

# ADVANTAGE HEALTH PLANS TRUST EMPLOYEE MEETING



SAVE MONEY



OWN YOUR PLAN

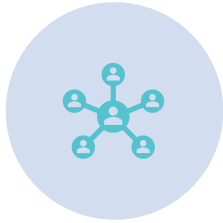


TAKE CONTROL

# ABOUT AHPT



Self-funded Multiple Employer Welfare Arrangement (MEWA)



Continuous Operation Since Inception



Enables Multiple Employers to Offer Employee Benefits as a Single Group



Created in 1977 by Community Bankers in Oklahoma



Provides Health, Life, and Ancillary Benefits to More than 5,800 Participants



Oklahoma, Texas, New Mexico

Endorsed by:



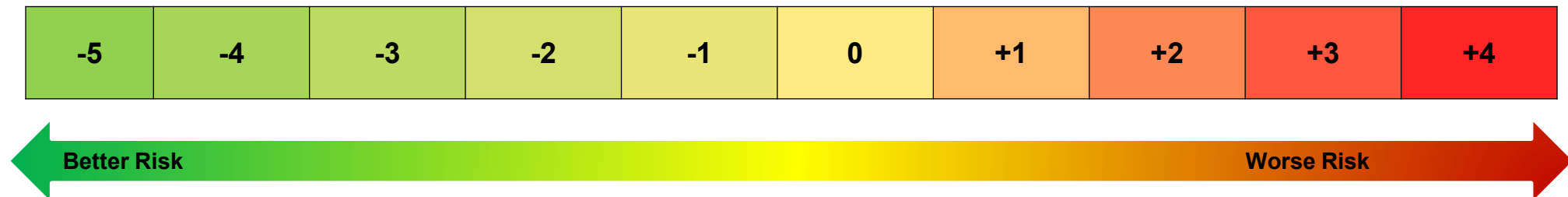
**IBAT**  
**Endorsed**  
**Provider**



# AHPT IS NOT AN INSURANCE COMPANY

## AHPT is:

- Owned/Operated by Community Banks
- Self-Funded
- YOU own it!
- Every dollar saved helps to lower costs!



A close-up photograph of a teal stethoscope resting on a white lab coat. The background is softly blurred, showing the texture of the fabric and some faint, colorful patterns. The word "BENEFITS" is centered in the middle of the image in a clean, white, sans-serif font.

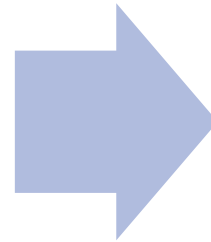
**BENEFITS**

# 2020 PLAN ENHANCEMENTS

## Inpatient Room & Board

### CURRENT

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



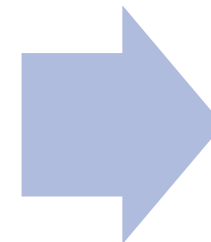
### NEW

Reimbursed based on PPO contract.

## Breast Reconstruction

### CURRENT

Reconstruction covered after mastectomy.



### NEW

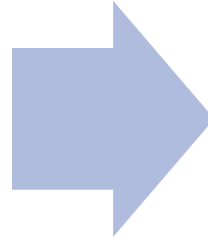
Reconstruction covered after mastectomy or lumpectomy.

# 2020 PLAN CHANGES

## HDHP2500

### CURRENT

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



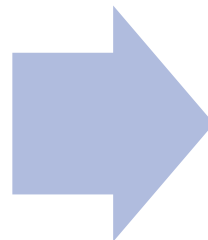
### NEW

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



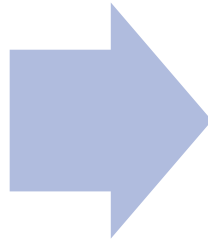
### NEW

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

# 2020 PLAN CHANGES

## Prescription Benefits Changes & Enhancements

More information  
coming soon!



# ENHANCED BENEFITS

## 100% Benefits

- KPPFree™ with OneCall
- LabCard & Direct Laboratory Agreements
- Over-the-Counter Medications
- Kempton Direct Access Providers (new!)

## Enhanced Benefits

- Healthcare Bluebook with Rewards
- Participants able to negotiate a good price can submit invoice for reimbursement, regardless of network status.

*\*KPPFree™ is only available for covered services. Please refer to your Summary Plan Description for a list of covered services. This Consumer Driven Option is subject to the Plan exclusions, limitations, or other restrictions listed in the Plan which may apply. Under IRS guidelines, with the exception of ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*



# YOUR ID CARD



(800) 324-9396 [AdvantageHealthPlans.com](http://AdvantageHealthPlans.com)

## Employee Information

### First National Bank

Member: JOHN SAMPLE  
Member ID: SMPL0001  
Group #: KLUG50

All non-network claims paid at the Maximum Allowable Charge, generally a certain percentage above the Medicare rate. See the applicable Plan Document for details.

## Medical Plan



OV Copay: \$35

## Pharmacy Plan



Script Care, LTD  
(800) 880-9988  
Rx Bin: 004410

THIS CARD IS NOT A GUARANTEE OF COVERAGE

## Pre-Certification

For pre-notification of all in-patient confinements and out-patient procedures call MedCom at: (866) 978-2029.

Failure to pre-notify non-emergency care may result in a reduction of benefits.

## Lab/Imaging

For MRI, CT and PET scans, contact (800) 324-9396.



Quest  
Diagnostics™

LabCard  
[www.LabCard.com](http://www.LabCard.com)  
1.800.646.7788

## Claims

### To File Paper Claims or Correspondence:

The Kempton Company  
PO Box 211422  
Eagan, MN 55121

Acceptance of this card should indicate acceptance of the Plan's benefits as payment in full for non-network services provided.

Print Date: 01/01/2020

# YOUR ID CARD – CHOICE PLANS



(800) 324-9396 [AdvantageHealthPlans.com](http://AdvantageHealthPlans.com)

## Employee Information

### First National Bank

Member: JOHN SAMPLE  
Member ID: SMPL0001  
Group #: KLUG50

## Medical Plan

This Plan accesses no network.

All claims paid at the Maximum Allowable Charge, generally a certain percentage above the Medicare rate. See the applicable Plan Document for details.

## Pharmacy Plan



Script Care, LTD  
(800) 880-9988  
Rx Bin: 004410

THIS CARD IS NOT A GUARANTEE OF COVERAGE

## Pre-Certification

For pre-notification of all in-patient confinements and out-patient procedures call American Health Holding at: (800) 460-0964.

Failure to pre-notify non-emergency care may result in a reduction of benefits.

## Lab/Imaging

For MRI, CT and PET scans, contact (800) 324-9396.



## Claims

### To File Paper Claims or Correspondence:

The Kempton Company  
PO Box 211422  
Eagan, MN 55121

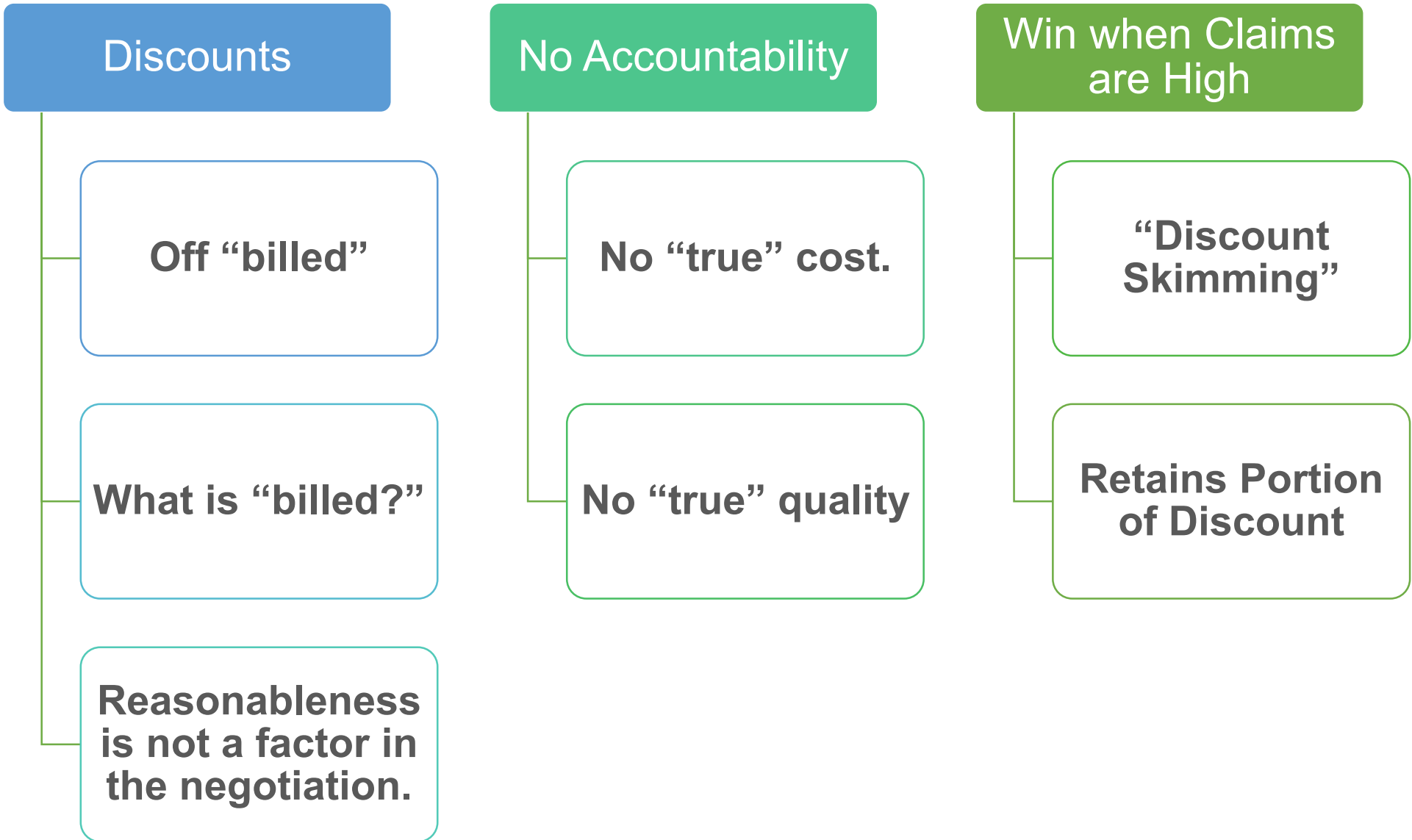
Acceptance of this card should indicate acceptance of the Plan's benefits as payment in full for non-network services provided.

Print Date: 01/01/2020



# HEALTHCARE WINNERS & LOSERS

# THE NETWORK PROBLEM



MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$1,077	\$6,068	563%
2 Shoulder MRI (no contrast)	\$425	\$3,094	728%
3 Sleep Study	\$1,051	\$8,275	787%
4 Chest CT (no contrast)	\$208	\$2,333	1122%
5 Knee Arthroscopy	\$2,732	\$18,602	681%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$934	\$5,484	587%
7 Abdominal Ultrasound	\$97	\$606	625%
8 Cataract Surgery	\$2,066	\$17,647	854%
9 Heart Perfusion Imaging	\$816	\$8,631	1058%
10 Ear Tube Placement (Tympanostomy)	\$1,314	\$7,463	568%
<b>Average Market Variance</b>			<b>757%</b>
<b>EQUIVALENT VARIANCE IN A GALLON OF GAS</b>	<b>\$2.50</b>	<b>\$18.93</b>	<b>757%</b>

COMMON INPATIENT PROCEDURES	IN-NETWORK LOW PRICE	IN-NETWORK HIGH PRICE	VARIANCE
1 Total Knee Replacement	\$14,034	\$34,521	743%
2 Cardiac Stent	\$13,803	\$42,023	818%
3 Gastric Bypass	\$12,325	\$31,345	521%
4 Cardiac Artery Bypass Grafting	\$27,498	\$82,559	734%
5 Total Mastectomy	\$9,962	\$31,790	563%
6 Appendectomy	\$7,614	\$24,625	660%
7 Spinal Fusion (Cervical)	\$17,848	\$46,014	770%
8 Prostate Removal (Surgical)	\$8,954	\$33,995	363%
9 Heart Perfusion Imaging	\$728	\$2,469	339%
10 Ear Tube Placement (Tympanostomy)	\$1,562	\$5,639	361%
<b>Average Market Variance</b>			<b>587%</b>
<b>EQUIVALENT VARIANCE IN A GALLON OF GAS</b>	<b>\$2.50</b>	<b>\$14.68</b>	<b>587%</b>






MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$1,078	\$5,302	492%
2 Shoulder MRI (no contrast)	\$320	\$3,155	986%
3 Sleep Study	\$567	\$6,098	1075%
4 Chest CT (no contrast)	\$211	\$2,611	1237%
5 Knee Arthroscopy	\$1,894	\$10,311	544%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$937	\$4,757	508%
7 Abdominal Ultrasound	\$87	\$664	763%
8 Cataract Surgery	\$1,807	\$9,022	499%
9 Heart Perfusion Imaging	\$664	\$4,268	643%
10 Ear Tube Placement (Tympanostomy)	\$1,244	\$9,191	739%
<b>Average Market Variance</b>			<b>749%</b>
<b>EQUIVALENT VARIANCE IN A GALLON OF GAS</b>	<b>\$2.50</b>	<b>\$18.72</b>	<b>749%</b>

MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$674	\$4,888	725%
2 Shoulder MRI (no contrast)	\$326	\$2,444	750%
3 Sleep Study	\$520	\$4,320	831%
4 Chest CT (no contrast)	\$203	\$1,822	898%
5 Knee Arthroscopy	\$2,297	\$10,384	452%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$585	\$4,378	748%
7 Abdominal Ultrasound	\$81	\$686	847%
8 Cataract Surgery	\$1,765	\$7,465	423%
9 Heart Perfusion Imaging	\$595	\$4,827	811%
10 Ear Tube Placement (Tympanostomy)	\$1,287	\$3,809	296%
<b>Average Market Variance</b>			<b>678%</b>
<b>EQUIVALENT VARIANCE IN A GALLON OF GAS</b>	<b>\$2.50</b>	<b>\$16.95</b>	<b>678%</b>








MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$933	\$7,580	812%
2 Shoulder MRI (no contrast)	\$349	\$3,031	868%
3 Sleep Study	\$650	\$3,370	518%
4 Chest CT (no contrast)	\$140	\$1,483	1059%
5 Knee Arthroscopy	\$4,444	\$17,488	394%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$799	\$6,960	871%
7 Abdominal Ultrasound	\$95	\$949	999%
8 Cataract Surgery	\$2,448	\$7,211	295%
9 Heart Perfusion Imaging	\$1,063	\$3,284	309%
10 Ear Tube Placement (Tympanostomy)	\$2,248	\$8,734	389%
<b>Average Market Variance</b>			<b>651%</b>
<b>EQUIVALENT VARIANCE IN A GALLON OF GAS</b>	<b>\$2.50</b>	<b>\$16.29</b>	<b>651%</b>

# PAYING WITH "CASH" IS OFTEN A BETTER DEAL

<b>PAOLI HOSPITAL</b> <b>255 WEST LANCASTER AVENUE</b> <b>PAOLI, PA 13901</b>		<b>Pay online: <a href="http://mainlinehealth.org/patientbilling">mainlinehealth.org/patientbilling</a></b>		
<input type="checkbox"/> Please check box is address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		MASTERCARD <input type="checkbox"/>  VISA <input type="checkbox"/>  DISCOVER <input type="checkbox"/>  AMEX <input type="checkbox"/> 		
PATIENT NAME ACCOUNT NUMBER 31264		CARD NUMBER	CVV CODE	AMOUNT
		SIGNATURE		EXP. DATE
CARDHOLDER NAME (PLEASE PRINT)				
		ADMISSION DATE 07-02-16	DISCHARGE DATE	STATEMENT DATE 09-19-16
		<b>AMOUNT DUE</b> \$1,000.00	PAYMENT DUE UPON RECEIPT	ENTER AMOUNT PAID
<b>GUARANTOR</b>		<b>MAKE CHECKS PAYABLE TO AND REMIT TO:</b>		
		 PAOLI HOSPITAL PATIENT PAYMENTS PATIENT PAYMENTS P.O. BOX 784876 PHILADELPHIA, PA 19178-4876		

## Self-Pay No Insurance

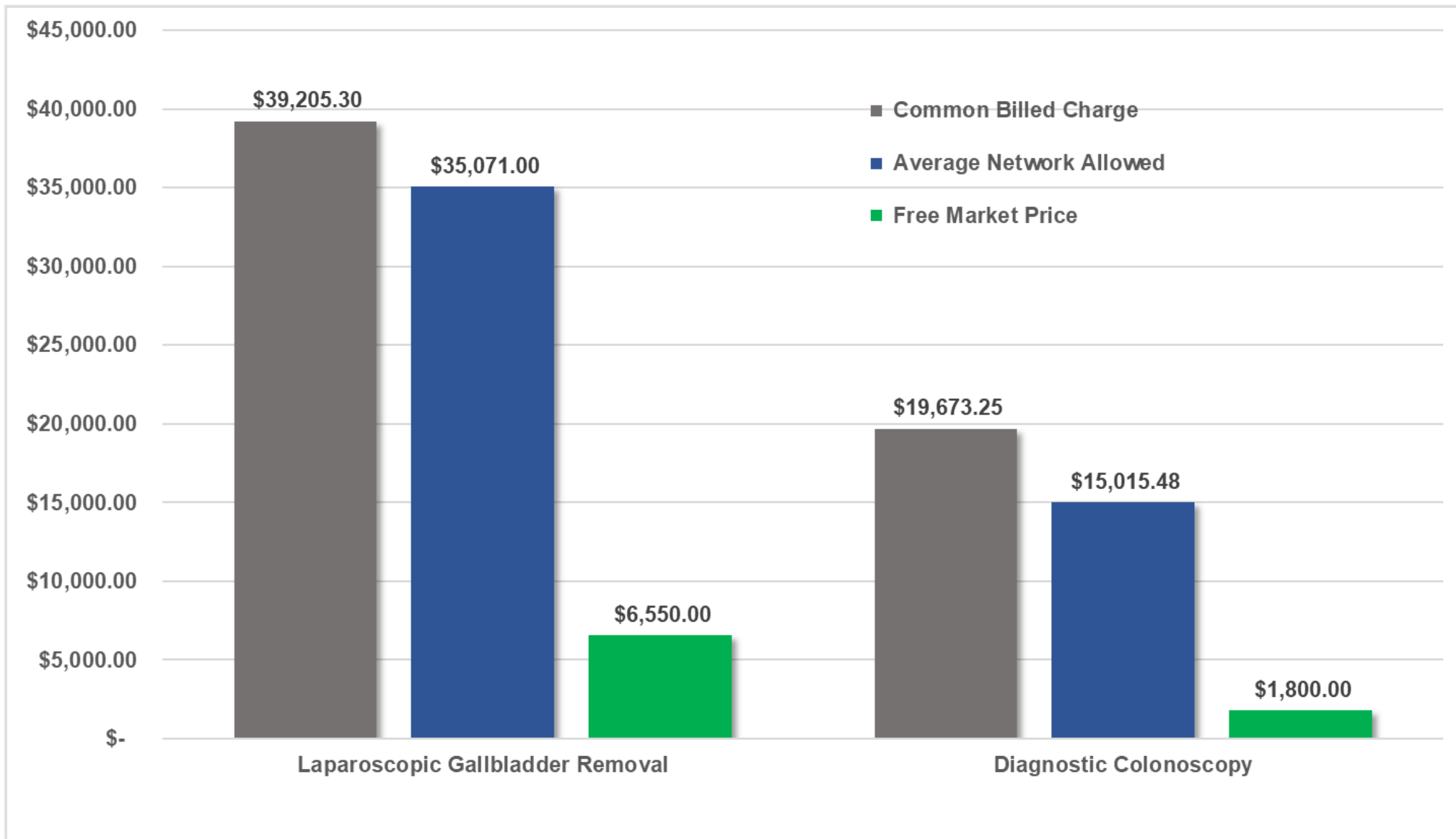
<b>PAOLI HOSPITAL</b> <b>255 WEST LANCASTER AVENUE</b> <b>PAOLI, PA 13901</b>		<b>Pay online: <a href="http://mainlinehealth.org/patientbilling">mainlinehealth.org/patientbilling</a></b>		
<input type="checkbox"/> Please check box is address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		MASTERCARD <input type="checkbox"/>  VISA <input type="checkbox"/>  DISCOVER <input type="checkbox"/>  AMEX <input type="checkbox"/> 		
PATIENT NAME ACCOUNT NUMBER 31264		CARD NUMBER	CVV CODE	AMOUNT
		SIGNATURE		EXP. DATE
CARDHOLDER NAME (PLEASE PRINT)				
		ADMISSION DATE 07-02-16	DISCHARGE DATE	STATEMENT DATE 12-12-16
		<b>AMOUNT DUE</b> \$1,752.80	PAYMENT DUE UPON RECEIPT	ENTER AMOUNT PAID
<b>GUARANTOR</b>		<b>MAKE CHECKS PAYABLE TO AND REMIT TO:</b>		
		 PAOLI HOSPITAL PATIENT PAYMENTS PATIENT PAYMENTS P.O. BOX 784876 PHILADELPHIA, PA 19178-4876		

## Discounted Aetna Member Cost

# PROTECTING THE PLAN



# NETWORK ALLOWABLE VS. KPPFREE™



## 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*



United States

**100+ KPPFree™ Facilities**

*200+ individual locations*

**2,500 Imaging Centers**

*KPPFree™ & OneCall locations in 46 states*

**100+ Prospects**

*Prospective KPPFree™ Providers in 20 states*

**2,000+ Services Available**


*Including surgeries, procedures, imaging, tests, and other treatments*

**600+ Services a Month**

*Average number of claims processed monthly*

# CASH PRICE AGREEMENTS

- Any provider can match the KPPFree™ price.
- Members negotiate with their current provider to get a better deal, and 100% coverage\*, while staying with their current provider.
- If you want a Cash Price Agreement, just call us!



**Cash Price Agreement**  
Agreement Date: 09/13/2019

**Participant Name:** Jane Doe      **Participant ID Number:** AHP1001234  
**Date of Birth:** 01/01/1985      **Anticipated Date of Service:** 03/01/2020

**Employer Benefit Plan Name (PLAN):** First National Bank  
**Provider Name (PROVIDER):** ASC Surgery Center

This Agreement is made and entered into as of the date indicated above, by and between the above-mentioned **PLAN** and the above-mentioned **PROVIDER**. The above referenced patient is a participant in an employee benefit Plan that is self-funded and has an **enhanced benefit** when they utilize a provider who offers transparent, bundled, up-front, cash pricing. Claims incurred under this benefit are paid from an invoice at 100%, within 5-7 business days. The patient has \$0 out-of-pocket costs. **The bundled cash prices listed below include consultation, pre-op, post-op, surgeon(s), facility, anesthesia, implants, pathology, and follow up. PROVIDER agrees to liability of making payments to the above-mentioned bundled parts.**

PROVIDER agrees to **match, or approximate, the quoted bundled cash price offered** by competing medical providers in exchange for quick payment and the elimination of all patient responsibility for the procedure.

**Procedure Details:**

CPT       Arthroscopy, knee, diagnostic, with or without synovial biopsy

<u>Competing Bundled Offers:</u>		<u>PROVIDER's Bundled Offer:</u>	
<i>Provider Name</i>	<i>Bundled Cash Offer</i>	<i>Provider Name</i>	<i>Your Bundled Cash Offer</i>
Surgery Center of Oklahoma	\$ 3,740.00	ASC Surgery Center	<input type="text" value="\$"/>

PROVIDER agrees to accept the bundled cash payment outlined above (*single check*) as total payment for services with **no balance billing to the patient**. The Plan agrees to pay PROVIDER's bundled cash price at 100%. PROVIDER will not require any payment from patient. The *single* invoice for the procedure above should reflect the agreed upon amount and be emailed to [kpp@kemptongroup.com](mailto:kpp@kemptongroup.com).

**\*\*If PROVIDER chooses not to match the price of one of the above listed providers, and the patient decides to have their procedure performed by PROVIDER, the patient's regular Plan benefits will apply, i.e. deductible, coinsurance, surgery copay, if applicable.**

ASC Surgery Center	First National Bank
Signature _____	Signature _____
Printed Name _____	Printed Name _____
Title _____	Title _____
Tax-ID Number _____	
Provider Billing Contact Name and Phone _____	

\*Pre-certification may be required.  
\*For questions, please contact The Kempton Company - Phone: 1-800-324-9396. Email: [kpp@kemptongroup.com](mailto:kpp@kemptongroup.com)

Third Party Administration services provided by: The Kempton Group Administrators, Inc.  
13431 Broadway Extension • Suite 130 • Oklahoma City • OK 73114 • 1-800-324-9396 • [kppfree.com](http://kppfree.com)



Patient Calls Kempton Care Advocates.



Patient Shows KPPFree™ Voucher at Appointment.



Procedure Or Service Is Covered At 100%!



# KEMPTON DIRECT ACCESS PROVIDERS

- Enhanced, consumer-driven benefit.
- For medical services including primary care, preventive care services, and urgent care services.
- Covered at 100%.
- Kempton Direct Access Providers offer medical services through a patient-centered payment and practice model, based on a monthly fee.
  - These providers are often known as Direct Primary Care (DPC).
  - This program allows employees enrolled in the AHPT medical benefit to enroll with a Kempton Direct Access Provider.
- The monthly fee will be paid by the health plan at 100% directly to the provider up to \$70 per month.
- Examples of treatment available under the monthly fee:
  - Well visits, sick visits, acute illness treatment, chronic illness management, diabetes, hypertension, cholesterol, heart disease, arthritis, kidney disease, etc.



**Learn more at [AdvantageHealthPlans.com](https://www.advantagehealthplans.com) | Find a Doctor**

**Enroll at [AdvantageHealthPlans.com](https://www.advantagehealthplans.com) | Member Portal**



\$200

Diagnostic Colonoscopy  
Upper GI Endoscopy



\$100

Sleep Study  
Cataract Surgery  
Heart Perfusion Imaging



\$50

Doppler Exam of the Heart  
Heart Echo



**Go Green to Get  
Green Rewards!**

Download the HCBB app!

# AHPT REFERENCE BASED PRICING EXAMPLES

## Out-of-Network (Medicare Plus)

### PHYSICIAN

The provider's  
Medicare Rate  
+ 30%

### FACILITY

The provider's  
Medicare Rate  
+ 60%

### EMERGENCY

The provider's  
Medicare Rate  
+ 100%

## Implantable Medical Devices

Invoice cost  
+ 100%

If invoice is not  
provided,  
Administrator  
may use an  
alternate  
Reference

## Intraoperative Nerve Monitoring

Limited up to  
\$4,000

## Air Ambulance (Medicare Plus)

The provider's  
Medicare Rate  
+ 20%

## Dialysis

The provider's  
Medicare Rate  
+ 140%

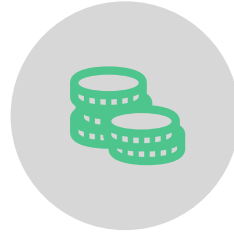
# TALKING TO YOUR PHYSICIAN ABOUT COST



How much will this treatment cost? I would like to know what the total cost will be, not just my out-of-pocket cost?



My health plan is self-funded. I want to keep cost in mind when I am making this decision.



What do you charge/how much does this treatment cost? I have a better benefit if the cost is reasonable.



Would you be willing to match the bundled price that is available to me through my plan?  
I would save significant money on my out-of-pocket costs.



My health plan reimburses a percentage above your Medicare rate for this service. Are you willing to accept this reimbursement without balance billing? If not, how much would you accept?

A close-up, slightly blurred photograph of a person's hands typing on a laptop keyboard. The laptop is open, and the screen is visible on the left. The background is softly out of focus, showing what appears to be a desk with some papers and a plant. The overall lighting is warm and dim, creating a professional yet intimate atmosphere. The text 'MEMBER RESOURCES' is overlaid in the center in a clean, white, sans-serif font.

# MEMBER RESOURCES



**Kempton Care Advocates**  
(800) 324-9396  
Monday – Friday  
8:00 a.m. – 5:00 p.m. CST



**AdvantageHealthPlans.com**  
Find a Doctor or Pharmacy  
Member Handouts  
Member Portal

# QUESTIONS?

A hand holding a glowing lightbulb, symbolizing an idea or question, with stacks of coins in the foreground. The background is blurred, showing a person working at a desk with a pen and papers.

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

(800) 324-9396