, our analysis lead us to place 8 cases with Southern Scripts. Almost immediately, without any plan changes and minimal disruption, each group experienced a decrease in PEPM drug spend. As we approach the end of the first year, some groups are realizing a 50% decrease in overall plan costs compared to their previous providers, including the Big 3 PBMs. Southern Scripts is becoming our PBM of choice.”*

- Senior H&W Consultant  
Top 10 National Consulting Firm



### 100% Pass-Through Pharmacy Pricing & Manufacturer Rebates

We retain zero revenue from manufacturers or pharmacies, passing 100% of savings directly to clients.



### All-Inclusive Administration Fee

We contractually warrant our only source of revenue is our administrative fee.



### Combating High-Cost Specialty Medications

On average, clients experience 30% savings on high cost brand/specialty drugs when enrolled in the Variable Copay™ Program, exclusively available to our clients.



### Full Auditability Down to the Claim Level

Clients receive secure access to our processing system, providing real-time insight into all of the plan's utilization activity.



### Pharmacist Driven Management

Unique and targeted clinical utilization strategies front-loaded into our claims processing system.



### 24/7/365 Customer Service

Dedicated representatives are available around the clock.



### Best in Class Trend Management

Specialty Drug Trend = 3.3157%



# THIS NEW EMPLOYEE BENEFIT PUTS \$\$ BACK IN YOUR POCKET



## Scripta is Your Key to Pharmacy Savings

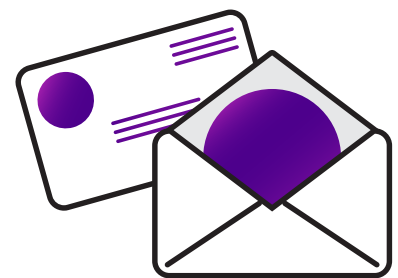
Scripta creates monthly, Personalized Savings Reports just for you. Our reports list all the medications you're currently taking where there are savings to be had, as well as lower-priced options to discuss with your doctor.

So you can focus on staying healthy and taking the medication you need, while keeping the most money in your pocket.



The **PURPLE DOT** means **SAVINGS.**

Arriving in your mailbox soon!



## WHO IS SCRIPTA?

- Scripta is a benefit service founded by doctors to help you get the medicine you need at the best possible price.
- We use technology like AI, software & big data to stay on top of constantly changing drugs costs.
- We've saved employees, like you, millions of dollars on prescription copays for more than a decade.



# SCRIPTSOURCING PROVIDES A UNIQUE OPPORTUNITY TO HELP EMPLOYEES SAVE MONEY ON NAME BRAND MEDICATIONS.



**Enrollment  
is simple!**

Simply call **410-902-8811**, and a Prescription Advocate will walk you through the enrollment process

Some of the advantages of joining the ScriptSourcing program are

- Employees and Dependents pay \$0 Copay for name brand maintenance medications
- Prescriptions are shipped directly to your home with no shipping or handling costs
- No out of pocket expenses
- ScriptSourcing saves the health plan money, which translates into lower premiums



**CALL:  
410-902-8811**

**ScriptSourcing**

600 Falls Road

Suite 0

Baltimore, MD 0

[www.scriptsourcing.com](http://www.scriptsourcing.com)



scriptsourcing

## EASY AS 1-2-FREE!

When you choose KPPFree™, your medical service is covered at **100%**, with **no cost to you!** With more than 200 provider locations, and thousands of procedures, tests, imaging, and other services, using KPPFree™ is an easy choice!



Call us! Call our Kempton Care Advocate team at **(800) 324-9396** to find out if your procedure is available through KPPFree™, discuss your benefits, and see if using KPPFree™ is your best option.



Our team will assist you every step of the way. Remember, reasonable travel expenses can be reimbursed, including hotel, mileage, etc.



After your appointment is scheduled, you will be provided with a KPPFree™ Voucher to present to the provider at the time of service.

### Services Available

There are thousands of medical services that can be performed through the KPPFree™ program.

#### Examples of services available:

- General Surgeries
- Diagnostic Imaging
- Orthopedics
- Gastrointestinal
- Ear, Nose, & Throat
- Cardiac
- Oncology
- Gynecological
- Ophthalmological/Ocular
- Kidney
- Sleep Disorders

#### Don't forget your Preventive Services!

Many of your preventive screenings can be done through the KPPFree™ program. If a diagnosis is found, you can be confident that you won't receive surprise bills, and you may be able to get treatment from the same high-value provider.

### KPPFree™ Locations



Don't have a KPPFree™ option near you or want to use your current medical provider? Ask us about how any provider can "price match" and be reimbursed at 100% with a Cash Price Agreement!

### KPPFree™ Savings

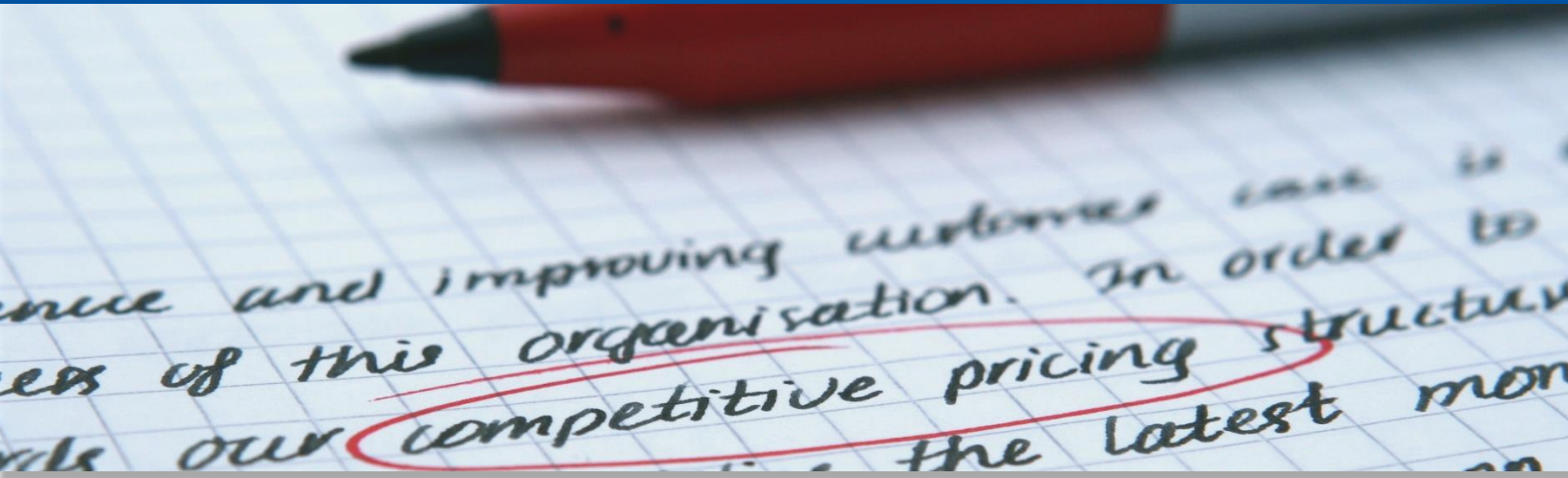
KPPFree™ providers often charge 50-80% less than a traditional network provider. Since 2011, our clients have saved **\$61 million** over network discounts, while reducing or eliminating participant out-of-pocket cost.

To learn more:

**(800) 324-9396 | KPPFree.com | AdvantageHealthPlans.com**



## CASH PRICE AGREEMENTS



### SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPPFree™ price so they can be reimbursed at 100% and you will have no out-of-pocket cost!\*



Call **Kempton** to find out if your medical service is available through the KPPFree™ program, discuss your benefits, and see if a Cash Price Agreement is **your best option**.



Talk to **your provider** about the enhanced benefit available to you if they **agree to match**, or closely approximate, the KPPFree™ bundled price.



Remember, **all services** required for the service or procedure are **bundled** under KPPFree™. These same services **must** also be **included** in your provider's offer.



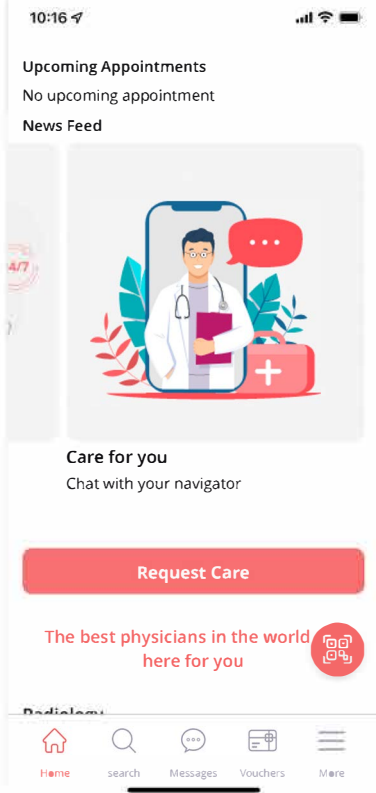
The Kempton Care Advocate will provide you with a **Cash Price Agreement**. If your provider signs the CPA, your procedure will be covered under the **KPPFree™ benefit!**



To learn more: (800) 324-9396 | [KPPFree.com](http://KPPFree.com) | [AdvantageHealthPlans.com](http://AdvantageHealthPlans.com)



# KPPFree™ is now at your fingertips with the KPPFree™ mobile app!

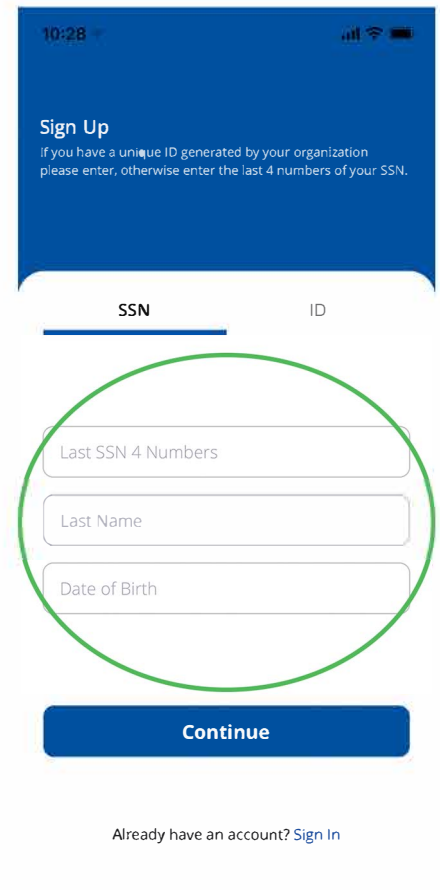
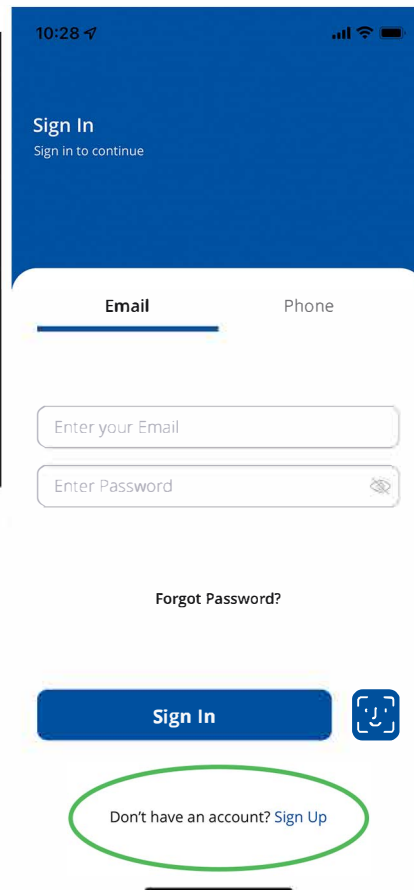
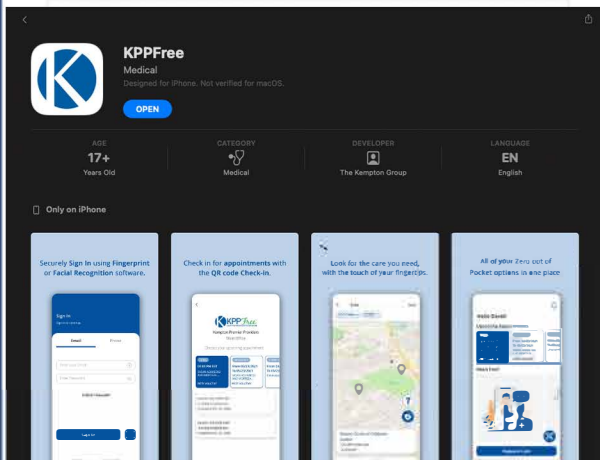


## With the KPPFree™ app, you can:

- View upcoming KPPFree™ appointments.
- Receive KPPFree™ Vouchers.
- Search KPPFree™ providers, facilities, and qualified procedures.
- Request assistance for an upcoming procedure or image thru the KPPFree program.

## Instructions:

1. Search “KPPFree” in the app store to download.
2. Select Sign Up.
3. Use your name, date of birth, and last 4 of your social to create your account. You can also create an account by using your member ID.
4. Once your account is created, start using the app!
5. For more information click here



## Have Questions?

Call us at  
**(800) 324-9396**

# KEMPTON DIRECT ACCESS PROVIDERS

*A Benefit for Direct Primary Care (DPC)*



**Kempton Direct Access Providers is an enhanced, consumer-driven benefit for medical services, including primary care, preventive care, and urgent care services covered at 100%.**

Kempton Direct Access Providers allows members of AHPT to enroll with a participating Direct Primary Care (DPC) physician through the health plan. DPC physicians offer medical services through a patient-centered payment and practice model.

## ***What is Direct Primary Care (DPC)?***

- An innovative alternative to the traditional fee-for-service model.
- Simple affordable monthly membership fee.
- No claims filed with your health plan.
- Covers most primary care, urgent care, and preventive services.
- Focuses on putting the patient and physician relationship first.
- Same or next day appointments, alternative contact options via technology, and a proactive approach to your health.

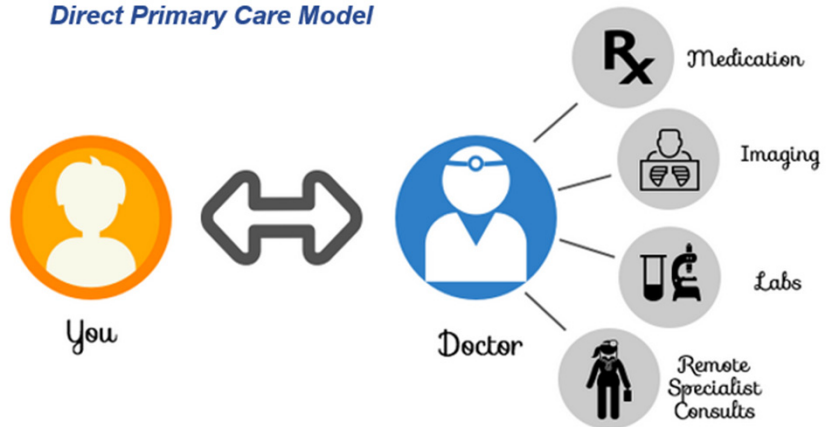
## ***Your Consumer-Driven Benefit***

- Allows eligible employees to enroll with a DPC and have the monthly fee covered by the health plan.
- Monthly fee is paid by the health plan at 100%\*.
- You will have no additional out-of-pocket cost for medical services included in the monthly fee.
- Costs for services provided not included under monthly fee are the responsibility of the employee and may fall to regular plan benefits.

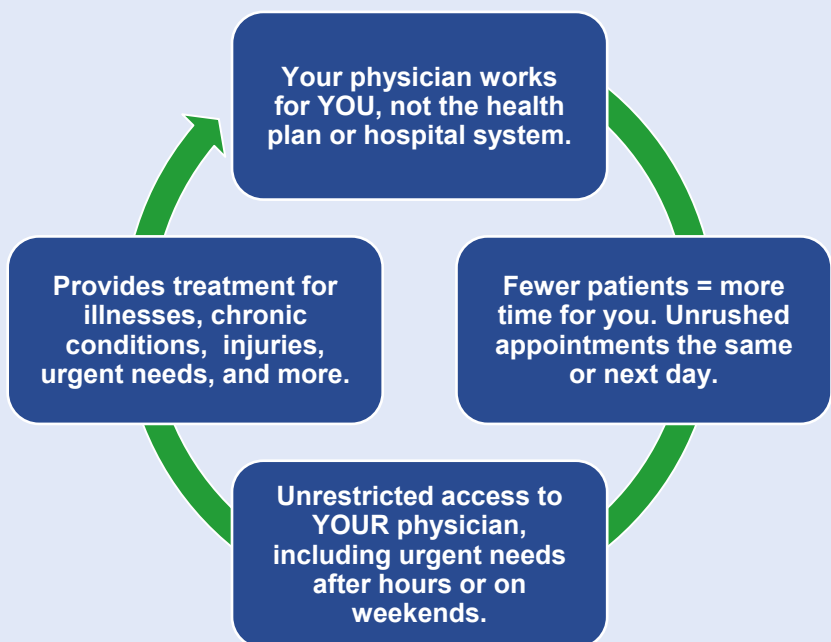
## ***Participating Physicians***

- For a list of participating Kempton Direct Access Providers, please visit [AdvantageHealthPlans.com](http://AdvantageHealthPlans.com) under Find a Provider.
- Participation in the Kempton Direct Access Providers is contingent upon a DPC practice having the technology available to provide the legal documentation required to ensure compliance with IRS regulations.

### ***Direct Primary Care Model***



### ***Benefits of this Model***



\*Services included under the monthly fee vary by physician. Only available for covered services. Please refer to your Summary Plan Description. Under IRS guidelines, participants enrolled in a Qualified High Deductible Health Plan are not eligible for this benefit.

# KEMPTON DIRECT ACCESS PROVIDERS

A Benefit for Direct Primary Care (DPC)



## Follow the Easy Steps Below To Enroll!

Since Kempton Direct Access Providers is a membership-based model, employees must “join” or “enroll” with a physician.

1. Visit AdvantageHealthPlans.com and log in to the Member Resource Portal.
2. Click Kempton Direct Access Providers under Quick Links.
3. Fill out the *Information About You* section.
4. Use the dropdown box to choose a doctor.
5. Click the check boxes under *Our Agreement*.
6. In the *Member Agreement* box that pops up, type in your name, and choose Accept.
7. Make an appointment to meet your new Kempton Direct Access Provider and get your Health Risk Assessment within 6 months of enrollment.

## Additional Details...

- This benefit is currently available to enrolled employees of a participating employer.
- Employees must visit their Kempton Direct Access Provider for an initial comprehensive visit, complete with a health risk assessment, within six months of signing up.
- To remain eligible for the program, employees must visit their Kempton Direct Access Provider for at least one comprehensive visit annually.
- If an employee becomes ineligible for coverage through AHPT, they may choose to continue the relationship by opting to pay the full monthly fee directly.

## To Learn More...

If you have questions about this benefit, please contact us.

Phone: (800) 324-9396

Online: AdvantageHealthPlans.com

**Check out the videos below to learn more about DPC!**

- [About Direct Primary Care \(opens in YouTube\)](#)
- [Physicians & Patients Talk About DPC \(opens in YouTube\)](#)
- [Direct Primary Care: Jay Kempton \(opens in YouTube\)](#)





# ADVANTAGE

HEALTH PLANS TRUST



(800) 324-9396



[AdvantageHealthPlans.com](https://www.AdvantageHealthPlans.com)