



2019 Annual Member Meeting Handouts



(800) 324-9396



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

2019 ADVANTAGE HEALTH PLANS TRUST
ANNUAL MEMBER MEETING



TOPICS




-  PERFORMANCE & REPORTING
-  2020 RENEWAL INFORMATION
-  PLAN CHANGES & NEW PLANS
-  THINGS TO KNOW
-  ENHANCED TECHNOLOGY

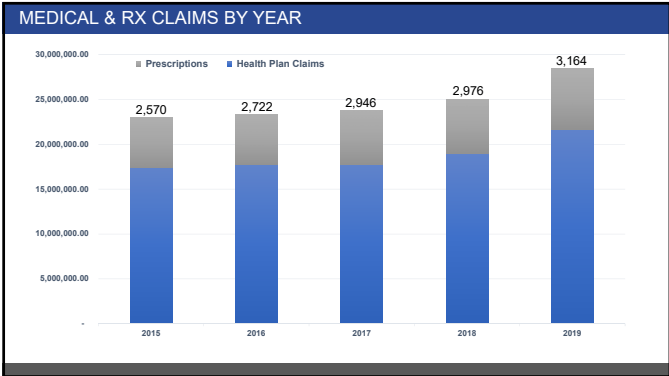




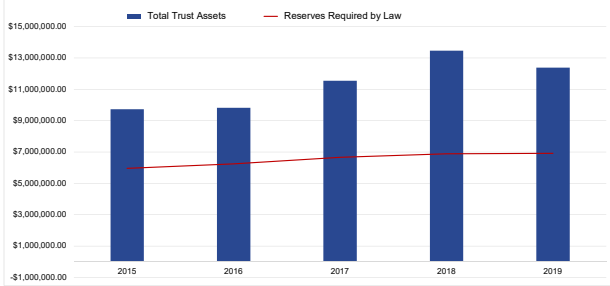
PLAN DETAILS

Member Details

-  130 Member Banks
-  Oklahoma, Texas, New Mexico
-  3,164 Employees / 5,828 Members



TOTAL ASSETS AVAILABLE FOR BENEFITS – 2015-2019



KPPFREE™ SAVINGS

2019 KPPFREE™ Savings
(1/1/2019-6/30/2019)

969 Procedures
Total Number of Procedures in 2019

\$1,769,797 Million Saved
Total Savings - 1/1/2019- 6/30/2019

\$1,759 average saved
Average amount saved per claim in 2019

\$92,587 Saved
Highest amount saved in a single claim in 2019

24 Cash Price Agreements
Agreements with local providers who price match the KPPFree price in 2019

Total KPPFREE™ Savings
(3/1/2012-6/30/2019)

9,701 Procedures
Total Number of Procedures

\$18,909,779.61 Million Saved
Total Savings - 3/1/2012- 6/30/2019

\$2,986 average saved
Average amount saved per claim

\$153,987 Saved
Highest amount saved in a single claim

201 Cash Price Agreements
Agreements with local providers who price match the KPPFree price

KPPFREE™ MISSED OPPORTUNITIES

2019 Missed Opportunities
(1/1/2019-6/30/2019)

375 Missed Opportunities
Individual missed opportunities in 2019

\$1,496,962 Total Missed Savings
Total missed savings 1/1/2019-6/30/2019

\$2,890 Average Missed Savings
Average amount per claim in missed savings in 2019

\$222,124 Largest Missed Savings
Largest amount of missed savings in a single claim in 2019

Total Missed Opportunities
(3/1/2012-6/30/2019)

3,078 Missed Opportunities
Individual missed opportunities since 3/1/2012

\$13,083,953 Total Missed Savings
Total missed savings 3/1/2012-6/30/2019

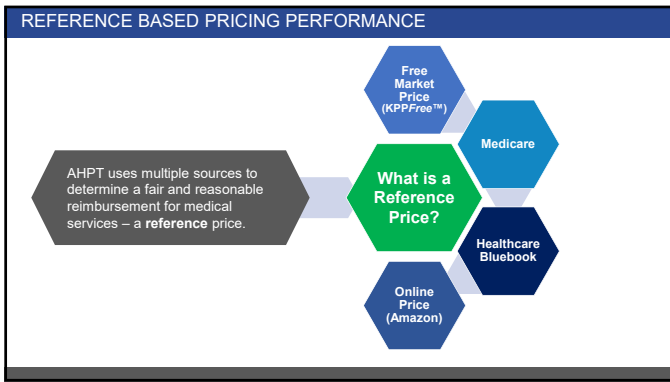
\$6,166.77 Average Missed Savings
Average amount per claim in missed savings since 3/1/2012

\$222,124 Largest Missed Savings
Largest amount of missed savings in a single claim since 3/1/2012

NEW KPPFREE™ PROVIDERS

COMING SOON!

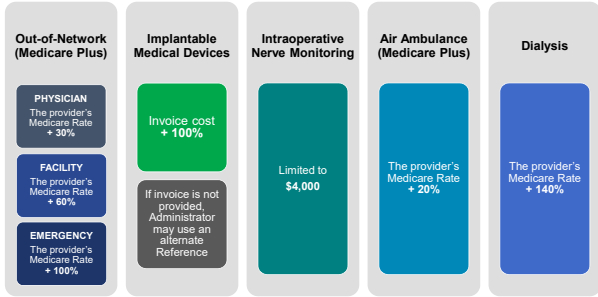
- Artesian Cancer Center Oklahoma City, OK
- Oklahoma Cancer Specialist and Research Institute Tulsa, OK
- Oklahoma Proton Center Oklahoma City, OK



WHY USE REFERENCE BASED PRICING?

- Increase Overall Transparency
- Increase Provider Accountability
- Increase Patient Choice & Power
- Reduce / Eliminate PPO Networks
- Reduce Claims Costs = Reduce Contributions
- Sustainable Reimbursement Model

AHPT REFERENCE BASED PRICING EXAMPLES



MEDICARE PLUS RBP METRICS – All out-of-network & Choice plans

2019 RBP Claims Metrics	Balance Billing Metrics	Total Dollars Saved
Total RBP Claims 9,112 claims	Cases Resolved Positively 29	Billed Charges \$ 11.7 Million
# of Participants Claims 1,867	Average Accepted Amount 165% of Medicare	Allowed Amount \$ 4.0 Million
Total Balance Bills 67	Declined/Unresponsive 2	Total Saved \$ 7.7 Million
% of Claims with a Balance Bill 0.74%	In Process 36	

DIRECT NEGOTIATING IN YOUR COMMUNITY

You can have a big impact.

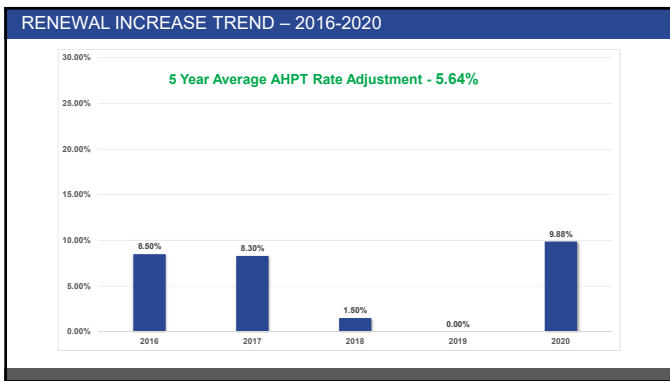
- Benefit to the provider.
- Benefit to a community employer.
- Benefit to the patient.



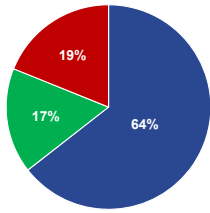


RENEWAL

- 9.88% Trust Level Rate Adjustment
- No Increase for Ancillary Products
- Enhanced Benefits for VSP!



MEDICAL RENEWAL – 2020 Adjustment Metrics



No Risk Category Shift – Trust Level Increase
Moving to a Better Risk Category – Less than Trust Level Increase
Moving to a Worse Risk Category – More than Trust Level Increase

*Letters informing each employer of their individual rate adjustment will be provided prior to October 15, 2019.



KEMPTON DIRECT ACCESS PROVIDERS - A Benefit for Direct Primary Care



WHAT IS DIRECT PRIMARY CARE?

- Relationship based medicine.
 - Our providers take the time to get to know YOU, not just your medical history.
- Set monthly membership fee.
 - Employees covered by Advantage Health Plans Trust.
 - See us as often as you like at no additional cost.
- Unrestricted access to Primary Care.
- Healthier, happier employees
 - Reduced employee absenteeism
 - Incorporating DPC into a self-funded plan typically drives 15-30% savings to the plan when compared to fee-for-service models.



WHAT IS INCLUDED IN DPC?

- Well visits
- Sick visits
 - Acute illness treatment
- Chronic illness management
 - Diabetes, hypertension, cholesterol, heart disease, arthritis, kidney disease, etc.
- Procedures and testing
 - Cryotherapy, joint injections, lacerations, lesion removal, EKG, lung function testing, etc.



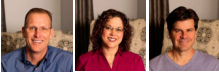
BENEFITS OF THE MODEL

- 24/7 direct access to primary care provider.
- Same day/next day appointments, longer appointments, less wait time.
- Wholesale pricing on labs and bloodwork.
- On-site pharmacy with wholesale pricing on generic medication.
- Most services covered under monthly membership, no office visit co-pay.
- Utilize "virtual visits" at no additional cost (phone, email, text, or video).
- Our focus is on quality and value, not on quantity and profit.



LOCATIONS & PHYSICIANS

Yukon-1820 Commons Circle



Edmond- 3808 S Boulevard



NW OKC – 14100 Parkway Commons Dr



Moore – 1110 Magnolia Ct - *Opening October 2019*



KEMPTON DIRECT ACCESS PROVIDERS

Benefit

- The monthly fee will be paid at 100% directly to the provider.
 - Up to \$70 per month.
- No additional cost to the employer for implementing this benefit.
- No office visit copay/out-of-pocket costs for medical services included in the monthly fee.

Participation

- Only available to enrolled employees.
- Members enrolled in an HDHP are not eligible.
- Health Risk Assessment is required.
 - Within 6 months of enrollment.
 - Annually.

In the Future...

- Program is new!
- Primary Health Partners is the first DPC practice.
 - More DPC practices coming soon.
- Program may be expanded.
 - DPC practice must have necessary technology.

Learn more at AdvantageHealthPlans.com | Find a Doctor
 Enroll at AdvantageHealthPlans.com | Member Portal

2020 PLAN ENHANCEMENTS

Inpatient Room & Board

CURRENT

Reimbursement limited to private room rate or 90% of average rate.



NEW

Reimbursed based on PPO contract.

Breast Reconstruction

CURRENT

Reconstruction covered after mastectomy.



NEW

Reconstruction covered after mastectomy or lumpectomy.

2020 PLAN CHANGES

HDHP2500

CURRENT
Per ACA mandate:
Embedded individual deductible for a family member is \$2,700.

NEW
Per ACA mandate:
Embedded individual deductible for a family member is \$2,800.

MVP STANDARD & MVP PLUS

CURRENT
ACA Out-of-Pocket Maximum
\$7,900 single
\$15,800 family

NEW
ACA Out-of-Pocket Maximum
\$8,150 single
\$16,300 family

2020 NEW MEDICAL PLANS

	Value 3500	Value 5000
Deductible	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family
Coinsurance	The Plan pays 70% of covered charges.	The Plan pays 70% of covered charges.
Out-of-Pocket Maximum	\$7,350 Individual \$14,700 Family	\$8,150 Individual \$16,300 Family
Physician's Office, Urgent Care, & Specialist Copay	\$35	\$35
Pharmacy General Benefit	Generic - \$15 / \$30 Name Brand - \$55 / \$90	Generic - \$15 / \$30 Name Brand - \$55 / \$90
100% Benefits	KPPFree™ LabCard/Quest/DLO/CPL/Any Lab Test Now OneCall OTC Medications	KPPFree™ LabCard/Quest/DLO/CPL/Any Lab Test Now OneCall OTC Medications

OTHER PLAN CHANGES

Telemedicine

- Telemedicine programs have become a popular option for employers.
- However, they also require ACA, HIPAA, and ERISA compliance.
- The Board voted to modify the AHPT Plan Document to make compliance easier for member employers who decide to offer a telemedicine program.

Eligibility

- Eligible Employee is now defined as an active Employee who is regularly scheduled to work 30 hours per week.
- Formerly, the requirement was 32 hours per week.
- This change was made to assist with ACA compliance.

NEW VISION PLAN FOR 2020

Enhanced Benefits!

- Same premium!
- WellVision exam \$10 copay.
- Increased frame and lenses allowance.
- Increased contact lens allowance.





2020 CALL TO ACTION


- Schedule an employee meeting.
- Adopt a culture of consumerism / cost containment in your organization.
- Share educational materials.
- Adopt a "Go for Green" strategy.
- Promote and encourage KPPFree™ utilization.
 - Support your employees.
 - Remind them to call Kempton if they need a procedure or test.
 - Kempton performs outreach to promote KPPFree™ utilization.

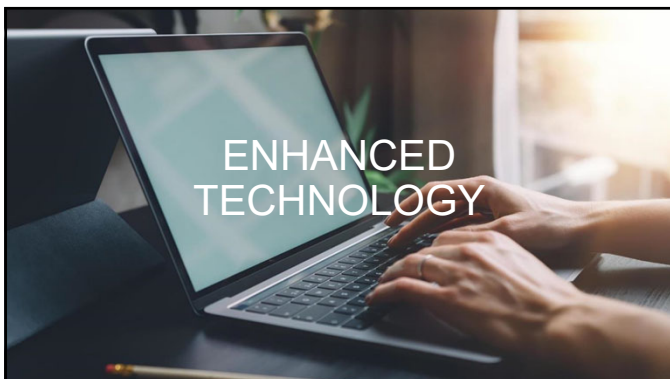




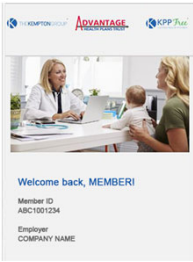
HELPFUL TOOLS & RESOURCES

- 2020 Employee Meeting Recording.
 - Coming soon!
- Model & Annual Notices.
 - Employer Portal
 - Includes compliance checklist.
 - Member Portal.
- Due Diligence Information
 - Coming soon to the Employer Portal.
- ACA Reporting.
 - Pay or Play reporting engagement due mid-November.





ONLINE BENEFIT PORTAL



Member Benefit Portal

- View detailed claim information and out-of-pocket details. Download out-of-pocket reports into CSV/Excel.
- View and download benefit information, SBCs, Plan Document, flyers, and forms.
- Request an ID and print a temporary ID card.
- Mobile app for iPhone and Android available!

Employer Benefit Portal

- View enrollment and eligibility details.
- View and download billing details, plan documents, SBCs, annual notices, and more.
- Request an employee ID card, view and download frequently used forms, upload documents.
- Coming soon! Employees will be able to enroll online!

Online Enrollment and Eligibility

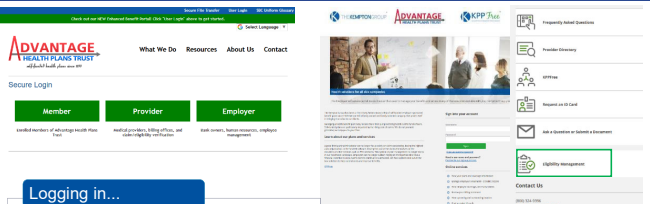
Current Functionality

- View billing, reports, plan information, documents, etc.

New Functionality – Full eligibility management

- Enroll or decline coverage on behalf of a new hire.
- Enroll, decline, or modify coverage during open enrollment or special enrollment event.
- Enroll, decline, or modify dependent coverage.
- Add or modify beneficiaries, if applicable.
- Add or modify personal contact information.

Accessing Online Eligibility Management



Logging in...

- Visit AdvantageHealthPlans.com.
- Choose Employer or User Login.
- Log in to the Employer Portal.
- Click Eligibility Management.

Online Enrollment and Eligibility Web Demos

Webinar Dates

- September 17, 2019 11:30 AM
- September 18, 2019 10:00 AM
- September 19, 2019 4:00 PM

Register

AdvantageHealthPlans.com

Handouts & Materials

AdvantageHealthPlans.com - Choose Resources, then Member Handouts



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 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.

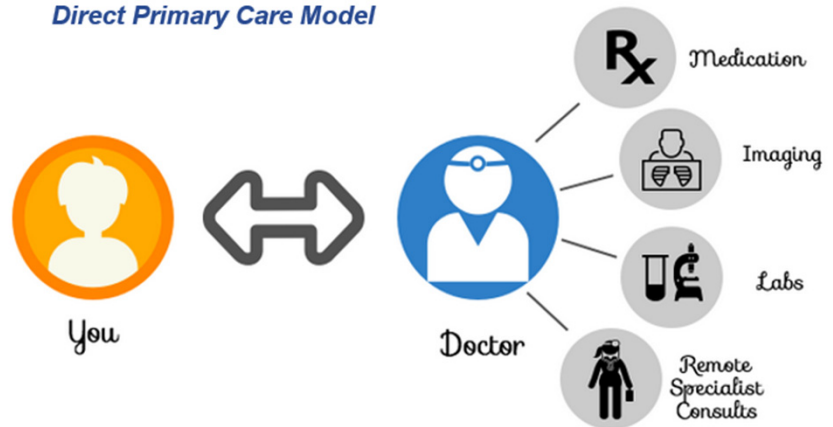
Your Consumer-Driven Benefit

- 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%, up to \$70 per month.*
- 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.

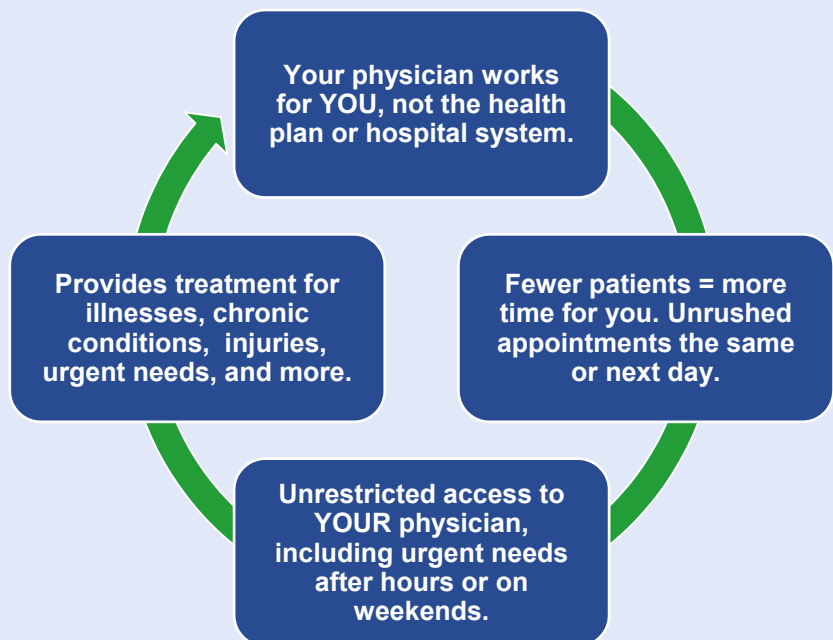
Participating Physicians

- For a list of participating Kempton Direct Access Providers, please visit AdvantageHealthPlans.com 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)

ADVANTAGE

HEALTH PLANS TRUST

WWW.ADVANTAGEHEALTHPLANS.COM

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 \(opens in YouTube\)](#)



Life is
better in
focus.™

Get access to the best in eye care and eyewear with ADVANTAGE HEALTH PLANS TRUST and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.



Your VSP Vision Benefits Summary



ADVANTAGE HEALTH PLANS TRUST and VSP provide you with an affordable eyecare plan.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$160 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses within 12 months of your last WellVision Exam 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a retail chain may be different or not apply. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			



Contact us. 800.324.9396 | advantagehealthplans.com

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

Document	Required to Provide	Details	Location(s)
Summary of Benefits & Coverage (SBC)	Yes	This document must be provided to participants and beneficiaries. The SBC must be provided to participants and beneficiaries with enrollment materials and upon renewal or reissuance of coverage. SBC must also be provided to special enrollees no later than the date by which an SPD is required to be provided (90 days from enrollment). The SBC and a copy of the Uniform Glossary must also be provided upon request within 7 days.	<ul style="list-style-type: none"> ▪ Member Portal. ▪ Employer Portal.
Notice of Special Enrollment Rights	Yes	This notice must be provided to employees eligible to enroll in a group health plan. This notice must be distributed at or before the time an employee is initially offered the opportunity to enroll in the group health plan.	<ul style="list-style-type: none"> ▪ Summary Plan Description. ▪ Member Portal. ▪ Employer Portal.
Exchange Notice (Notice of Coverage Options)	Yes	This notice must be provided by the employer to all employees regardless of plan eligibility or part-time or full-time status. This notice must be provided to all new employees within 14 days of hire.	<ul style="list-style-type: none"> ▪ Member Portal. ▪ Employer Portal.
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	Yes	This notice must be provided to all employees regardless of enrollment or eligibility status. The CHIP Model Notice typically gets updated twice every year. An employer can choose to provide the notice on its own or concurrent with the furnishing of: <ul style="list-style-type: none"> • Materials notifying the employee of health plan eligibility; • Materials provided to the employee in connection with an open season or election process conducted under the plan; or • The Summary Plan Description (SPD). 	<ul style="list-style-type: none"> ▪ Summary Plan Description. ▪ Member Portal. ▪ Employer Portal.
Women's Health and Cancer Rights Act Annual Notice (WHCRA)	Yes	This notice must be provided to all participants. This notice must be furnished upon enrollment and annually.	<ul style="list-style-type: none"> ▪ Summary Plan Description. ▪ Member Portal. ▪ Employer Portal.
Newborns' and Mothers' Health Protection Act of 1996	Yes	This notice must be provided to all participants. This notice must be furnished upon enrollment and annually.	<ul style="list-style-type: none"> ▪ Member Portal. ▪ Summary Plan Description. ▪ Employer Portal.
General Notice of COBRA Continuation Coverage Rights	Yes	This notice is required to be distributed to covered employees and their spouses. This notice is required to be distributed when group health plan coverage commences.	<ul style="list-style-type: none"> ▪ Summary Plan Description. ▪ Member Portal. ▪ Employer Portal.
Mental Health Parity and Addiction Equity Act (MHPAEA) and Denial Notice	Yes	This notice is required to be distributed to participants or beneficiaries. This notice is required to be distributed upon request or as otherwise required by other laws.	<ul style="list-style-type: none"> ▪ Summary Plan Description.

Document	Required to Provide	Details	Location(s)
HIPAA Privacy Notice	Yes	This plan is required to provide this notice to plan participants. This notice is required to be furnished to new enrollees at the time of enrollment and to provide a revised notice to individuals then covered by the plan within 60 days of a material revision. Additionally, the plan must notify individuals then covered by the plan of the availability of and how to obtain the notice at least once every three years.	<ul style="list-style-type: none"> Summary Plan Description.
Summary Annual Report	Yes	This notice is required to be provided to participants and pension plan beneficiaries. This notice is required to be provided automatically to participants and pension plan beneficiaries receiving benefits within 9 months after end of plan year, or 2 months after due date for filing Form 5500 (with approved extension).	<ul style="list-style-type: none"> Provided by Administrator to participating members annually.
Medicare Part D	Yes	This notice must be provided directly to members who qualify or may qualify, for Medicare annually by October 15th.	<ul style="list-style-type: none"> Provided by Administrator via direct mail to participants who qualify. Member Portal. Employer Portal.
Wellness Programs HIPAA/EEOC	<i>Yes, if employer has an applicable wellness program.</i>	Not required for plans that have no impact on coverage cost. If an employer offers a Wellness Program that is subject to the terms of this regulation, an annual notice may be required.	<ul style="list-style-type: none"> Please contact us if you have an applicable Wellness Program. May be employer responsibility to provide, if applicable.
Grandfathered Status Disclosure	<i>No. Advantage Health Plans Trust is non-grandfathered.</i>		
Michelle's Law Enrollment Notice	<i>No. Does not apply to Advantage Health Plans Trust.</i>		
PPACA Provider Choice Disclosure	<i>No. Not required for plans with no PCP mandatory selection. Does not apply to Advantage Health Plans Trust.</i>		
HIPAA HITECH Breach Notice more or fewer than 500	<i>No. Not required if no breach has occurred in the last 60 days. Does not apply to Advantage Health Plans Trust.</i>		
General Notice on Pre-Existing Condition Exclusion	<i>No. Not required for self-funded plans. Does not apply to Advantage Health Plans Trust.</i>		

Welcome to AHPT!

Thank you for choosing to become a member of Advantage Health Plans Trust! AHPT recognizes the value in providing exceptional service based on the golden rule. The Kempton Company administers all the benefits, products, and programs offered through AHPT. Please reach out to a Kempton team member with any questions you may have.



Phone Numbers

Main Phone Number
(800) 521-1711

Administration & Billing
(800) 324-9356



Online Resources

Main Website & Secure Portal
www.AdvantageHealthPlans.com

KPPFree™ Website
www.KPPFree.com



Relationship Contacts

Kanda Ramos
kramos@kemptongroup.com
Direct: (405) 608-5136

Your Designated Kempton Representative



Our Employer Benefit Portal is your 24/7 Online Connection



Our secure Employer Benefit Portal is your 24/7 online benefit connection.



View and download billing, plan documents, SBCs, annual notices, and more.



View enrollment and eligibility details, participant contact details, and participant coverage.



Request an employee ID card, view and download frequently used forms, upload documents.



Need assistance using the Employer Benefit Portal? We can help! Just give us a call.



Coming soon! Allow your employees to enroll online through the Employee Benefit Portal.

Notes

Notes



ADVANTAGE

HEALTH PLANS TRUST 



(800) 324-9396



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