



KPPFree™ KNOW BEFORE YOU GO

Did you know you can get medical care for free? All Advantage plans include KPPFree™, a voluntary benefit that incentivizes members to make non-emergency healthcare decisions based on cost and quality. When a member uses KPPFree™, **all covered charges are paid at 100% – with no out-of-pocket cost.***

More than 2,000 Medical Services

KPPFree™ covers surgeries, tests, and diagnostic imaging for:

- Bariatric
- Cardiac
- Digestive
- ENT
- General
- Gynecology
- Ocular
- Oncology
- Orthopedic
- Physical Therapy
- Sleep
- And many, many more

High-Value Providers

Advantage contracts with providers who offer high-quality care and a fair and reasonable price.

20
States

100+
Medical Providers

Simple Pricing

We understand how confusing – and expensive – medical bills can be. A bill from the surgeon, a separate invoice for anesthesia, and more can pop up. But all KPPFree™ providers bundle pricing – a single, all-inclusive price for your care.

Serious Savings

Healthcare can be costly. But with KPPFree™, the price for your care can be **50-80% less** than the average network allowed amount.

*KPPFree™ is only available for covered services. If a participant has other primary insurance, the benefit is not available. Neither the Plan or the Plan Administrator, make any warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except for ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.

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TALKING TO YOUR DOCTOR

Since KPPFree™ is an innovative, new type of enhanced benefit, your current doctor may not be familiar with how it works. Here are some helpful talking points and a few worksheets to help you discuss the program with your doctor and get the information you need to get started.

Talking Points

- “I’m enrolled in a self-funded plan, and I’m cost-conscious.”
- “I have an enhanced benefit that reduces or eliminates my out-of-pocket costs.”*
- “If this is a diagnostic test or procedure, I’ll need a copy of the physician’s orders to start the KPPFree™ process.”
- “Can you tell me the exact type of surgery or procedure I need?”
- “What is the name or CPT code for this procedure?”

Ask Your Doctor...

What type of procedure do I need?

Imaging Diagnostic Test Surgery Other

Are physician’s orders required for this procedure?

If so, will you provide me with a copy of the orders so that I can begin the process?

Physician’s orders are necessary for procedures that are diagnostic in nature.

Yes, they are required, and I have received a copy.

No, they are not required.

What is the exact name of the procedure or the CPT code(s)?

CPT codes are used to describe the procedure(s) or service(s) a patient needs to receive.

More than one code may be utilized.

CPT code 1: _____ CPT code 2: _____

CPT code 3: _____ CPT code 4: _____

What is the urgency level?

The KPPFree™ program is intended for voluntary and elective procedures that are not urgent in nature. If your medical service is urgent or time sensitive, we encourage you to consider using regular plan benefits.

Not time-sensitive

Time-sensitive; not urgent

Urgent; consider using regular plan benefits.



24 - 48 HOURS PRIOR TO APPOINTMENT

24-48 hours prior to your appointment, confirm that you have received the following information.

Have I received and printed my KPPFree™ voucher?

Yes No

If you have not received your voucher, please call your Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m. - 5:00 p.m. CST.

Do I know the location of my appointment?

Yes No

Please confirm the location of your appointment with the KPPFree™ provider. For example, your consultation may be scheduled at a different location than your procedure.

I am traveling, do I have the details and reservation information?

Yes No

If you have not received this information, please call your Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m. - 5:00 p.m. CST.

AFTER YOUR PROCEDURE

Check with your KPPFree™ provider to find out if you will need follow-up care or services and reach out to us to review the benefit available.

Do I need post-operative care or follow-up appointments? Yes No

Post-operative or follow-up appointments may not be included under KPPFree™ and may be covered under regular plan benefits.

Do I need any durable medical equipment? Yes No

Durable Medical Equipment (DME), such as crutches, walkers, and other equipment prescribed by your surgeon, may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits.

Do I need physical therapy? Yes No

Physical therapy may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Your Kempton Care Advocates can assist you in finding the best benefit for physical therapy.

Do I need any other continuing care or medical services? Yes No

These services may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Your Kempton Care Advocates can assist you in finding the best benefit.

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