

WELCOME TO ADVANTAGE

For more than 40 years, Advantage Health Plans has been the self-funded health plan of choice for community bankers. Advantage now serves bankers in Oklahoma, Texas and New Mexico.



BUILT BY **BANKERS**, FOR BANKERS

Advantage isn't an insurance company.

It's a multi - employer welfare arrangement (MEWA).

That's where employers in the same industry join together to pool resources, assume risk and provide benefits for their employees.









IT'S ALWAYS YOUR MONEY

As a member-owner of Advantage, your monthly contributions don't vanish into the pockets of a third party.

Your money stays protected in the trust until you need it – for routine checkups, prescriptions, and medical procedures.

Employers contribute to Advantage on a monthly basis. The amount of the contribution is based on risk category that is assigned to that employer for the year. This amount can be higher or lower depending on the expected claims for that employer.

Simply put – you own the plan.

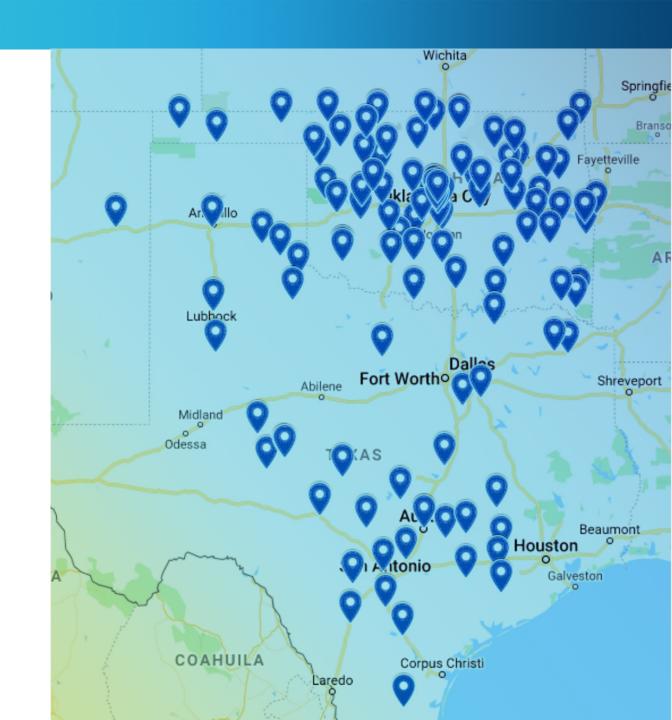
And every dollar saved helps to lower costs.



STRENGTH IN NUMBERS

Advantage is made up of **hundreds of member banks** across Oklahoma, Texas and
New Mexico.

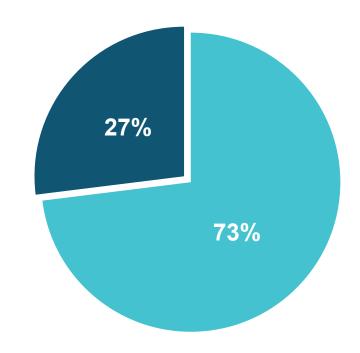
That's **thousands of participating members** flexing their healthcare purchasing power.



2021 RISK CATEGORY ADJUSTMENTS

Renewal Adjustment Metrics

■ Trust Level ■ Higher than Trust Level





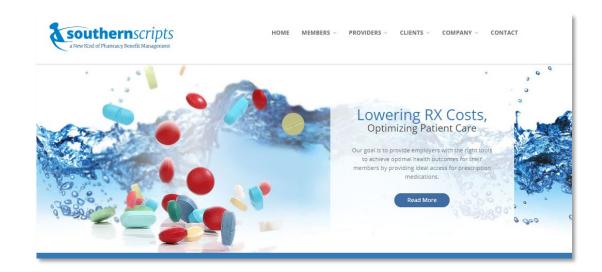


NEW PHARMACY BENEFIT MANAGER

Southern Scripts

- True Full Pass Through PBM
- Focused on Client specific Pharmacy Strategy
- Complete Client Control, Customization, & Flexibility
- Focused on Customer Service & Member Experience



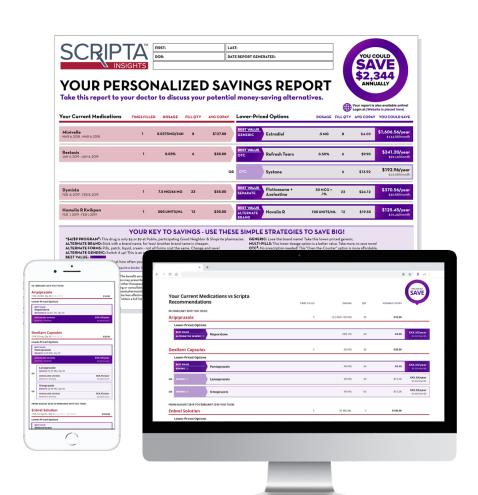


SAVE WITH SCRIPTA

Don't forget Scripta Insights!

- Scripta helps you save money on prescriptions.
- Provides personalized Savings Reports and recommendations to help you save money.
- Access Scripta by logging in to the Member Portal.





NEW PREMIER DRUG TIER

Not just for OTC!

- Fish Oil
- Methotrexate
- Sulfasalazine
- Fluticasone / Salmeterol
- Oxybutynin Refresh Tears
- MiraLAX
- Systane
- Polyethylene glycol
- Ketotifen
- Xyzal

PHARMACY NOTICE

Costco & Walgreens are non-covered pharmacies.

- Pricing is higher than other network pharmacies.
- Pricing for other pharmacies is better by carving out Walgreens & Costco





ANNUAL PLAN CHANGES – Effective 1/1/2021

Minimum Value Plans

- Maximum out-of-pocket increases annually to match ACA maximum.
- \$8,550 Single | \$17,100 Family

Qualified High Deductible Health Plan Change

- Historically, the IRS has increased the minimum deductible for HDHP plans annually.
- For 2021, the IRS has decided to not increase the minimum deductible amounts. The deductible for single or family coverage will remain the same for HDHP plans.

Dependent Pregnancy - All Plans

• In compliance with the ACA, preventive services are covered. Delivery charges are non-covered.

Skilled Nursing – All Plans

• Per the ACA, skilled nursing will be limited to 30 days annually with no lifetime maximum.

ANNUAL PLAN CHANGES – Effective 1/1/2021

Durable Medical Equipment Replacement – All Plans

- Current benefit replacement of DME is non-covered.
- New benefit replacement of worn or damaged equipment will be covered.
- Medical necessity review required. Subject to regular plan benefits.

TMJ Coverage – All Plans

- Current benefit claims with the diagnosis of TMJ are non-covered.
- New benefit TMJ services will be covered under KPP Free only.

Hearing Aids & Testing - All Plans

- Current benefit Services related to the diagnosis of sensorineural hearing loss are non-covered.
- New benefit Services related to the diagnosis of sensorineural hearing loss will be covered subject to regular plan benefits. Lifetime maximum of \$2,500 for each ear.

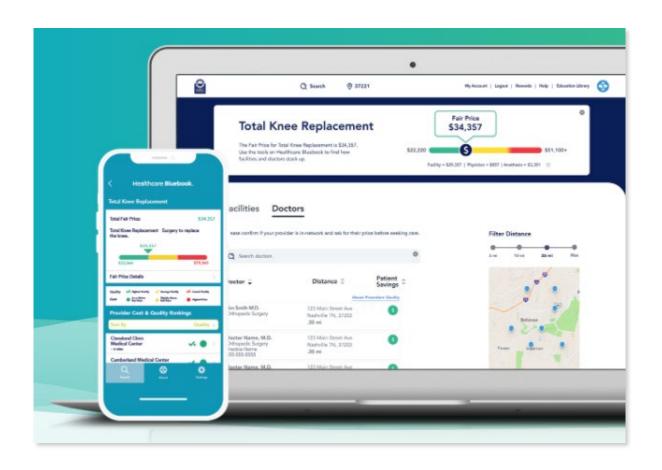
ENHANCED BENEFITS

100% Benefits

- KPP*Free*TM
- LabCard & Direct Laboratory Agreements
- Premier Drug Tier
- Kempton Direct Access Providers

Rewards

• Healthcare Bluebook with Rewards



NEW GREEN REWARDS!

Go Green to Get Green Rewards!

- Have a procedure on the list at a "green" provider
- Receive a reward!
 - Rewards are processed and mailed during the quarter following the submission of the claim by the provider.



PPO PLAN ID CARD



(800) 324-9396 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



EDI # 73100

OV Copay: \$35



RxBin: 015433 RxPCN: SSN RxGroup: AHP100

www.southernscripts.net (800) 710-9341

THIS CARD IS NOT A GUARANTEE OF COVERAGE













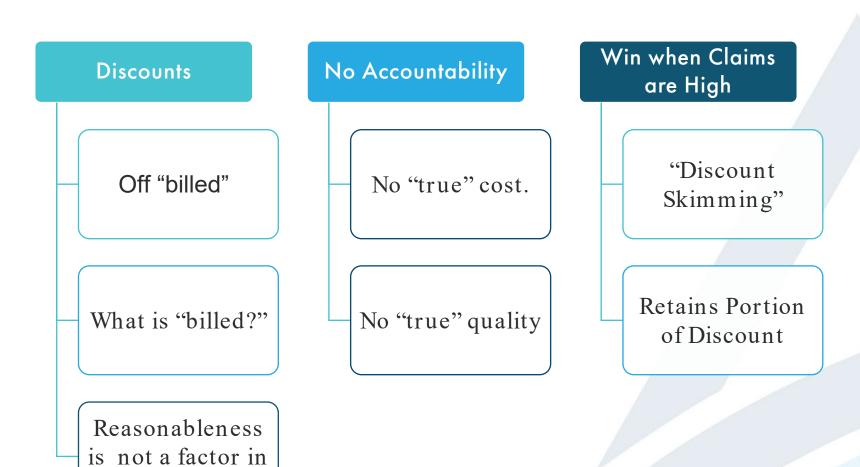
CHOICE PLAN ID CARD



Choice plans do not have a PPO network.



the negotiation.



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%
		Average Market Variance	757%
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$18.93	757%

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%
		Average Market Variance	587%
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$14.68	587%

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%
		Average Market Variance	749%
_			
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$18.72	749%

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%
		Average Market Variance	678%
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$16.95	678%

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%
		Average Market Variance	651%
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$16.29	651%

PAYING WITH CASH IS OFTEN A BETTER DEAL

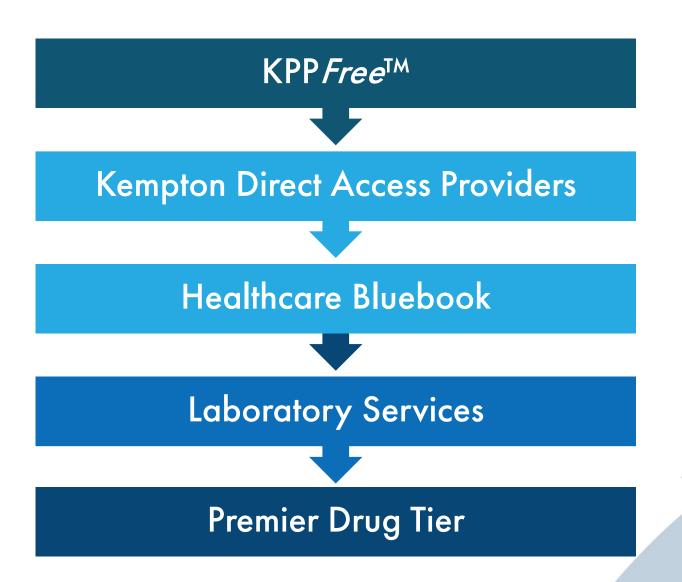
SELF-PAY NO INSURANCE

Pay onlin	e: mainlinehealth.oi
RD VIS	GA DISCOVER
	CVV CODE
ERNAME (PLEASE PRINT)	
MISSION DATE 07-02-16	DISCHARGE DATI
MOUNT DUE 1,000.00	PAYMENT DUE UPON RECEIPT
	ERNAME (PLEASE PRINT) MISSION DATE 07-02-16 MOUNT DUE

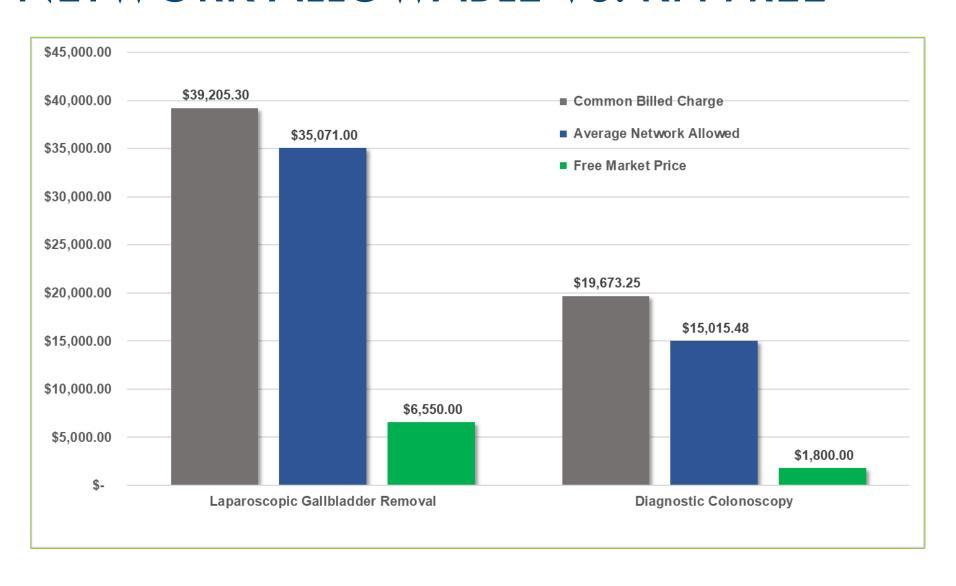
DISCOUNTED AETNA MEMBER COST

			Pay onlin	ie: mainlinehealth.org
PAOLI HOSPITAL 255 WEST LANCASTER AVENUE PAOLI, PA 13901		_		sa Discover
		CA NU	RD IMBER	CVV CODE
		SIG	MATURE	
		CAF	rdholdername (please print)	
Please check box is address is incorrect or insurance information has changed, and indicate change(s) on reverse side.			ADMISSION DATE 07-02-16	DISCHARGE DATE
PATIENT NAME	ACCOUNT NUMBER 31264		AMOUNT DUE \$1,752.80	PAYMENT DUE UPON RECEIPT

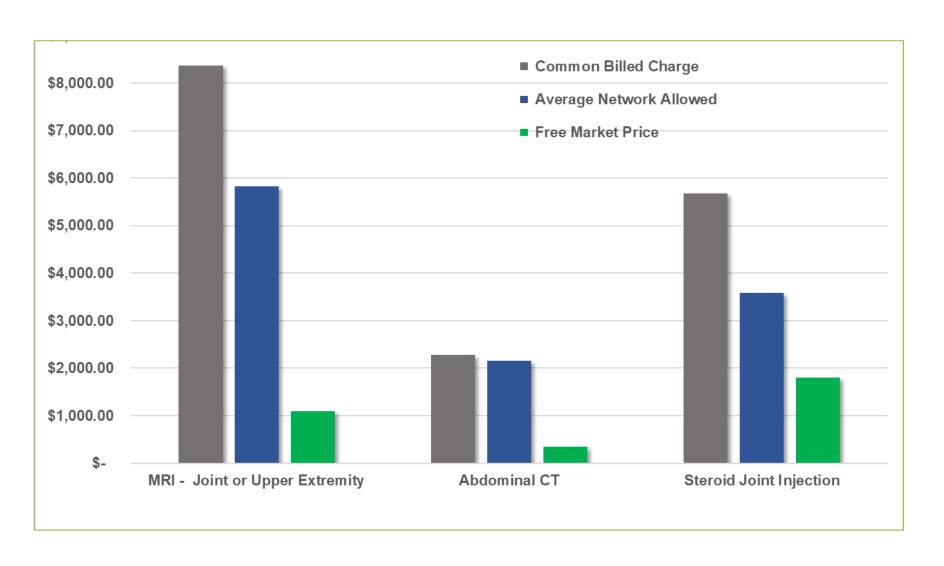
ENHANCED BENEFITS



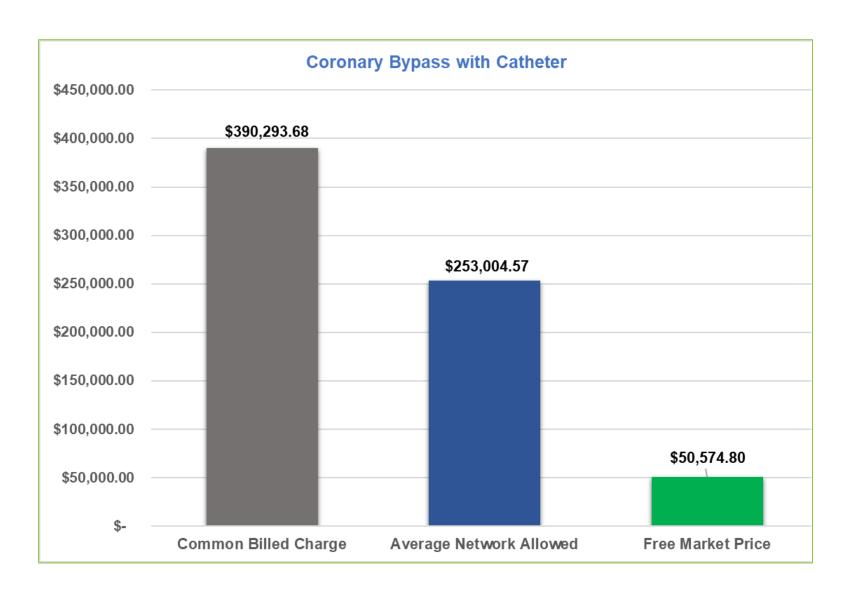
NETWORK ALLOWABLE VS. KPP*FREE*^M



NETWORK ALLOWABLE VS. KPPFREET



NETWORK ALLOWABLE VS. KPP*FREE*[™]



BUNDLING PRICES = HIGHER QUALITY

Quality Indicator	PPO Networks / Insurance Carriers	Free Market Provider with Bundled Pricing	Why it's important
Specialization: Board Certification	√	✓	Educational standard.
Credentialing Verified	√	✓	Verification of licensing, work history, education, regulatory compliance, and malpractice history.
Exercises High Level of Discretion when Selecting Surgical Partners	0	✓	Based on reputation, personal relationships, and surgical observation. Every surgical partner is personally vetted.
Increased Revenue if Outcome is Poor (Quality not an incentive)	√	○	Quality and outcomes are <u>not</u> an incentive within the status quo. The more services required, the higher the billed charge.
Revenue in Jeopardy if Outcome is Poor (Quality IS an incentive)	\Q	✓	Quality and outcomes <u>are</u> an incentive. Revenue is maximized when the outcome is good, and episode of care is efficient.

BUNDLED PRICING

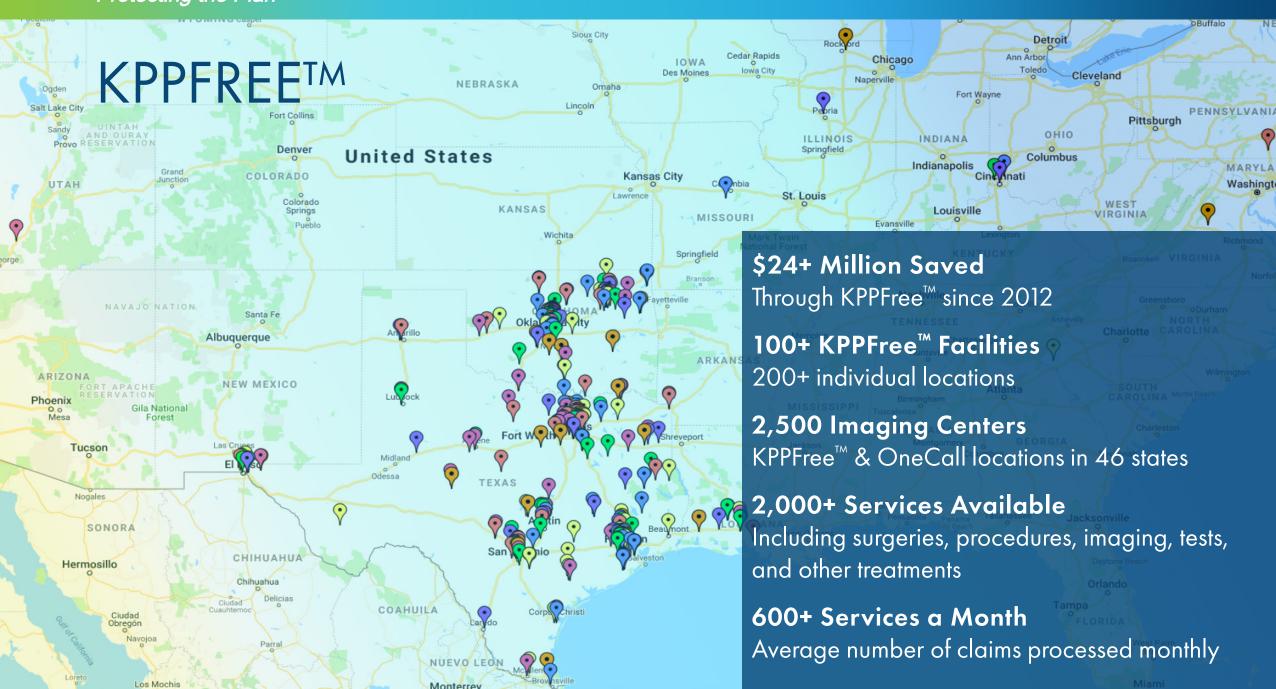


Patient Cost - \$4,059.33
Traditional Payment Model [*]
not included
\$74,379.63
\$1,312.80
\$2,553.13
\$89,077.88
\$384.04
not included
not included
not included
\$167,9460.28 +
\$172,005.61 +

Patient Cost - \$0
Bundled Payment Model
\$200
included
\$1,020
included**
included**
\$20,920.00
\$20,920.00

^{**}Average PPO allowed amount.

^{**}Foreseeable complications are included in the bundled price. Many providers offer a warranty on bundled procedures.



CASH PRICE AGREEMENTS

- Any provider can match the KPP Free 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. <u>PROVIDER</u> 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 nations responsibility for the procedure.

for quick payment and the <u>elimination of all patient responsibility</u> for the procedure.				
	Procedu	ıre Details:		
CPT <u>▼</u> 29870	Arthroscopy, knee, diagno	ostic, with or without s	synovial biopsy	
Competing Bundled Offers: PROVIDER's Bundled Offer:				
Provider Name	Bundled Cash Offer	Provider Name		Your Bundled Cash Offer
Surgery Center of Oklahoma	\$ 3,740.00	ASC Surgery Cent	er	\$
PROVIDER agrees to accept the billing to the patient. The Plan a patient. The single invoice for the **If PROVIDER chooses not to procedure performed by PROVI if applicable.	grees to pay PROVIDER's bundle procedure above should reflect match the price of one of the	ed cash price at 1009 the agreed upon amo e above listed provi	6. PROVIDER will r unt and be emailed iders, and the pa	not require any payment from to kpp@kemptongroup.com. tient decides to have their
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 Th		-800-324-9396, Emai	l: kpp@kemptongr	oup.com
	y Administration services provide Extension ♦ Suite 130 ♦ Oklahon			

KPPFREETM - EASY AS 1-2-FREE!



Patient calls the Kempton Care Advocates.



Patient Shows KPP Free voucher at appointment.



Procedure or service is covered at 100%!

^{*}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.

KPP*FREE*TM AT YOUR FINGERTIPS!

- View upcoming KPP*Free*^M appointments.
- Receive KPP*Free*^M Vouchers.
- Search KPP Free providers and procedures.
- Request assistance for an upcoming procedure

Search "Coral Healthcare" in the App Store!



OTHER ENHANCED BENEFITS

Laboratory Services

- LabCard | Quest | DLO | Direct Agreements
- AHPT contracts directly with certain outpatient laboratories.
- Bloodwork performed with one of these laboratories is covered at 100%.

Premier Drug Tier

• Some medications, including some Over the Counter (OTC) Medications, are covered at 100% at no cost to you.

Kempton Direct Access Providers

• Primary care, preventive care, and urgent care covered at 100% by enrolling with a participating Direct Primary Care physician.

REFERENCE BASED PRICING



AHPT uses multiple sources to determine a fair and reasonable reimbursement for medical services - a reference price.

REFERENCE BASED PRICING EXAMPLES

Out-of-Network (Medicare Plus)

Implantable
Medical Devices

Intraoperative
Nerve
Monitoring

Air Ambulance (Medicare Plus)

Dialysis

PHYSICIAN

The provider's Medicare Rate + 30%

FACILITY

The provider's Medicare Rate + 60%

EMERGENCY

The provider's Medicare Rate + 100% Invoice cost + 100%

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

Limited to \$4,000

The provider's

Medicare

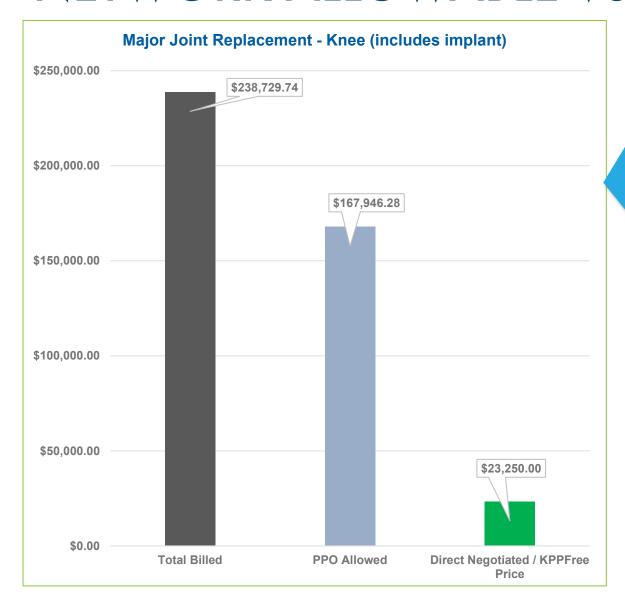
Rate
+ 20%

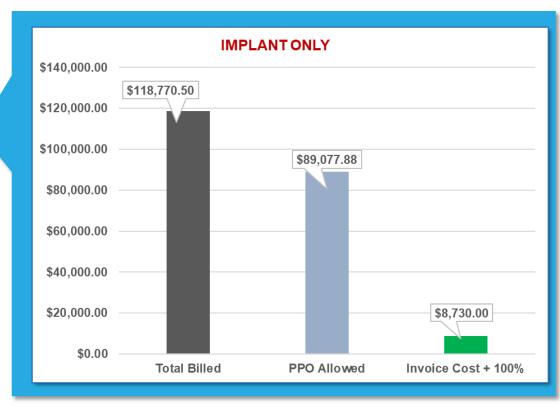
The provider's

Medicare

Rate
+ 140%

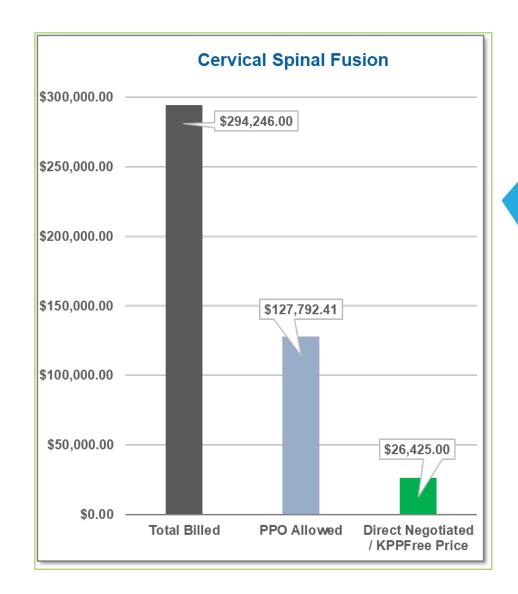
NETWORK ALLOWABLE VS. KPPFREET

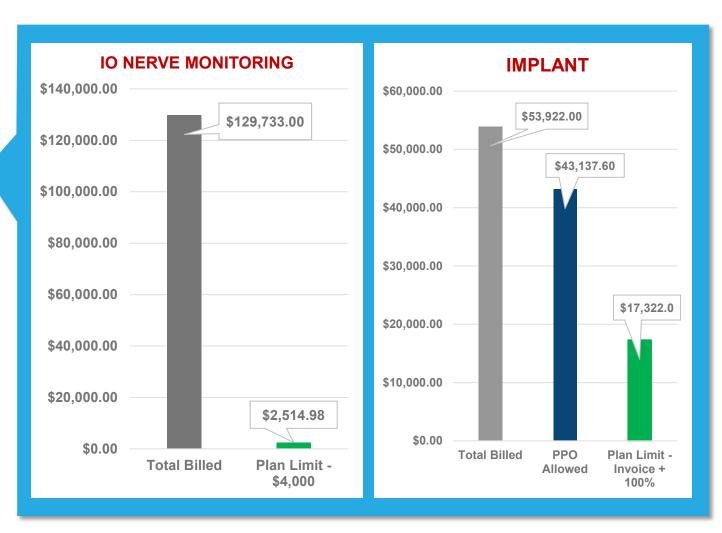




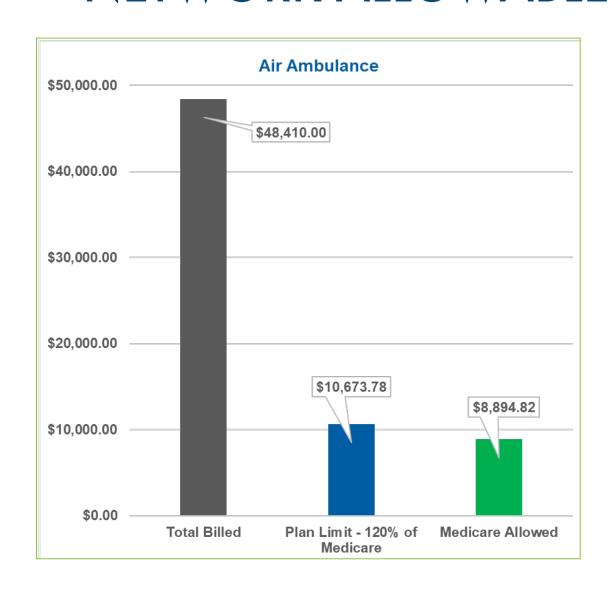
PPO allowed amount was <u>970%</u> more than what the facility <u>actually paid</u> for the implant.

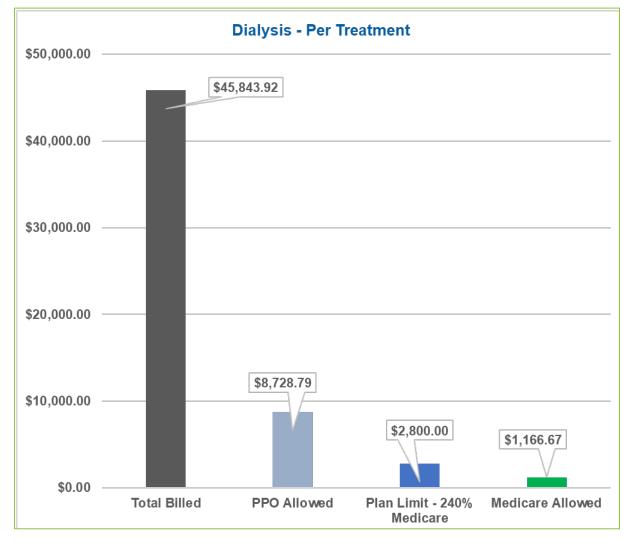
NETWORK ALLOWABLE VS. KPPFREET





NETWORK ALLOWABLE VS. MEDICARE PLUS





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? I have a better benefit if the cost is reasonable.



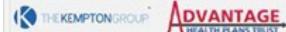
Would you be willing to match the bundled price that is available to me through my plan?

I would save significant money on my out - of-

pocket cost.



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?









Welcome back, MEMBER!

Member ID ABC1001234

Employer COMPANY NAME

MEMBER PORTAL

- View detailed claim information and out-of-pocket details.
- View and download benefit information, SBCs, Plan document, flyers and forms.
- Request and ID and print a temporary ID card.
- Get answers through the Knowledge Center or send your question to the Kempton Care Advocate.
- Mobile app for iPhone and Android available!

