



ADVANTAGE

HEALTH PLANS TRUST

2020 Annual Member Meeting Handouts

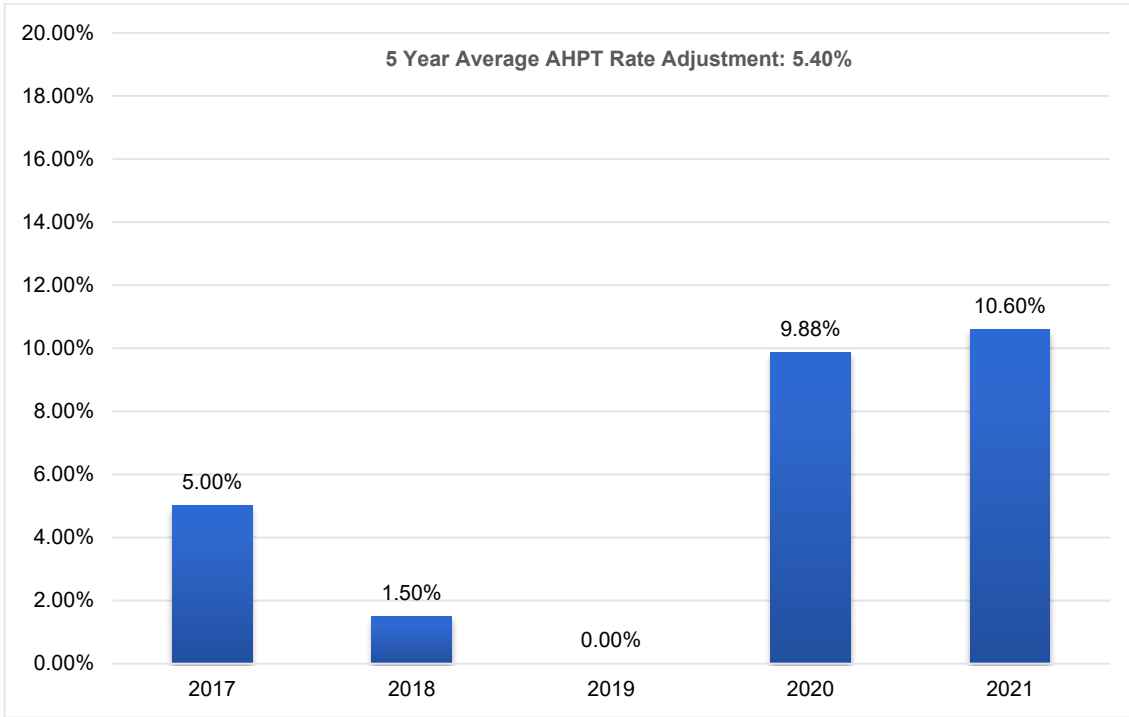


(800) 324-9396

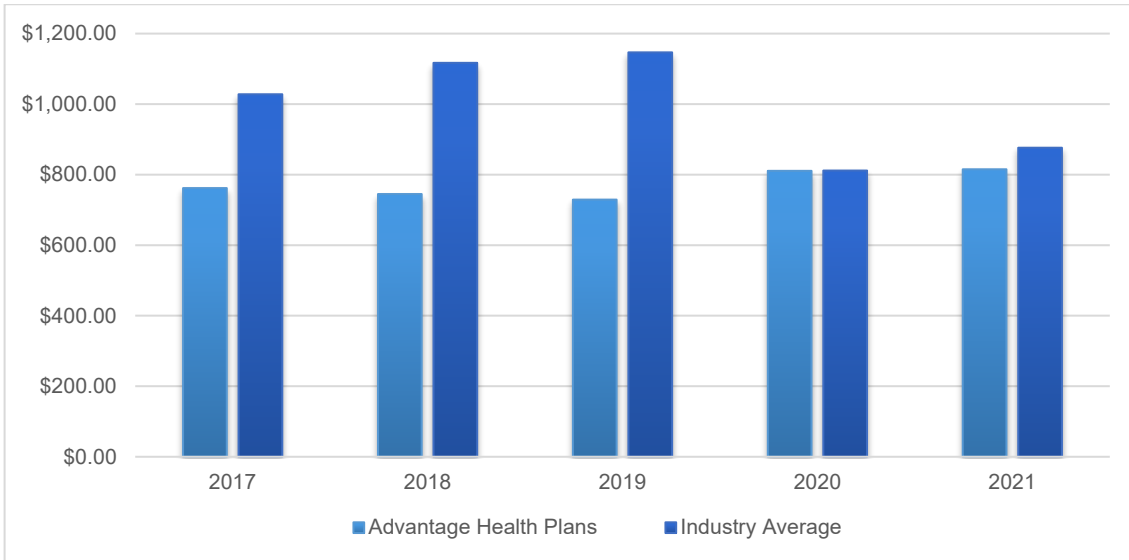


[AdvantageHealthPlans.com](https://www.advantagehealthplans.com)

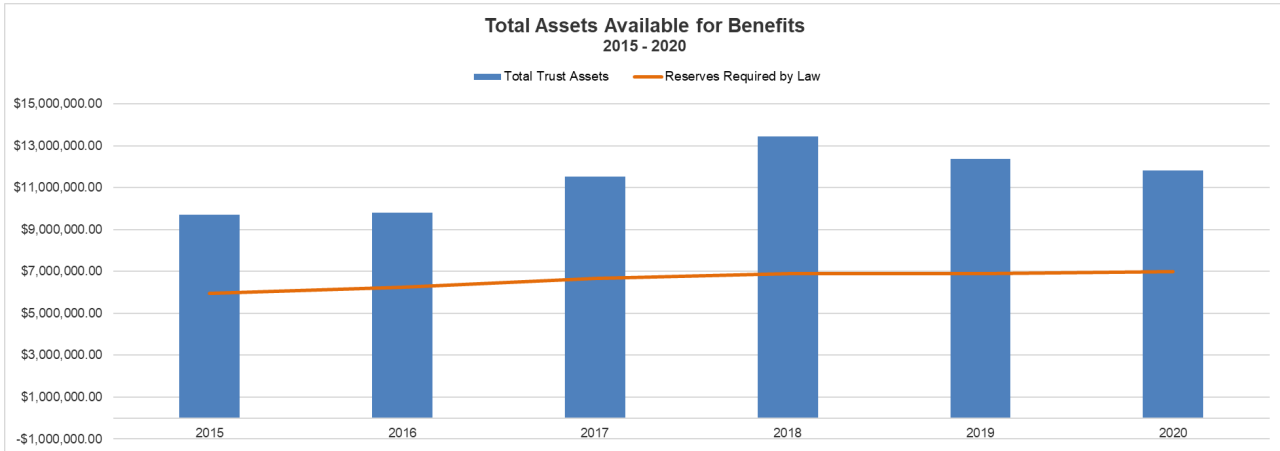
HISTORICAL RATE ADJUSTMENT 2017-2021



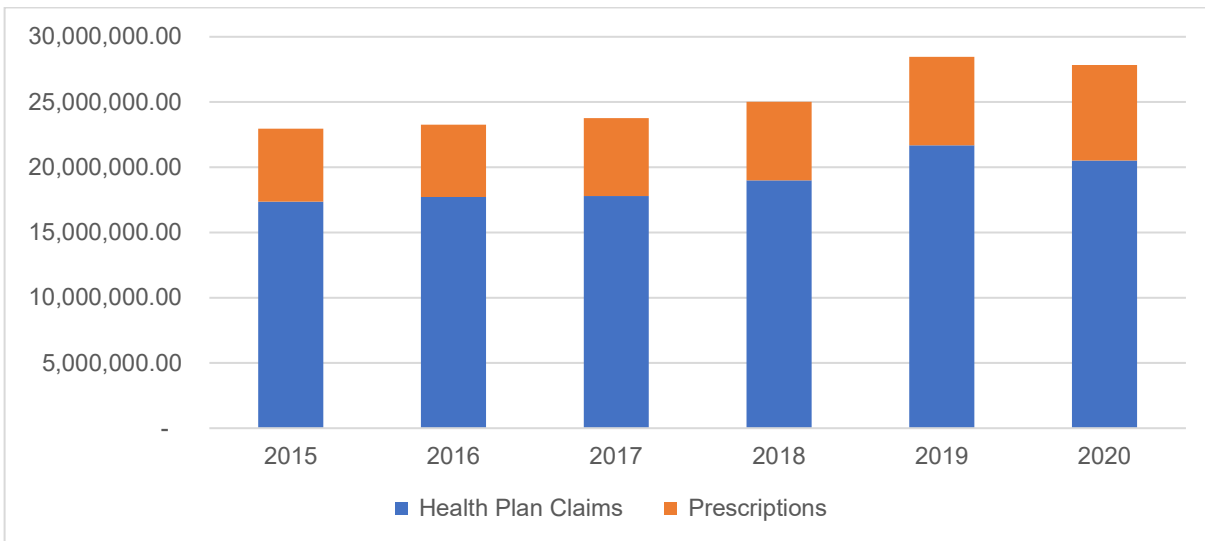
AHPT CONTRIBUTION AMOUNT VS. INDUSTRY AVERAGE



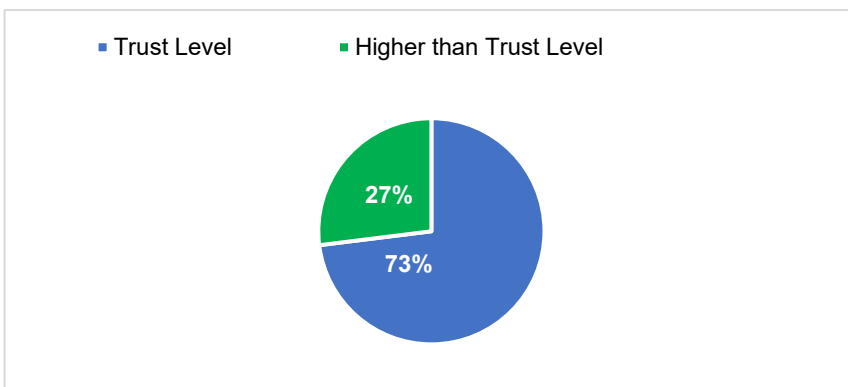
TRUST ASSETS 2015-2020



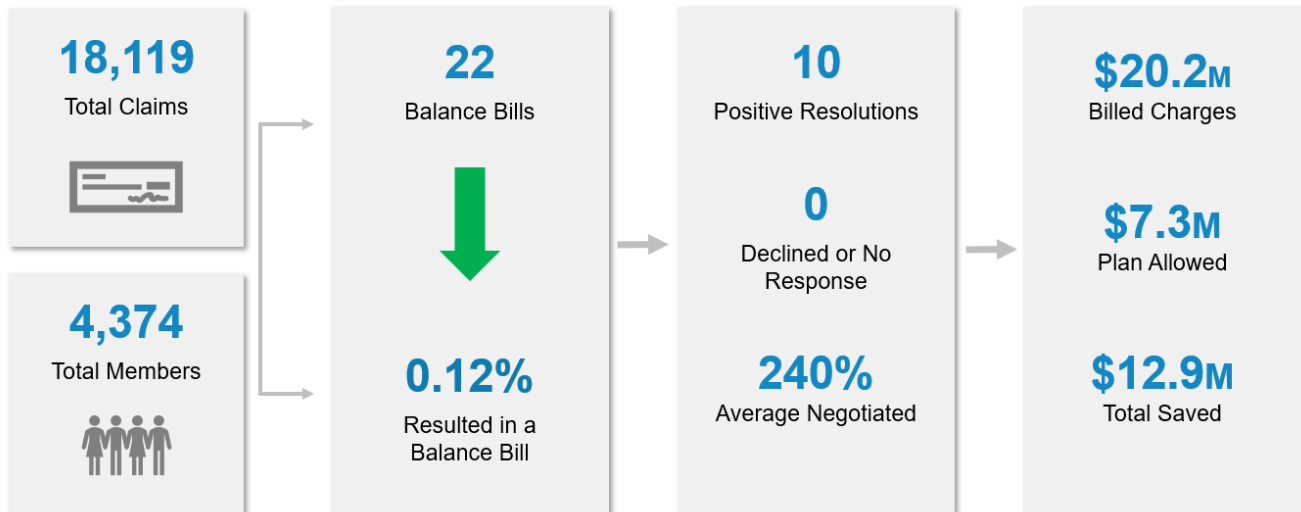
MEDICAL AND RX CLAIMS BY YEAR



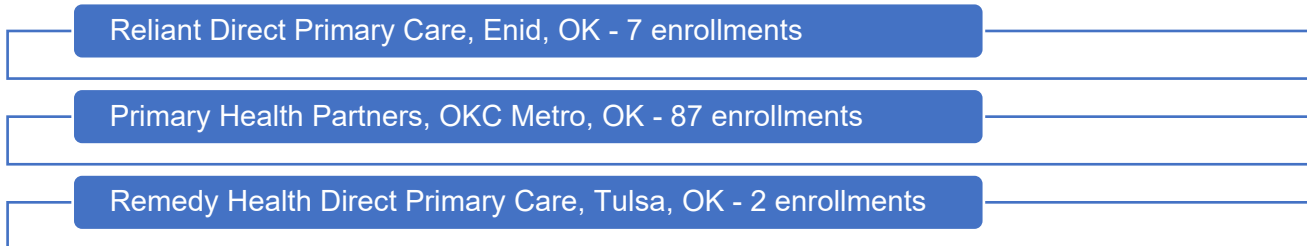
2021 RENEWAL ADJUSTMENT METRICS



REFERENCE BASED PRICING METRICS - 1/1/2019-4/1/2020



KEMPTON DIRECT ACCESS PROVIDER METRICS



NEW KPPFREE™ PROVIDERS ADDED IN 2020:

- Coronado Surgical LLC – Las Vegas, NV
- Cataract Institute of Oklahoma – Edmond, OK
- Accurate Imaging – WI only
- McAlester Medical Services – McAlester, OK
- RadiologyAssist – Multiple locations nationwide
- OptionOne – Edmond, OK, and Tulsa, OK
- Therapy Innovations – Enid, OK
- Blue Rock Therapy & Wellness Clinic – Marlow, OK
- ColonoscopyAssist – Various locations
- Connect DME – Various locations
- Dr. Naji Karam – Oklahoma City, OK
- Smart Choice MRI – Dallas, TX
- HealthCheck Screening – Plano, TX
- Zoom Diagnostic Imaging – Ardmore, OK

NEW RBP DIRECT PROVIDERS IN 2020:

- Amarillo Pathology Group - Texas
- Advanced PT & Sports Medicine – Appleton, WI
- Cibolo Creek Dermatology – Boerne, TX
- Forest Dermatology Medical Spa – Asheville, NC
- Heart and Vascular Institute of WI – Appleton, WI
- Lamond Family Group – Hendersonville, NC
- McBride Orthopedic Hospital – Oklahoma City
- Orthopedic & Sports Medicine Specialists – Green Bay, WI
- St. John Rehab | Encompass Rehab – Tulsa, OK
- Emerge Ortho – Asheville, NC
- 180 Medical (DME) – Oklahoma City, OK
- Lamkin Clinic – Edmond, OK
- EnterHealth – Dallas, TX
- Pathology Laboratory Associates – Tulsa, OK
- Walters Family Care – Duncan, OK
- St. John Health Systems – Tulsa, OK
- R. Diane Holland dba Health, Wealth and Success – Edmond, OK
- Cancer Treatment Centers of America – Tulsa, OK
- GSI ASC LLC – Tulsa, OK



Advantage Health Plans Trust

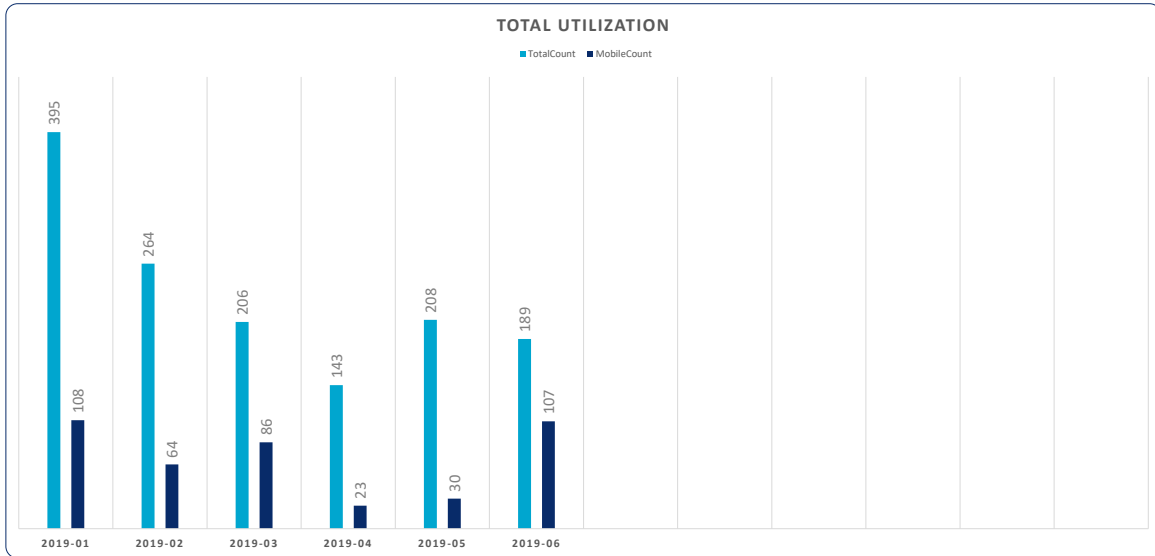
Utilization Report
January 2019 - June 2019



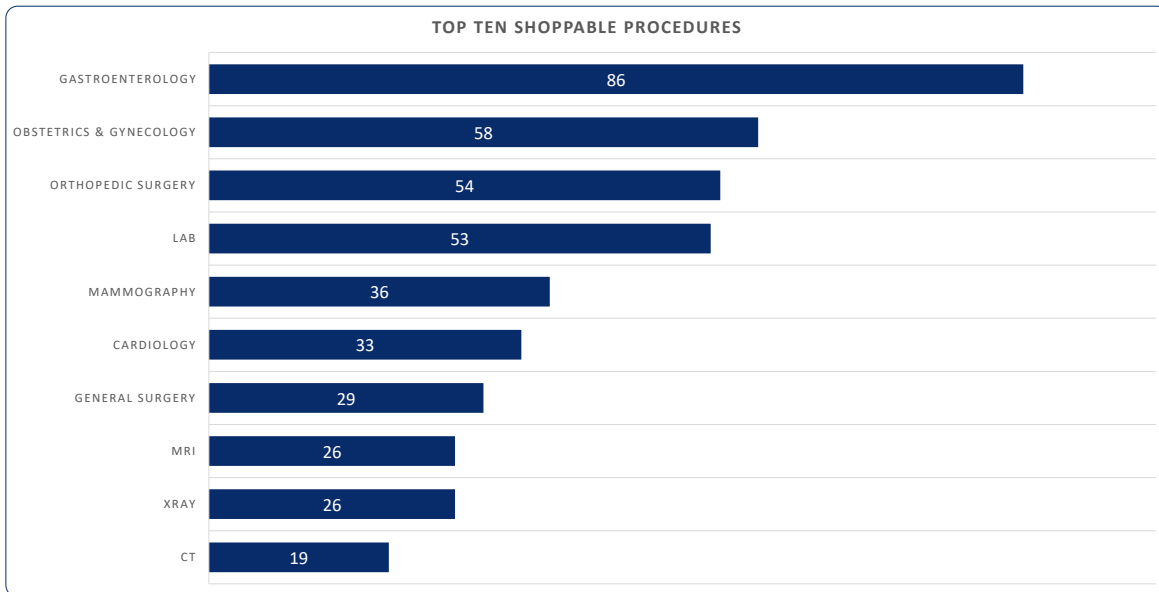
Advantage Health Plans Trust Utilization Report

January 2019 - June 2019

This graph shows your Bluebook Website Activity in total as well as how much of that activity was mobile. Want to keep utilization up? Visit our Engagement Toolkit for tools to help you spread the word.



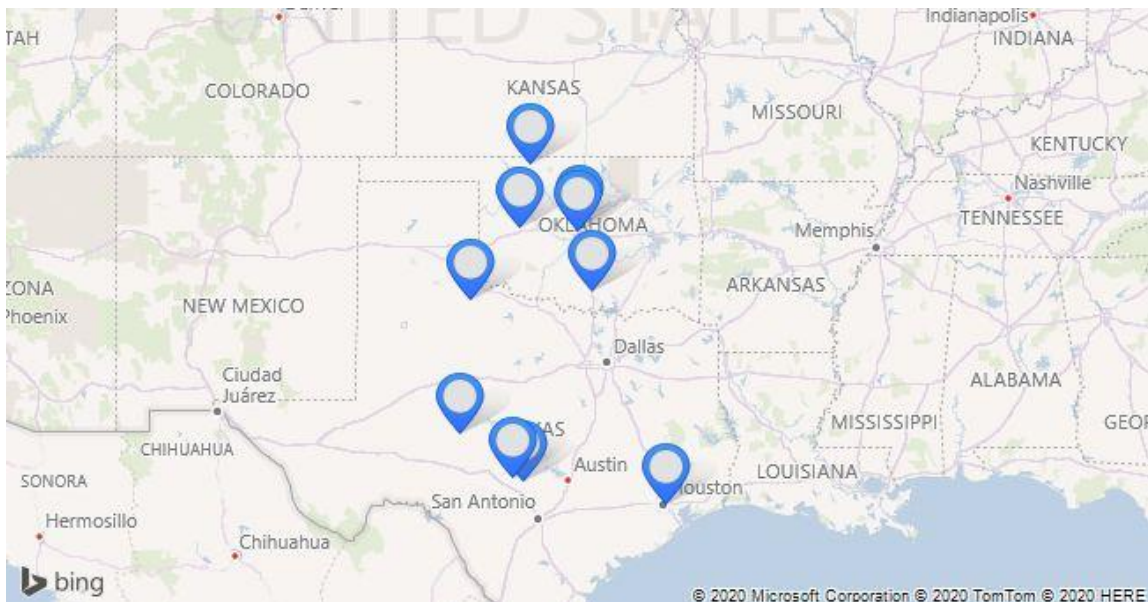
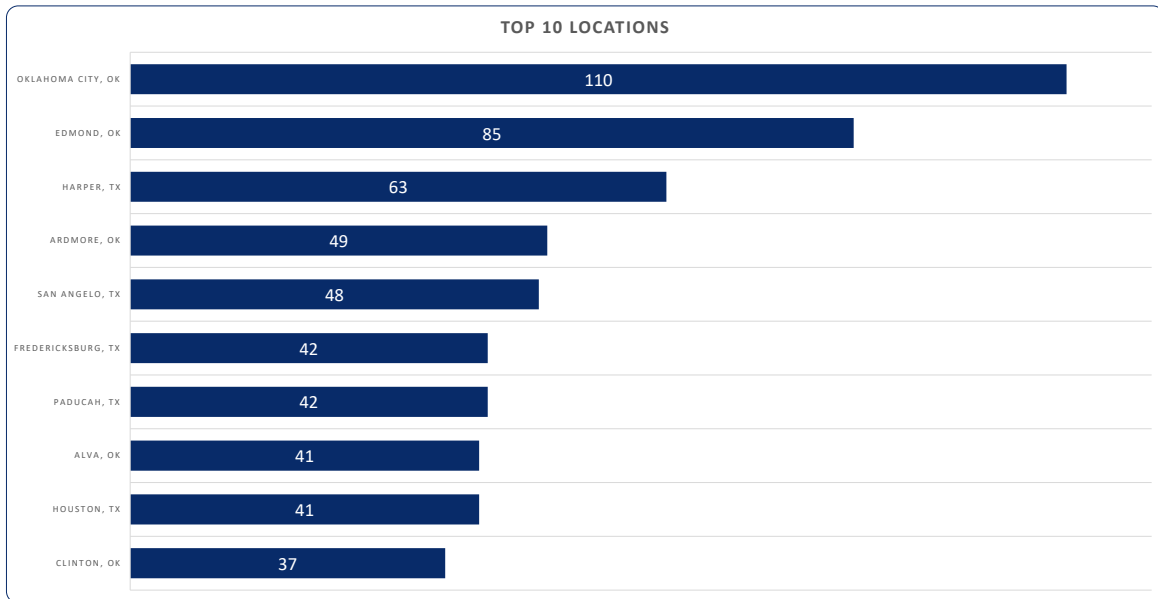
Below is your Bluebook Website activity by procedure. This shows you the procedures your employees are shopping for the most.



Advantage Health Plans Trust Utilization Report

January 2019 - June 2019

Below shows activity by your top 10 locations. Targeting an area where searches are low with an engagement campaign can help to increase utilization.





Advantage Health Plans Trust

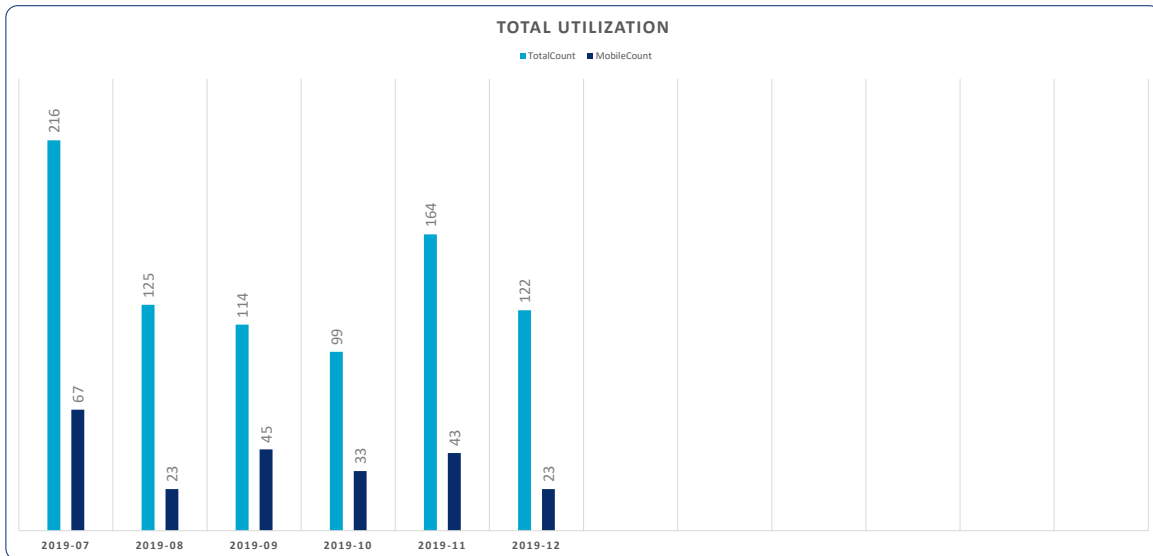
Utilization Report
July 2019 - December 2019



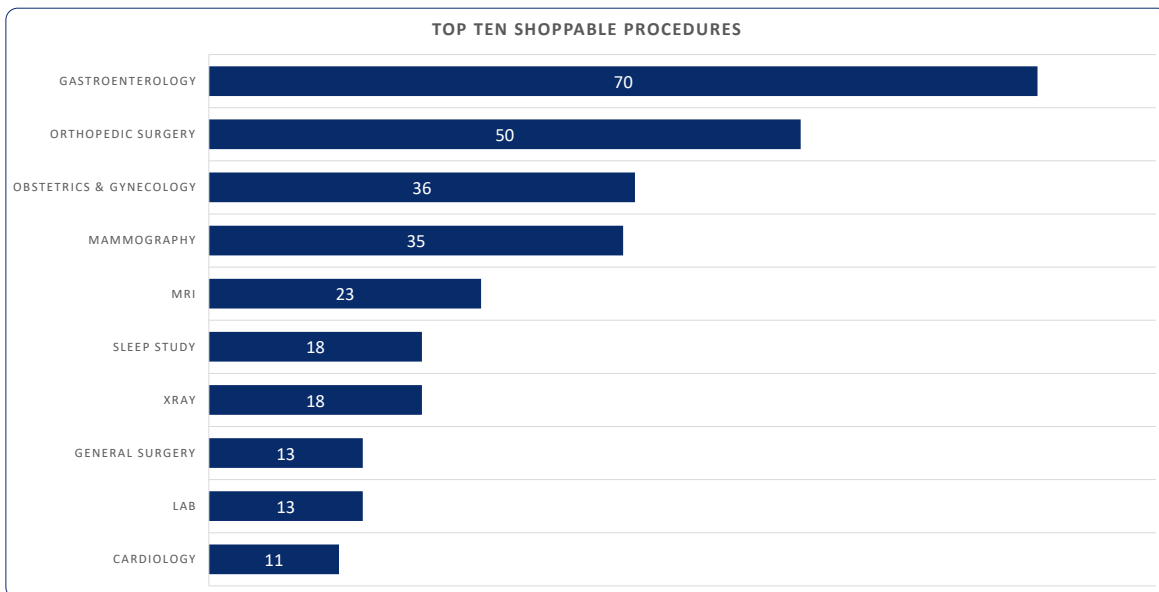
Advantage Health Plans Trust Utilization Report

July 2019 - December 2019

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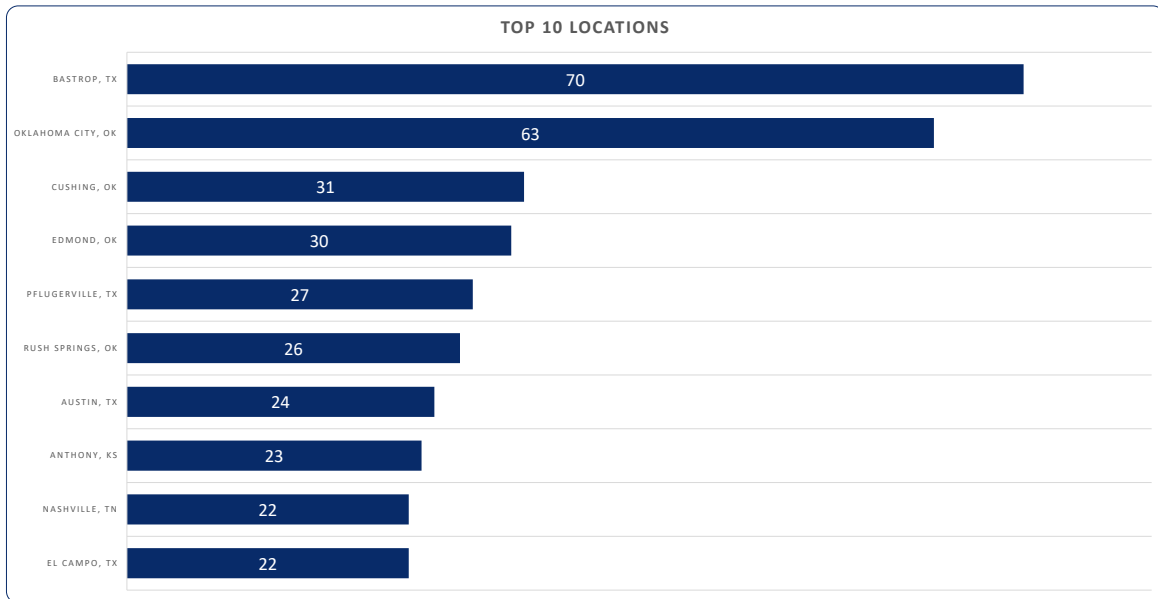
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July 2019 - December 2019

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Advantage Health Plans Trust

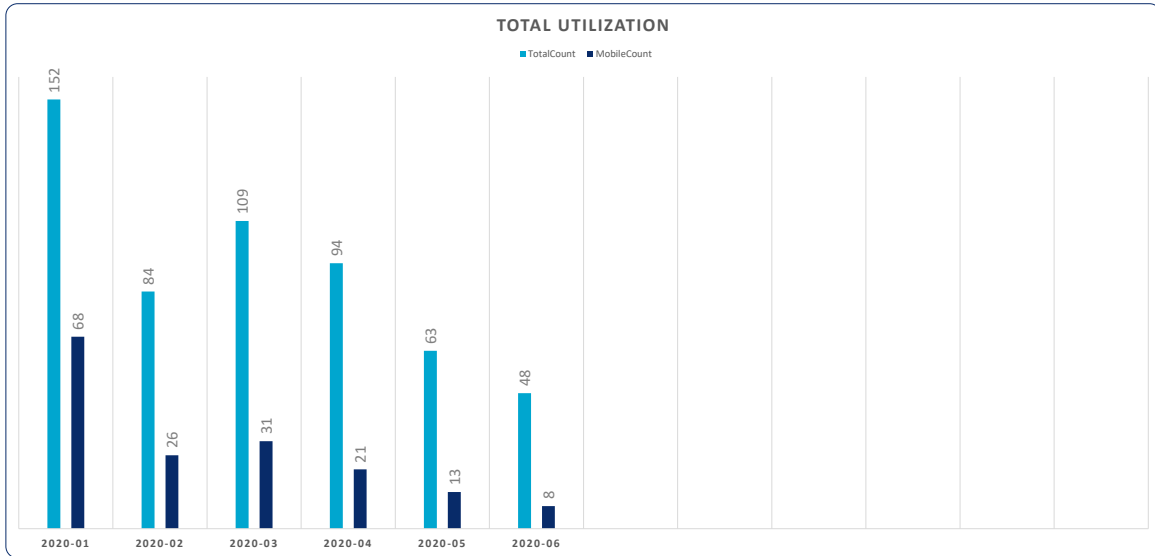
Utilization Report
January 2020 - June 2020



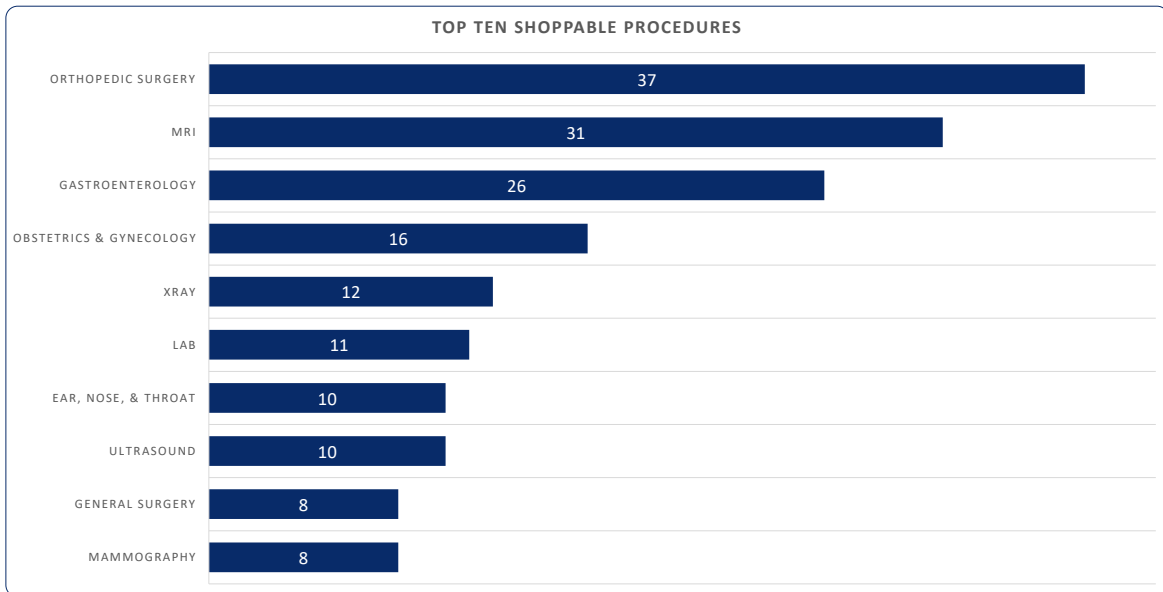
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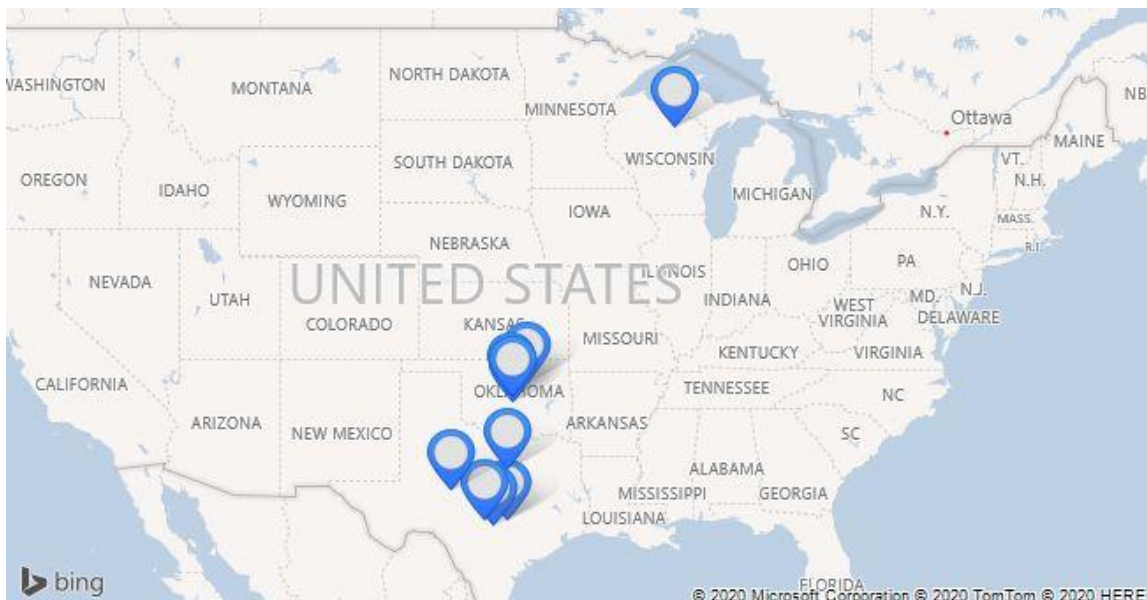
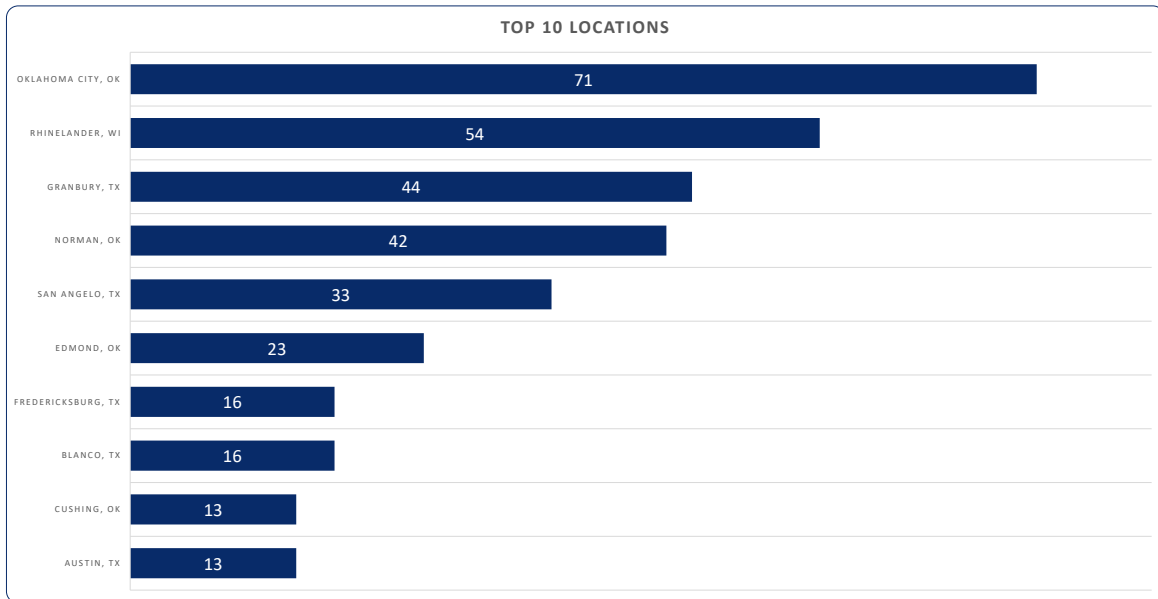
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Advantage Health Plans Trust Utilization Report

January 2020 - June 2020

Below shows activity by your top 10 locations. Targeting an area where searches are low with an engagement campaign can help to increase utilization.



A GREATER ADVANTAGE

At a time when health insurance premiums climb ever higher, businesses everywhere are feeling the squeeze. Advantage Health Plans Trust, with its 40+ years of service to the community banking industry, is well-positioned to be an attractive option for banks looking to regain control of their balance sheets through member-owned, self-funded health benefits.

As a member-owner of Advantage, your contributions don't vanish in the pockets of a third party. Your money stays protected in the trust until you need it – for routine checkups, prescriptions, and medical procedures. And any changes to the plan reflect its usage and market forces – not the whims of closed-door decision making.

Put simply – you own the plan.

As phase one of a greater member education initiative, Insight Creative Group worked with Advantage Health Plans Trust Board of Trustees and The Kempton Company to reimagine the brand and messaging for the 21st century. Using input gathered through in-person interviews, online surveys, and competitor research, ICG developed a fresh visual and verbal approach. The initiative's goal is to instill a sense of ownership in the plan and an understanding that each member has a stake in its continued health and success.

In the coming months, you'll be seeing updated communications materials featuring the new brand. Here's a peek behind the scenes into the features and symbolism of your new logo.



THE MONOGRAM

Practical and straightforward, the logo begins with a single stylized letter (monogram.) An upward-curved crossbar juxtaposes dynamism and energy with an otherwise stable equilateral triangle.

CURVED CROSSBAR

In addition to providing energy, a curved crossbar symbolizes the protection the plan affords to both individual members of the trust and the collective.

ANGLED BARS

The four angled bars that form the base of the logo suggest a successful graph: more growth, more members, more stability, more savings.

GRADIENT

In the four angled bars, colors transition from green, the color of growth and money, to blue, the color of calm stability.

Plan Name	Select 500	Select 750	Select 1500
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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.
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$500	\$750	\$1,500
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$3,500	\$3,750	\$4,500
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$11,250	\$10,500
Coinsurance Percentage 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%.
Office Visit Copay Physician Office Visit, Urgent Care Visit, Specialist Visit Employees enrolled in Kempton Direct Access Providers will have no copay for services provided under the monthly fee.	\$15	\$25	\$25
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	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.
Prescription Copay	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Enhanced Drug Tier <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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150 copay	\$150	\$150

Plan Name	Value 750	Value 1500	Value 2000
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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.
100% Benefits <i>* Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$750	\$1,500	\$2,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$5,750	\$6,500	\$7,000
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$11,500	\$13,000	\$14,000
Coinsurance Percentage 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%.
Office Visit Copay Physician Office Visit, Urgent Care Visit, Specialist Visit Employees enrolled in Kempton Direct Access Providers will have no copay for services provided under the monthly fee.	\$35	\$35	\$35
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit 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.
Diagnostic Imaging 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%.
Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	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.
Prescription Copay	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Enhanced Drug Tier Over-the-Counter - Receive a 102-day supply when your physician prescribes an OTC drug in lieu of a prescription drug. Prescription Medications - Receive specific prescriptions medications at an enhanced benefit. The list of medications and instructions are available at AdvantageHealthPlans.com.	\$0	\$0	\$0
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

Plan Name	Value 3000	Value 3500	Value 5000
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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.
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$3,000	\$3,500	\$5,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$7,350	\$7,350	\$8,150
Family Deductible 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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$14,700	\$14,700	\$16,300
Coinsurance Percentage 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%.
Office Visit Copay Physician Office Visit, Urgent Care Visit, Specialist Visit Employees enrolled in Kempton Direct Access Providers will have no copay for services provided under the monthly fee.	\$35	\$35	\$35
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit 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.
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Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	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.
Prescription Copay	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55	Generic - \$15 Name Brand - \$55
Maintenance Medications 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
Therapeutic Alternative Limitation 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%
Enhanced Drug Tier <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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

Plan Name	HDHP 2500	HDHP 5000
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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.
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	*100% Benefits Available, after deductible is met: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements	*100% Benefits Available, after deductible is met: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements
Individual Deductible	\$2,500	\$5,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$5,000	\$5,000
Family Deductible Individual family member is embedded.	\$5,000 Embedded deductible for a family member is \$2,800.	\$10,000 Embedded deductible for a family member is \$5,000.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,000	\$10,000
Coinsurance Percentage 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.
Office Visit Copay Physician Office Visit, Urgent Care Visit, Specialist Visit Employees enrolled in Kempton Direct Access Providers will have no copay 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.
Emergency Room Benefit 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.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit 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.
Diagnostic Imaging 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.

Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	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.
Prescription Copay	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.
Maintenance Medications 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.
Therapeutic Alternative Limitation 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.
Enhanced Drug Tier <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.
Specialty Medications 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.

Plan Name	Minimum Value Plus Plan	Minimum Value Standard Plan
Health Benefits Network Information	In-network and out-of-network benefits are the same for medical services, unless otherwise noted. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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. Out-of-network claims are processed at a percentage above the provider's Medicare Rate: 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.
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$8,550	\$8,550
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$8,550	\$8,550
Family Deductible Individual family member is embedded.	\$17,100 aggregate. Embedded deductible for family member is \$8,550	\$17,100 aggregate. Embedded deductible for family member is \$8,550
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$17,100 aggregate.	\$17,100 aggregate.
Coinsurance Percentage Unless another percentage is stated.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
Office Visit Copay 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.	\$50	After deductible, the Plan pays 100% of covered charges.
Emergency Room Benefit Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Surgical Procedure Benefit Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	After deductible, the Plan pays 100% of covered charges.
Diagnostic Imaging Covered at 100% if KPPFree™ is used.*	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 100% of covered charges.
Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	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.
Prescription Copay	Generic - \$15 Name Brand - \$55	\$0, after deductible is met.
Maintenance Medications 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	\$0, after deductible is met.
Therapeutic Alternative Limitation 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%	\$0, after deductible is met.
Enhanced Drug Tier <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, after deductible is met.
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$0, after deductible is met.

Plan Name	Choice Select 500	Choice Select 1500	Choice Value 750
Health Benefits Network Information	<p>There is NO PPO NETWORK.</p> <p>ALL claims are processed at a percentage above the provider's Medicare Rate:</p> <p>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.</p>	<p>There is NO PPO NETWORK.</p> <p>ALL claims are processed at a percentage above the provider's Medicare Rate:</p> <p>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.</p>	<p>There is NO PPO NETWORK.</p> <p>ALL claims are processed at a percentage above the provider's Medicare Rate:</p> <p>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.</p>
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	<p>100% Benefits Available:</p> <p>KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers</p>	<p>100% Benefits Available:</p> <p>KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers</p>	<p>100% Benefits Available:</p> <p>KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers</p>
Individual Deductible	\$500	\$1,500	\$750
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$3,500	\$4,500	\$5,750
Family Deductible Individual family member is embedded.	3 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,500	\$10,500	\$11,500
Coinsurance Percentage 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 70% of covered charges, the participant pays 30%.
Office Visit Copay 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	\$35
Emergency Room Benefit 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.	\$200 copay, then subject to deductible and coinsurance.
Surgical Procedure Benefit 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.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit 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 70% of covered charges, the participant pays 30%. Deductible waived.
Diagnostic Imaging 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 70% of covered charges, the participant pays 30%.

Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>
Prescription Copay	Generic - \$10 Name Brand - \$45	Generic - \$10 Name Brand - \$45	Generic - \$15 Name Brand - \$55
Maintenance Medications 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 - \$30 Name Brand - \$110
Therapeutic Alternative Limitation 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%
Enhanced Drug Tier <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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150	\$150

Plan Name	Choice Value 3000	Choice Minimum Value Plan
Health Benefits Network Information	<p>There is NO PPO NETWORK.</p> <p>ALL claims are processed at a percentage above the provider's Medicare Rate:</p> <p>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.</p>	<p>There is NO PPO NETWORK.</p> <p>ALL claims are processed at a percentage above the provider's Medicare Rate:</p> <p>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.</p>
100% Benefits <i>*Only available for covered services. If a participant has other primary insurance, the benefit may not be available. 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.</i>	<p>100% Benefits Available:</p> <p>KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers</p>	<p>100% Benefits Available:</p> <p>KPPFree™ Free Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers</p>
Individual Deductible	\$3,000	\$8,550
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$7,350	\$8,550
Family Deductible Individual family member is embedded.	2 individual deductibles must be satisfied per family.	\$17,100 aggregate. Embedded deductible for family member is \$8,550.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$14,700	\$17,100 aggregate.
Coinsurance Percentage Unless another percentage is stated.	The Plan pays 70% of covered charges, the participant pays 30%.	After deductible, the Plan pays 100% of covered charges.
Office Visit Copay Physician Office Visit, Urgent Care Visit, Specialist Visit Employees enrolled in Kempton Direct Access Providers will have no copay for services provided under the monthly fee.	\$35	After deductible, the Plan pays 100% of covered charges.
Emergency Room Benefit Additional copay may be waived if accident or life threatening.	\$200 copay, then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Surgical Procedure Benefit Covered at 100% when KPPFree™ is used.*	\$300 copay, then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Pre-Certification Requirement	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all inpatient confinements, outpatient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Benefit Covered at 100% if direct contracted provider listed above is used.*	The Plan pays 70% of covered charges, the participant pays 30%. Deductible waived.	After deductible, the Plan pays 100% of covered charges.
Diagnostic Imaging 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 100% of covered charges.

Prescription Benefits - New PBM Southern Scripts <i>Walgreens & Costco are non-covered.</i>	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>	<p>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.</p> <p>Save money on your prescriptions with Scripta! Access your personalized savings report by logging in to the Member Portal at AdvantageHealthPlans.com.</p> <p>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.</p>
Prescription Copay	Generic - \$15 Name Brand - \$55	\$0, after deductible is met.
Maintenance Medications 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	\$0, after deductible is met.
Therapeutic Alternative Limitation 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%	\$0, after deductible is met.
Enhanced Drug Tier <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, after deductible is met.
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$0, after deductible is met.

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%

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

KEMPTON DIRECT ACCESS PROVIDERS

A Benefit for Direct Primary Care (DPC)



ADVANTAGE

HEALTH PLANS TRUST

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.

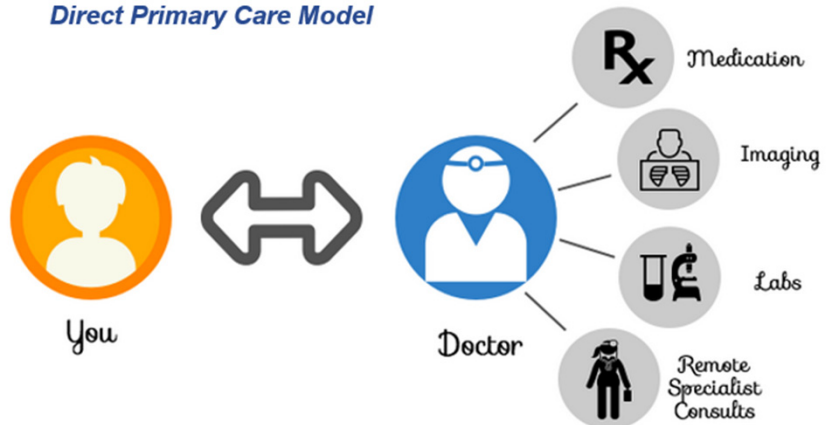
Your Consumer-Driven Benefit

- 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.

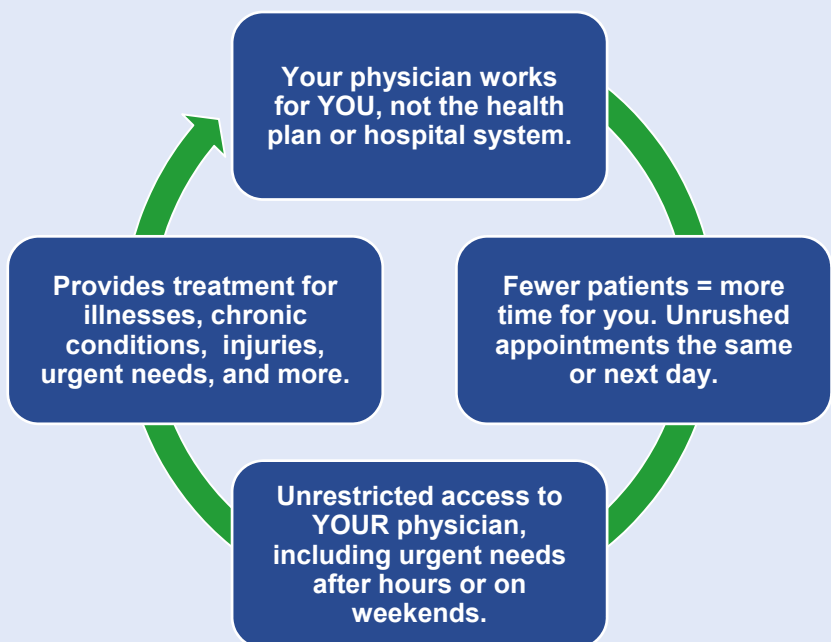
Participating Physicians

- 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

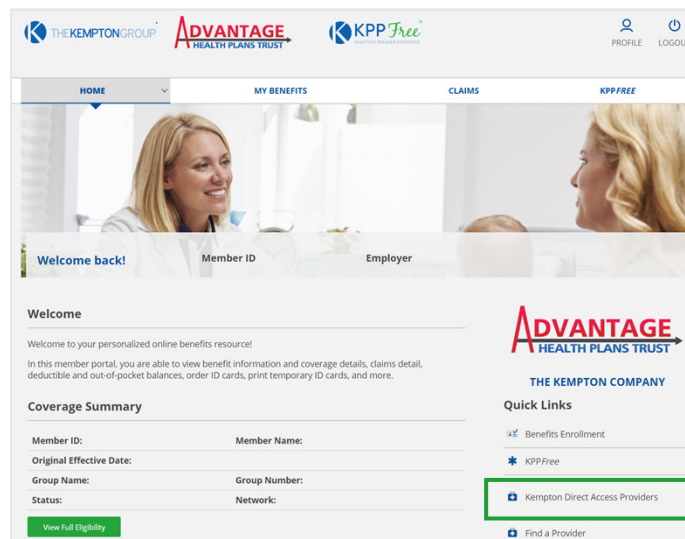
A Benefit for Direct Primary Care (DPC)



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)