



ADVANTAGE

HEALTH PLANS TRUST

2023 Annual Member Meeting Handouts

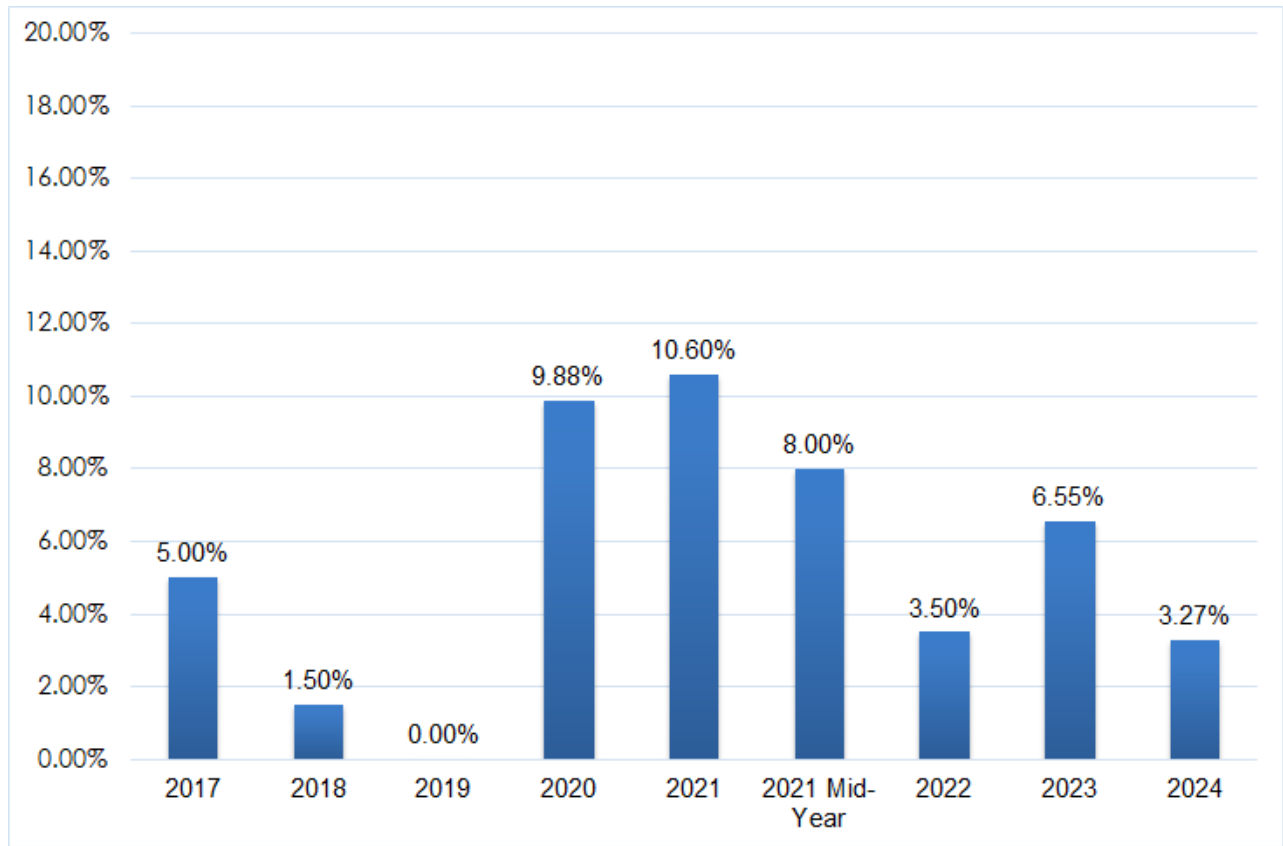


(800) 324-9396

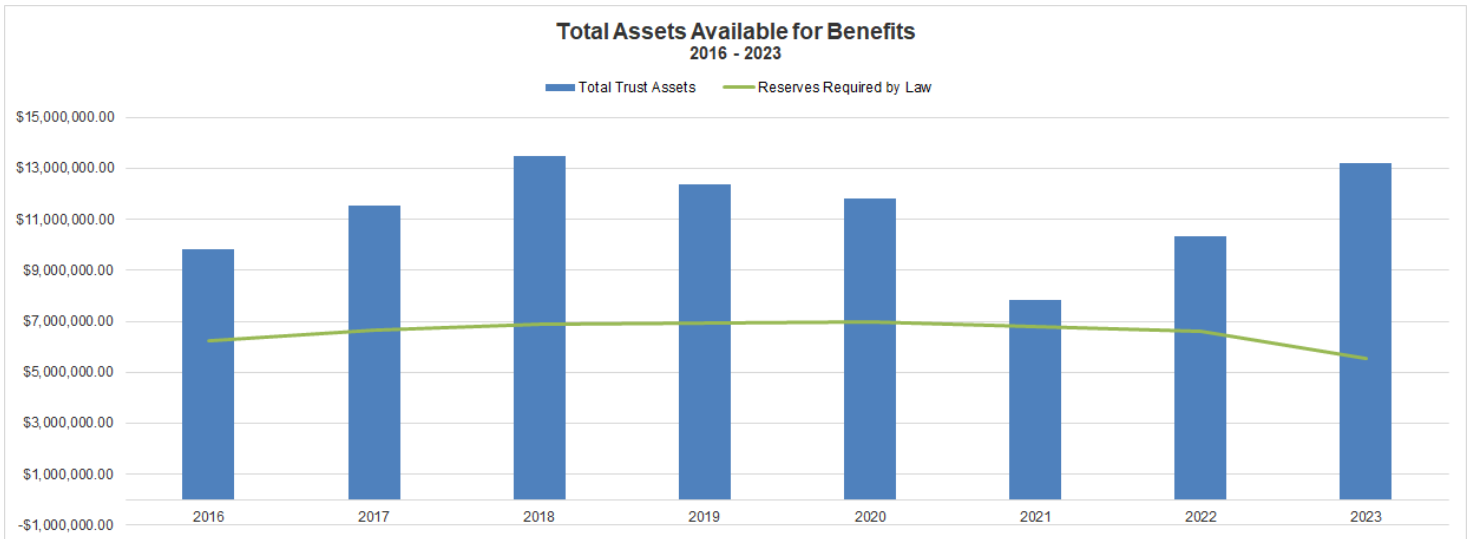


[AdvantageHealthPlans.com](https://www.advantagehealthplans.com)

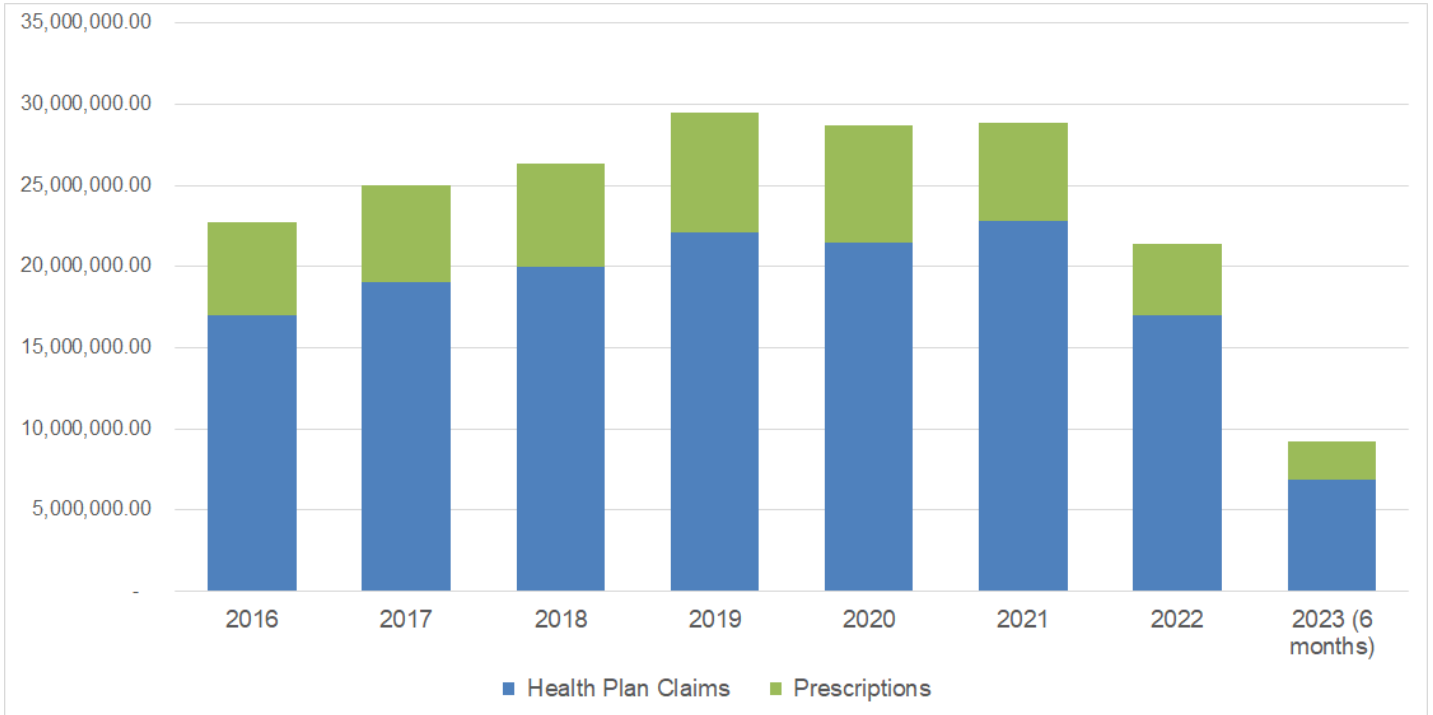
HISTORICAL RATE ADJUSTMENT 2017-2024



TRUST ASSETS 2016-2023



MEDICAL AND RX CLAIMS BY YEAR (January - December)



KPPFree Missed Opportunity Savings by Year

\$21,628,456.49

Total Savings Missed

5,567

Count of Missed Opportunities



Year	Missed Savings	Count
2013	\$1,387,633.01	133
2014	\$1,444,459.06	165
2015	\$1,580,780.56	194
2016	\$2,088,734.52	709
2017	\$2,043,032.27	703
2018	\$2,086,423.17	671
2019	\$2,832,653.83	829
2020	\$3,002,600.66	754
2021	\$1,973,266.54	615
2022	\$1,911,518.93	509
2023	\$389,112.55	187
Total	\$21,628,456.49	5,567

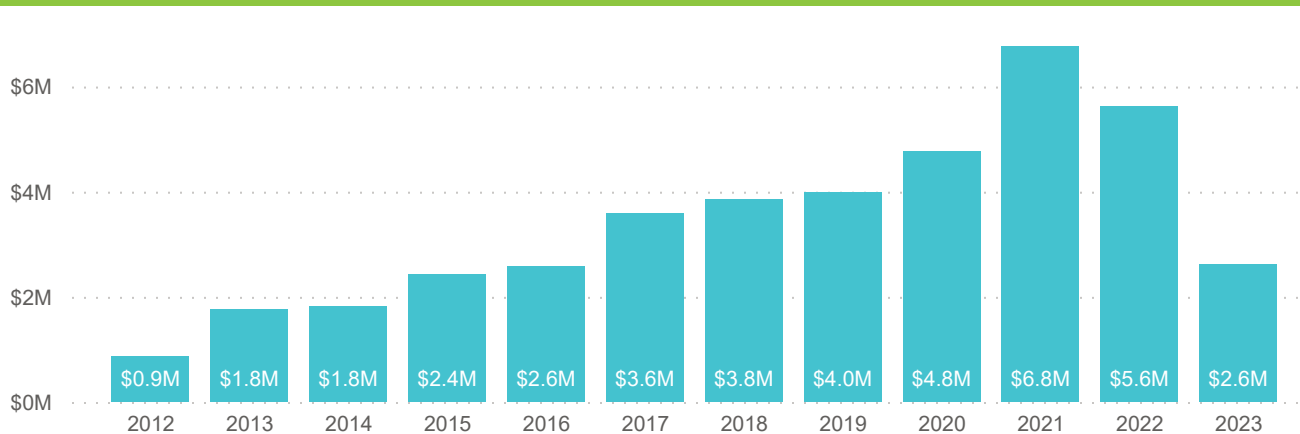
KPPFree Savings and Utilization by Year

\$40,640,676.61

Total Estimated Savings

26,919

Count of KPPFree Procedures



Year	Estimated Savings	Count
2013	\$1,761,844.71	333
2014	\$1,819,065.54	497
2015	\$2,432,138.58	867
2016	\$2,576,097.91	2,123
2017	\$3,593,118.85	2,135
2018	\$3,845,480.68	2,262
2019	\$3,979,068.21	2,719
2020	\$4,756,290.26	3,465
2021	\$6,757,861.89	5,762
2022	\$5,629,603.63	4,477
2023	\$2,616,324.66	2,159
Total	\$40,640,676.61	26,919

KPPFree Reporting - Savings

01/01/2022-12/31/2022

4,477

Total Number of Procedures

\$5,629,604

Total Savings

\$1,257

Average Amount Saved per Claim

\$104,804

Highest Amount Saved (Single Claim)

161

Cash Price Agreements

01/01/2023-06/30/2023

2,159

Total Number of Procedures

\$2,616,325

Total Savings

\$1,107

Average Amount Saved per Claim

\$89,161

Highest Amount Saved (Single Claim)

87

Cash Price Agreements

KPPFree Reporting - Missed Opportunities

01/01/2022-12/31/2022

509

Individual Missed Opportunities

\$1,911,519

Possible Savings

\$3,755

Average Amount Saved per Claim

\$114,646

Largest Amount of Missed Savings

01/01/2023-06/30/2023

187

Individual Missed Opportunities

\$389,113

Possible Savings

\$3,209

Average Amount Saved per Claim

\$38,144

Largest Amount of Missed Savings

NEW KPPFREE™ PROVIDERS ADDED IN 2023:

- WellBridge Surgical, LLC – Zionsville, IN
- Hand & Shoulder Center – Fort Worth, TX
- Imagine Pediatric Therapy – Owasso, OK
- Orthopedic Spine & Sports Physical Therapy – Moore, OK
- Ohio Bone & Joint – Toledo, OH
- Peak Physical Therapy & Sports Medicine of Kyle – Kyle, TX
- Direct Wound Care – Edmond, OK
- Huebner Ambulatory Surgery Center – San Antonio, TX
- Brushy Creek Family Hospital –Multi-Specialty Surgery ASC – San Antonio, TX
- Craft Health – Diagnostic Imaging – Tulsa, OK
- Expert Surgical – Bariatric Surgery – Frisco, TX
- Complete Medicine – Dr. Arti Thangadu – The Woodlands, TX
- Shared Medical Technology – Imaging – Rice Lake, WI
- Valir Physical Therapy – Physical Therapy – 21 locations throughout Oklahoma
- Wound Management of Oklahoma – Wound Care – OKC, OK
- Advanced Surgical Solutions of Bellaire, LLC – Bellaire, TX
- Advanced Orthopedics – Tulsa, OK
- Momentum Specialty Surgery Center – Wichita Falls, TX
- Advanced Outpatient Surgery of Oklahoma – Tulsa, OK
- Bariatric Experts – Frisco, TX
- Advanced Technology Cataract and Refractive Surgery – San Antonio, TX
- Argencis Medical – Oklahoma City, OK
- Privia Medical Group North Texas – Fort Worth, TX
- Norman Physical Therapy – Norman, OK
- Signature Physical Therapy – Oklahoma City, OK
- ReAction Physical Therapy – Owasso, OK, Claremore, OK
- Healthcheck Screening – Houston, TX
- Brushy Creek Surgery Center – Round Rock, TX
- Orthopedic Specialist of Dallas – Dallas, TX
- Premier Breast Health Institute of Oklahoma – Oklahoma City, OK



NEW RBP DIRECT PROVIDERS IN 2023:

- AdaptHealth, LLC – Nationwide
- Galo Eye Care Centers – Del Rio, TX
- Innovative Therapy – Edmond, OK
- Rivus Wellness & Research Institute – Oklahoma City, OK
- Valor Therapy Services – Carnegie, OK
- Maplewood Ambulatory Surgery Center – Wichita Falls, TX
- Pain Rehabilitation Group of Wichita Falls – Wichita Falls, TX
- Wichita Falls Gastroenterology Associates – Wichita Falls, TX
- Thrive Chiropractic Group – Edmond-Oklahoma City-Moore, OK
- Michael Cross, LPC – Edmond, OK

NEW KDAP PROVIDERS IN 2023:

- Pioneer Healthcare DPC – Stillwater, OK
- Priority Health DPC - Bentonville, AR
- PeakMed DPC - Colorado Springs, CO
- Grace Family Medicine - Wellington, FL
- Family First DPC - West Palm Beach, FL
- Exemplar Care - West Des Moines, IA
- ProPartners Healthcare - Leawood, KS
- Health Studio KC - Westwood, KS
- Antioch Med - Wichita, KS
- Bloom LaVie Health, Christine Nedeau, MD - Kansas City, MO
- ProPartners Healthcare - Kansas City, MO
- Blue Lotus Family Medicine - Lee's Summit, MO
- Ascent DPC - Nixa, MO
- Command Family Medicine - Springfield, MO
- Aspire MD - Omaha, NE
- Well Life ABQ - Rio Rancho, NM
- WeCARE Medical Office - Pine Bush, NY
- Magnolia Family Medicine - Gallatin, TN
- Amarillo MD - Amarillo, TX
- Hometown Health - Arlington, TX
- Elizabeth Story, M.D. - Fort Worth, TX
- Primary Care Simplified - Keller, TX
- Exactus Physicians - McKinney, TX
- BloomMed - McKinney, TX

Saxenda/Wegovy Prior Authorization Approval Clinical Criteria

1. Initial Request

- a. Diagnosis of Obesity **AND**
- b. Patient is 18 years of age or older **AND**
- c. Patient meets one of the following:
 - i. Patient has a body mass index (BMI) of greater than or equal to 40 mg/m² **OR**
 - ii. Patient has a BMI of greater than or equal to 30 mg/m² **AND** one of the following co-morbid conditions: Type 2 diabetes, hypertension, dyslipidemia, or obstructive sleep apnea **AND**
- d. Patient has failed to lose weight after at least 6 months of lifestyle modifications (diet and exercise) alone **AND**
- e. Patient meets with health plan Health & Nutrition Nurse monthly to learn lifestyle modifications as requested medication will be used as an adjunct to lifestyle modifications (e.g., nutrition coaching, dietary or caloric restriction, exercise, behavioral support, community-based program) **AND**
- f. Requested medication is not being used in combination with other weight loss products (prescription drugs, over-the-counter drugs, or herbal preparations) **AND**
- g. Patient does not have a personal or family history of medullary thyroid carcinoma **AND**
- h. Patient does not have multiple endocrine neoplasia syndrome type 2 **AND**
- i. Patient is not taking in combination with another GLP-1 agonist (Victoza, Ozempic, Trulicity, Ryblesus, Bydureon)
- j. **Approval length:** 6 months

2. 3rd Month Review

- a. Documentation patient met with health plan Health & Nutrition Nurse monthly to learn lifestyle modifications as requested medication will be used as an adjunct to lifestyle modifications (e.g., nutrition coaching, dietary or caloric restriction, exercise, behavioral support, community-based program) **AND**
- b. Documentation of weight loss
- c. **Approval length:** 3 months

3. Renewal

- a. Patient meets with health plan Health & Nutrition Nurse monthly to re-educate lifestyle modifications and to evaluate that requested medication continues to be used in combination with lifestyle modifications **AND**
- b. Documentation of current weight showing a weight loss of greater than or equal to 5% of initial baseline body weight **AND**
- c. Patient does not have a personal or family history of medullary thyroid carcinoma **AND**
- d. Patient does not have multiple endocrine neoplasia syndrome type 2 **AND**
- e. Patient is not taking in combination with another GLP-1 agonist (Victoza, Ozempic, Trulicity, Ryblesus, Bydureon)
- f. **Approval length:** 1 year

PLAN NAME	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.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$750	\$1,500
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$3,750	\$4,500
Family Deductible Individual family member is embedded.	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.	\$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%.
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. *	\$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.
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.
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 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%.
Prescription Benefits - PBM Southern Scripts Walgreens & Costco are non-covered.	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
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
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%
Premier 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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150

*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. KIDAP is not available for HDHP plans.

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*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier 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 co-pay 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 - PBM Southern Scripts Walgreens & Costco are non-covered.	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%
Premier 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

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PLAN NAME	VALUE 3000	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.
100% Benefits*	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$3,000	\$5,000
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$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.
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$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%.
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. *	\$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.
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.
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.	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%.
Prescription Benefits - PBM Southern Scripts Walgreens & Costco are non-covered.	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 - \$35	Generic - \$15 Name Brand - \$35
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
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%
Premier 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
Specialty Medications Use of Southern Scripts Specialty Pharmacy is mandatory.	\$150	\$150

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PLAN NAME	HDHP 2500	HDHP 5000	HDHP 7500
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*	*100% Benefits Available, after deductible is met: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	*100% Benefits Available, after deductible is met: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements	*100% Benefits Available, after deductible is met: KPPFree™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements
Individual Deductible	\$2,500 Individual KPPFree™ Deductible - \$1,500	\$5,000 Individual KPPFree™ Deductible - \$1,500	\$5,000 Individual KPPFree™ Deductible - \$1,500
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$5,000	\$5,000	\$7,500
Family Deductible Individual family member is embedded.	\$5,000 Embedded deductible for a family member is \$2,800 Individual KPPFree™ Deductible - \$3,000	\$10,000 Embedded deductible for a family member is \$5,000 Individual KPPFree™ Deductible - \$3,000	\$10,000 Embedded deductible for a family member is \$5,000 Individual KPPFree™ Deductible - \$3,000
Family Out-of-Pocket Maximum Includes deductibles and copays. Individual family member is embedded.	\$10,000	\$10,000	\$15,000
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.	After deductible, 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 co-pay 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.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
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.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
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.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
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.*	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
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.	After deductible, the Plan pays 80% of covered charges, the participant pays 20%.
Prescription Benefits - PBM Southern Scripts Walgreens & Costco are non-covered.	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%, after deductible is met. Name Brand - 20%, after deductible is met.	\$0, after deductible is met.	Generic - 10%, after deductible is met. Name Brand - 20%, 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.	Generic - 10%, after deductible is met. Name Brand - 20%, 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.	50%, after deductible is met.
Premier 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.	\$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.	Generic - 10%, after deductible is met. Name Brand - 20%, after deductible is met.

*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. KDAP is not available for HDHP plans.

PLAN NAME	MINIMUM VALUE PLUS PLAN	CHOICE SELECT 1500	CHOICE VALUE 750
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.	There is NO PPO NETWORK. ALL 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.	There is NO PPO NETWORK. ALL 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*	100% Benefits Available: KPPF ^{Free} ™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPF ^{Free} ™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers	100% Benefits Available: KPPF ^{Free} ™ Premier Drug Tier LabCard/Quest & Direct Lab Agreements Kempton Direct Access Providers
Individual Deductible	\$9,100	\$1,500	\$750
Individual Out-of-Pocket Maximum Includes deductibles and copays.	\$9,100	\$4,500	\$5,750
Family Deductible Individual family member is embedded.	\$18,200 aggregate. Embedded deductible for family member is \$8,700	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.	\$18,200 aggregate.	\$10,500	\$11,500
Coinsurance Percentage Unless another percentage is stated.	After deductible, the Plan pays 100% of covered charges.	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. *	\$50	\$25	\$35
Emergency Room Benefit Additional copay may be waived if accident or life threatening.	\$200 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 KPPF ^{Free} ™ 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 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 KPPF ^{Free} ™ is used.*	After deductible, the Plan pays 100% of covered charges.	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 - PBM Southern Scripts Walgreens & Costco are non-covered.	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 - \$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 - \$50 Name Brand - \$110	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%
Premier 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

*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. KDAP is not available for HDHP plans.



FIDUCIARY HEALTH SOLUTIONS

We are a team of dedicated professionals committed to ensuring plan participants receive medically appropriate care.

Our Services

- ✓ **Utilization Review**
- ✓ **High Touch Case Management**
- ✓ **Maternity Management**
- ✓ **Health Coaching**
- ✓ **Disease Management**

Contact Us Today!

877-313-1902

requests@fhs.group

FHS

FIDUCIARY HEALTH SOLUTIONS

Your pharmacy benefits company has a new name.

LIVINITI

Southern Scripts has changed its name to Liviniti.

No action is needed from you!

What stays the same? Your:

- Pharmacy ID card.
- Member Services phone number.
- Network pharmacies.
- Benefits and everything related. *Coverage, prior authorizations, the formulary and how you fill your medications.*

You will soon see and hear the new name:

- On the member portal, mobile app and other digital tools.
- When you contact our call center.
- In email and written communications with Liviniti.

Digital tools

We hope that you use the information, forms and digital tools that we make available online. Visit liviniti.com and select “Members” at the top of the page to visit our Member Center. From the Member Center, you can choose to:

- Create an account or login to the **Member Portal** to find detailed information about *your* prescriptions and pharmacy benefits for you and covered dependents.
- Go to your **Company Page** (previously called your Member Page) to find information about *your* pharmacy benefit plan.
- Find *general* forms, flyers and documents that will help you get maximum value from your pharmacy benefits.

If you visit southernscripts.net, you will automatically be redirected to liviniti.com. Simply click “Members” at the top of the page to find the member resources described above.

As a reminder, no action is required on your part. If you have any questions, please contact our Member Services team which is here to serve you 24/7/365.



Southern Scripts is now Liviniti



THIS NEW EMPLOYEE BENEFIT PUTS \$\$ BACK IN YOUR POCKET



Scripta is Your Key to Pharmacy Savings

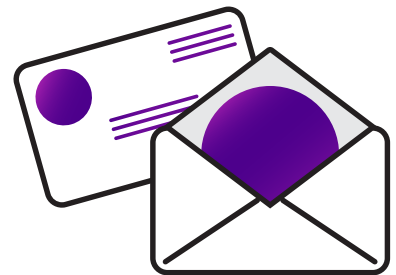
Scripta creates monthly, Personalized Savings Reports just for you. Our reports list all the medications you're currently taking where there are savings to be had, as well as lower-priced options to discuss with your doctor.

So you can focus on staying healthy and taking the medication you need, while keeping the most money in your pocket.



The **PURPLE DOT**
means **SAVINGS.**

Arriving in your mailbox soon!



WHO IS SCRIPTA?

- Scripta is a benefit service founded by doctors to help you get the medicine you need at the best possible price.
- We use technology like AI, software & big data to stay on top of constantly changing drugs costs.
- We've saved employees, like you, millions of dollars on prescription copays for more than a decade.

SCRIPTSOURCING PROVIDES A UNIQUE OPPORTUNITY TO HELP EMPLOYEES SAVE MONEY ON NAME BRAND MEDICATIONS.



**Enrollment
is simple!**

Simply call **410-902-8811**, and a Prescription Advocate will walk you through the enrollment process.

Some of the advantages of joining the ScriptSourcing program are

- Employees and Dependents pay 0 Copay for name-brand maintenance medications
- Prescriptions are shipped directly to your home with no shipping or handling costs
- No out-of-pocket expenses
- ScriptSourcing saves the health plan money, which translates into lower premiums



**CALL:
410-902-8811**

ScriptSourcing

600 Falls Road

Suite 201

Baltimore, MD 2120

www.scriptsourcing.com



scriptsourcing

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!

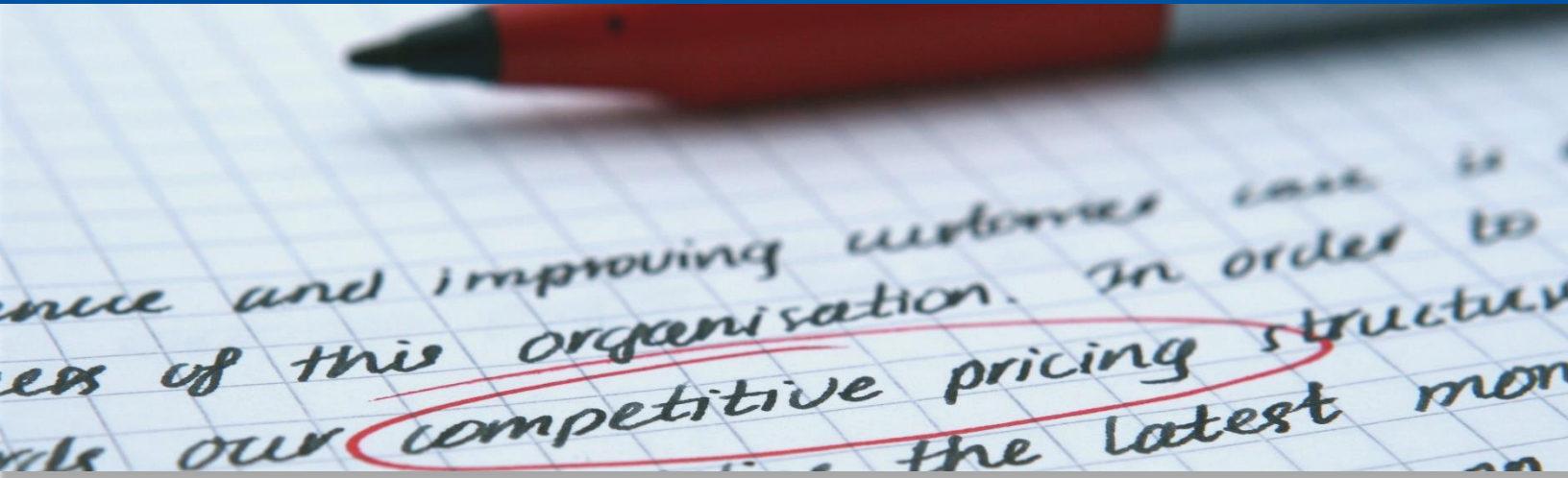
KPPFree™ Savings

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

CASH PRICE AGREEMENTS



SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPPFree™ price so they can be reimbursed at 100% and you will have no out-of-pocket cost!*



Call **Kempton** to find out if your medical service is available through the KPPFree™ program, discuss your benefits, and see if a Cash Price Agreement is **your best option**.



Talk to **your provider** about the enhanced benefit available to you if they **agree to match**, or closely approximate, the KPPFree™ bundled price.



Remember, **all services** required for the service or procedure are **bundled** under KPPFree™. These same services **must** also be **included** in your provider's offer.



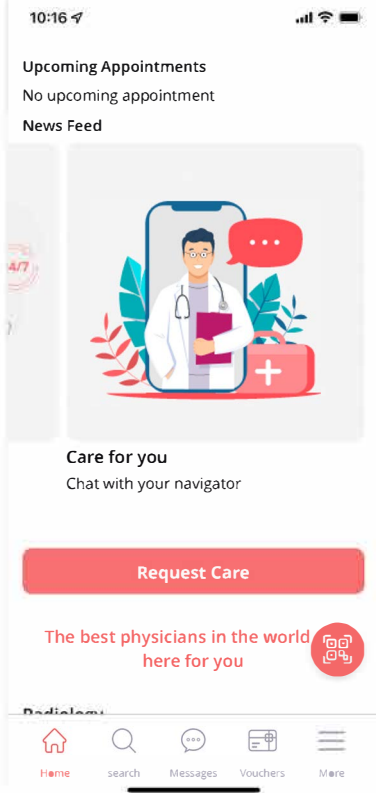
The Kempton Care Advocate will provide you with a **Cash Price Agreement**. If your provider signs the CPA, your procedure will be covered under the **KPPFree™ benefit!**



To learn more: (800) 324-9396 | KPPFree.com | AdvantageHealthPlans.com



KPPFree™ is now at your fingertips with the KPPFree™ mobile app!

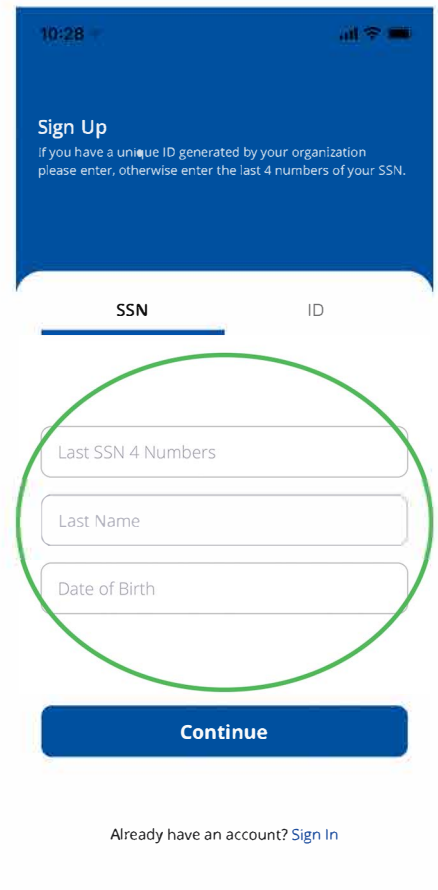
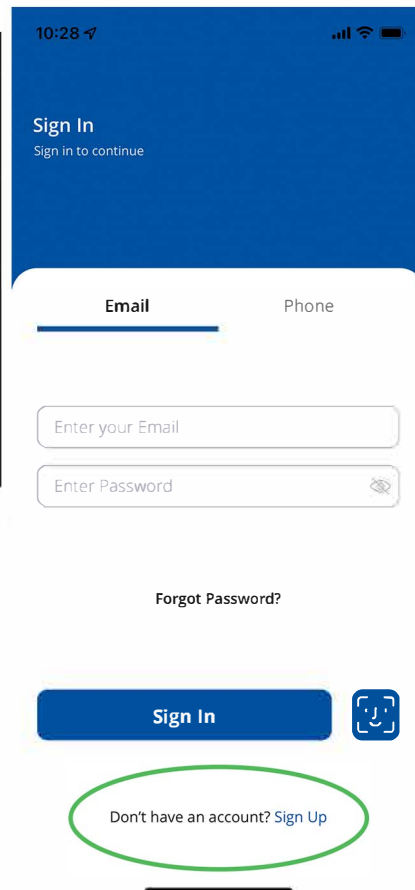
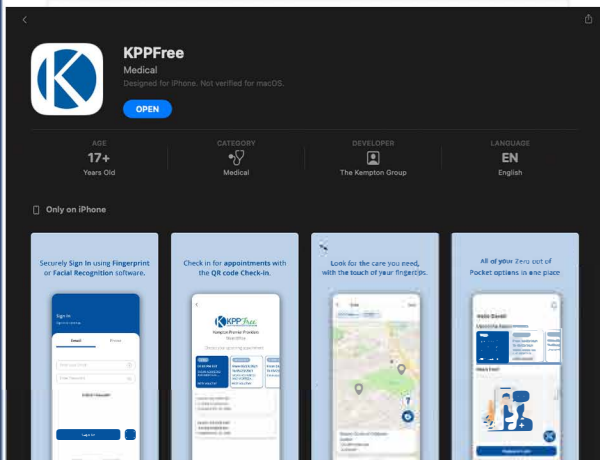


With the KPPFree™ app, you can:

- View upcoming KPPFree™ appointments.
- Receive KPPFree™ Vouchers.
- Search KPPFree™ providers, facilities, and qualified procedures.
- Request assistance for an upcoming procedure or image thru the KPPFree program.

Instructions:

1. Search “KPPFree” in the app store to download.
2. Select Sign Up.
3. Use your name, date of birth, and last 4 of your social to create your account. You can also create an account by using your member ID.
4. Once your account is created, start using the app!
5. For more information click here



Have Questions?

Call us at
(800) 324-9396

KEMPTON DIRECT ACCESS PROVIDERS

A Benefit for Direct Primary Care (DPC)



Kempton Direct Access Providers is an enhanced, consumer-driven benefit for medical services, including primary care, preventive care, and urgent care services covered at 100%.

Kempton Direct Access Providers allows members of AHPT to enroll with a participating 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.

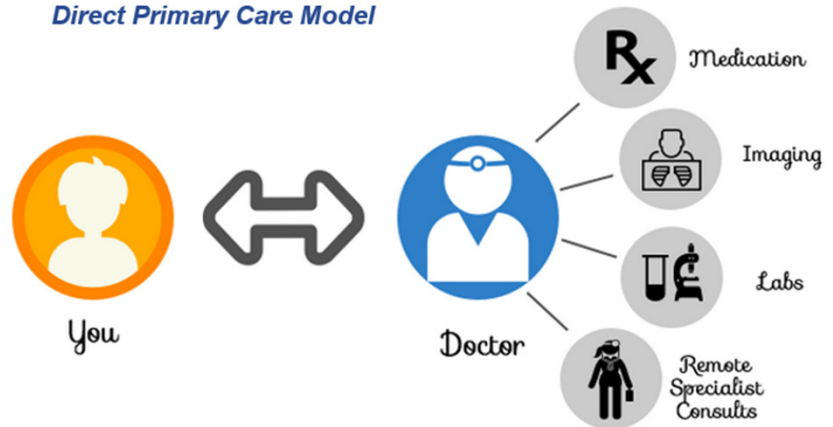
Your Consumer-Driven Benefit

- 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%*.
- 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.

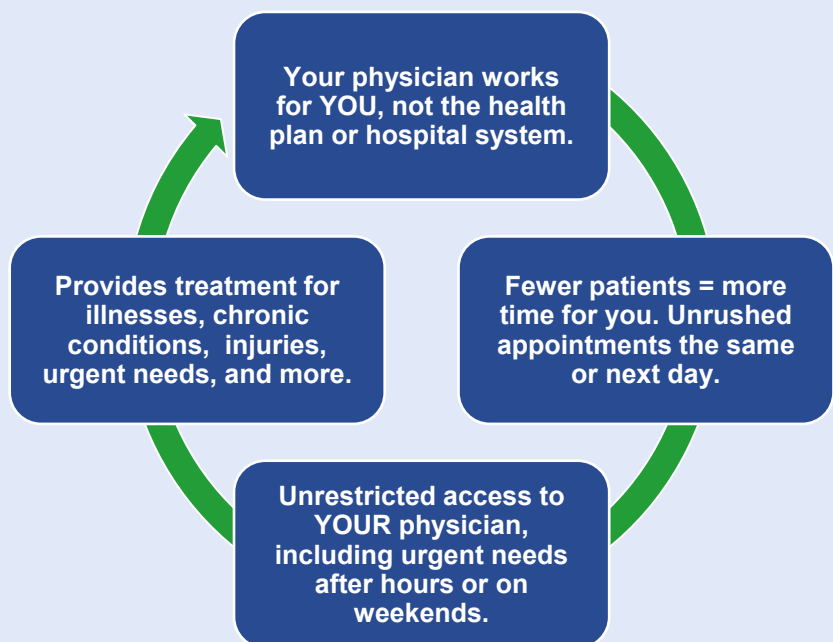
Participating Physicians

- 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)