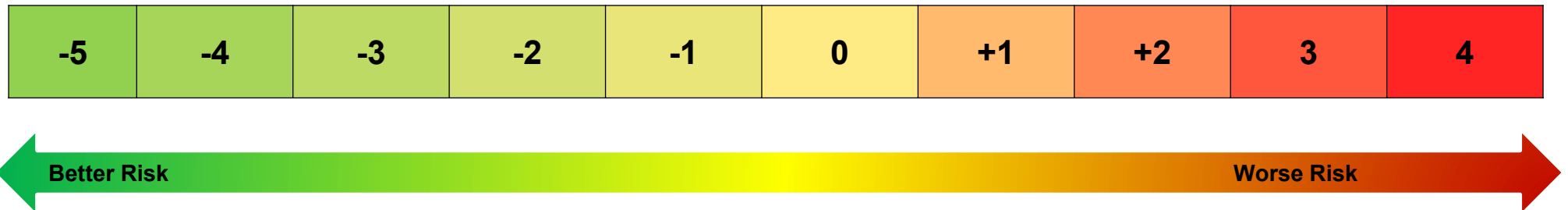




Employee Education Meeting
For members of Advantage Health Plans Trust

AHP not an Insurance Carrier

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



What is Self-Funding?



Employers take on the risk of their employees' claims expenses



60%+ of all employee benefits are paid by self-funded Plan



100% funded by employer/employee



Driving the buyer's side of the free market movement

Benefits

ADVANTAGE
HEALTH PLANS TRUST



2019 Benefit Enhancements

- All inclusive office visit
 - Now includes minor “procedures” under the office visit copay benefit for applicable plan designs.
- Increased limit on physical / manipulative therapy / chiropractic
 - Reimbursement increased \$75 to \$95 per visit.
- Physical therapy after surgery
 - Now subject to physical/manipulative therapy/chiropractic benefit above.
- CPAP replacement supplies are now covered
 - Through KPPFree.
 - OR
 - Expenses related to equipment or replacement CPAP supplies may be covered based on patient compliance / Medical Necessity Review.

2019 Benefit Enhancements

- Hearing Loss Services & Devices
 - Covered if due to injury or illness up to \$2,500 each.
 - Limited to 1 device per lifetime.
 - If under 18 years of age, limitations may be waived based on medical necessity review.
 - Not covered if due to sensorineural hearing loss.
- ACA Mandated Preventive Services w/ Age Limits
 - Screening colonoscopy, bone density scan, screening mammogram covered prior to ACA age limit.
 - Same frequency limitations apply
 - Under ACA age minimum - deductible & coinsurance
 - Above ACA age minimum - 100%

AHP ID Cards



(800) 324-9396 | www.advantagehealthplans.com

PHARMACY PLAN



SCRIPT CARE, LTD.

SCRIPT CARE, LTD.
866-439-7323
RX BIN: 004410

EMPLOYEE INFORMATION

First National Bank

Group #: AHPTEX

Member: John Smith
Member ID: 111-11-1111

Medical Coverage: Employee + Family

For questions, benefits and eligibility:
1-800-324-9396
www.advantagehealthplans.com

PPO NETWORK



Please Submit Claims To: HealthSmart Preferred
PO Box 53010 Lubbock TX 79453 EDI #HSPC1

OV Copay: \$25
Deductible: \$1,500

This card is not a guarantee of coverage.

For pre-notification of all in-patient confinements, out-patient procedures, and sleep studies call MedCom at: (866) 978-2029. Failure to pre-notify non-emergency care may result in a reduction of benefits.

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



To File In-Network Medical Claims:
HealthSmart
PO Box 53010
Lubbock, TX 79453
EDI # HSPC1

Out-of-network providers will be reimbursed based on a percentage of Medicare. For details, please contact us.

To File Out-of-Network Medical Claims and Dental Claims:

13431 Broadway Ext, STE 130
Oklahoma City, OK 73114
EDI # 90210 (Medical)
EDI # 73100 (Dental)

Print Date: 12/20/2016

The Network Problem

Discounts

Off "billed"

What is
"billed?"

No
Accountability

No True Cost

No True
Quality




Win when
Claims \$\$\$

"Discount
Skimming"

Retains
Portion of
Discount

Network Discounts Vs. Cash/Free Market Price

PAOLI HOSPITAL 255 WEST LANCASTER AVENUE PAOLI, PA 19301		Pay online: mainlinehealth.org/patientbilling		
ID: 2 <input type="checkbox"/> Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		MASTERCARD <input type="checkbox"/>  VISA <input type="checkbox"/>  DISCOVER <input type="checkbox"/>  AM. EXP. <input type="checkbox"/> 		
PATIENT NAME ACCOUNT NUMBER 31264		CARD NUMBER SIGNATURE CARDHOLDER NAME (PLEASE PRINT)	CVV CODE EXP. DATE	AMOUNT
		ADMISSION DATE 07-02-16	DISCHARGE DATE	STATEMENT DATE 09-19-16
		AMOUNT DUE \$1,000.00	PAYMENT DUE UPON RECEIPT	ENTER AMOUNT PAID
GUARANTOR:		MAKE CHECKS PAYABLE TO AND REMIT TO:  PAOLI HOSPITAL PATIENT PAYMENTS PATIENT PAYMENTS P.O. BOX 784876 PHILADELPHIA, PA 19178-4876		
		657461 (PC2)		
Self-Pay/Cash				

PAOLI HOSPITAL 255 WEST LANCASTER AVENUE PAOLI, PA 19301		Pay online: mainlinehealth.org/patientbilling		
ID: 32684-2763 <input type="checkbox"/> Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.		MASTERCARD <input type="checkbox"/>  VISA <input type="checkbox"/>  DISCOVER <input type="checkbox"/>  AM. EXP. <input type="checkbox"/> 		
PATIENT NAME ACCOUNT NUMBER 31264		CARD NUMBER SIGNATURE CARDHOLDER NAME (PLEASE PRINT)	CVV CODE EXP. DATE	AMOUNT
		ADMISSION DATE 07-02-16	DISCHARGE DATE	STATEMENT DATE 12-12-16
		AMOUNT DUE \$1,752.80	PAYMENT DUE UPON RECEIPT	ENTER AMOUNT PAID
GUARANTOR:		MAKE CHECKS PAYABLE TO AND REMIT TO:  PAOLI HOSPITAL PATIENT PAYMENTS PATIENT PAYMENTS P.O. BOX 784876 PHILADELPHIA, PA 19178-4876		
		657461 (PC2)		
Network "Discount Amount"				

The Fix – Protecting our Plan



KPPFree™

100% Covered
Medical Services

Orthopedic, Imaging, General,
Urology, ENT, Gynecology,
Oncology, Cardiac, Bariatric,
Digestive, Eye, Pain
Management, Physical Therapy,
Sleep, and more!



Making Better
Healthcare
Buying Choice



Healthcare Bluebook™

Education,
Incentives, and
Tools to Help You



Patient Calls Kempton Care Advocates.



Patient Shows KPPFree™ Voucher At Appointment.

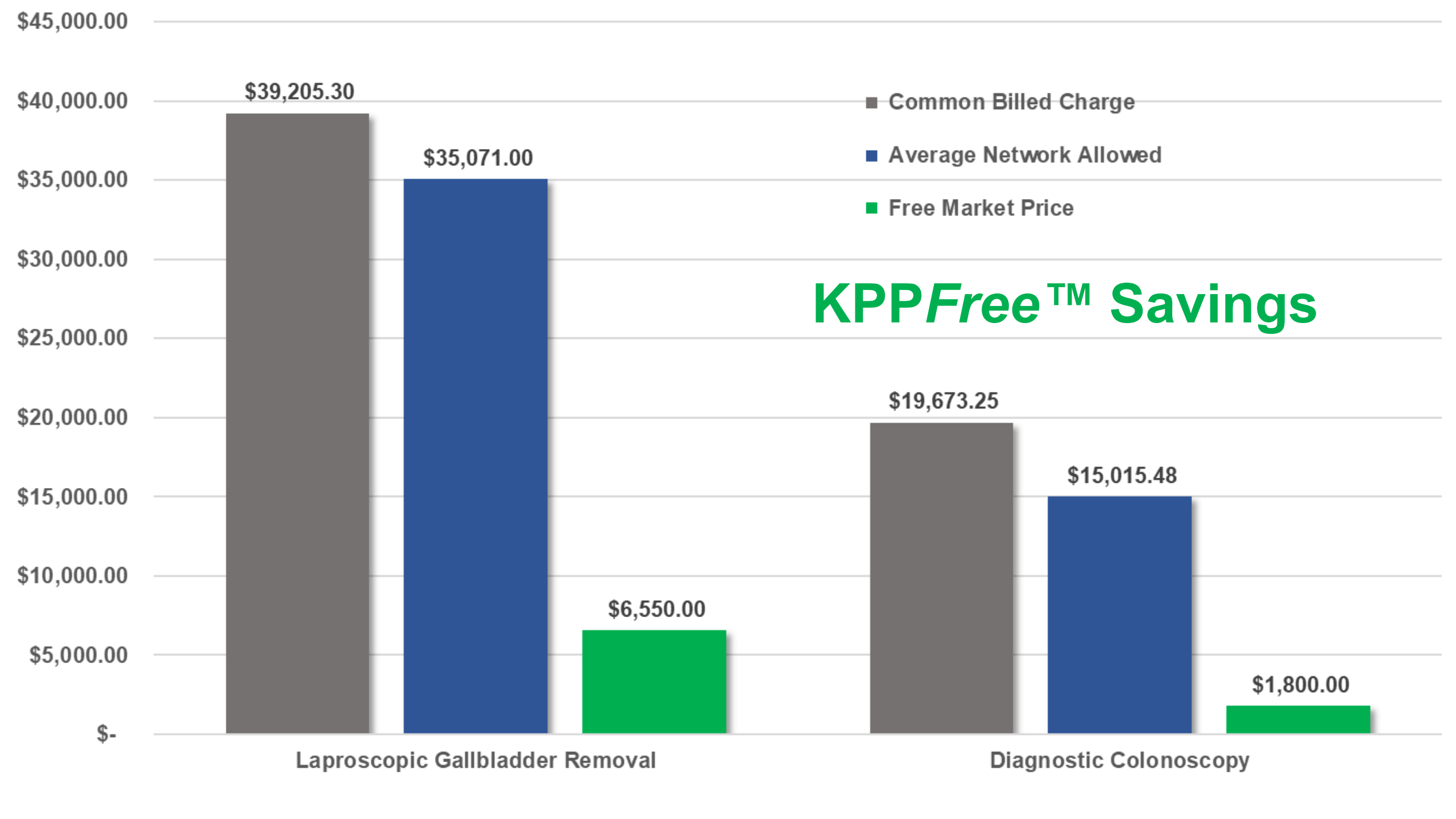


Procedure Or Service Is Covered At 100%!

**Easy as
1-2-FREE!**



AHP KPPFree™ Locations



AHP KPPFREE™ Statistics

Total KPPFREE™ Savings

(3/1/2012-6/30/2018)

7,105 Procedures Performed

Total Number of Procedures

\$14,775,628 Million Saved

Total Savings - 3/1/2012- 6/30/2018

\$2,080 Average Saved

Average amount saved per claim

\$153,987 Highest Saved

Highest amount saved in a single claim

110 Cash Price Agreements

Agreements with local providers who price match the KPPFree price

2018 KPPFREE™ Savings

(1/1/2018-6/30/2018)

1,006 Procedures Performed

Total Number of Procedures in 2018

\$1,769,797 Million Saved

Total Savings - 1/1/2018- 6/30/2018

\$1,759 Average Saved

Average amount saved per claim

\$92,587 Highest Saved

Highest amount saved in a single claim

26 Cash Price Agreements

Agreements with local providers who price match the KPPFree price

KPPFREE™ Details

82 Free Market Facilities

Surgery centers and hospitals in 11 states

156 Facility Locations

Facility locations in 46 states

2,500 Imaging Centers

KPPFree & OneCall locations in 46 states

100+ Prospects

Prospective KPPFree Providers in 20 states

2,000 services

Procedures, imaging, tests, & treatments

600+ Claims Processed

Average number of claims processed monthly

Cash Price Agreements

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

CASH PRICE AGREEMENT

Participant Name:	Participant ID Number:
Today's Date:	Date of Birth:
Date of Service:	

This Agreement is made and entered into as of the date indicated above, by and between **Self-Funded Employer Plan (PLAN)** and **John Smith, M.D. (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, surgeon, facility, anesthesia, and follow up.

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

Competing Offers			
Provider Name	Procedure	Code	Bundled Cash Offers

PROVIDER Name Offer			
Provider Name	Procedure	Code	Your Offer

PROVIDER agrees to accept the bundled cash payment outlined above as total payment for services with **no balance billing to the patient**. The Plan agrees to pay PROVIDER's bundled cash price at 100%. PROVIDER will not require any payment from patient. The invoice for the procedure above should be emailed to Gaylene Hanson at kpp@kemptongroup.com.

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

Provider Name _____ Signature _____ Printed Name _____ Title _____	Plan Administrator Signature _____ Printed Name _____ Title _____
---	--

More 100% Benefits



DIAGNOSTIC IMAGING

- OneCall
- MRI's
- CAT
- PET scans
- Option for when KPPFree™ provider is not available.



LABORATORY

- LabCard
- DLO
- Quest Diagnostics
- CPL
- Any Lab Test Now



OTC MEDICATIONS

- Specific over-the-counter medications
- Heartburn
- Allergy



\$200

Diagnostic Colonoscopy
Upper GI Endoscopy



\$100

Sleep Study
Cataract Surgery
Heart Perfusion Imaging



\$50

Doppler Exam of the Heart
Heart Echo

Download the HCBB app!

**Go Green
to Get
Green
Rewards!**



Medical Services with Reference Based Limits

Out-of-Network

PHYSICIAN

The provider's
Medicare Rate
+ 20%

FACILITY

The provider's
Medicare Rate
+ 50%

EMERGENCY

The provider's
Medicare Rate
+ 100%

Implantable Medical Devices

Invoice cost
+ 100%

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

Intraoperative Nerve Monitoring

Limited to
\$4,000

Air Ambulance

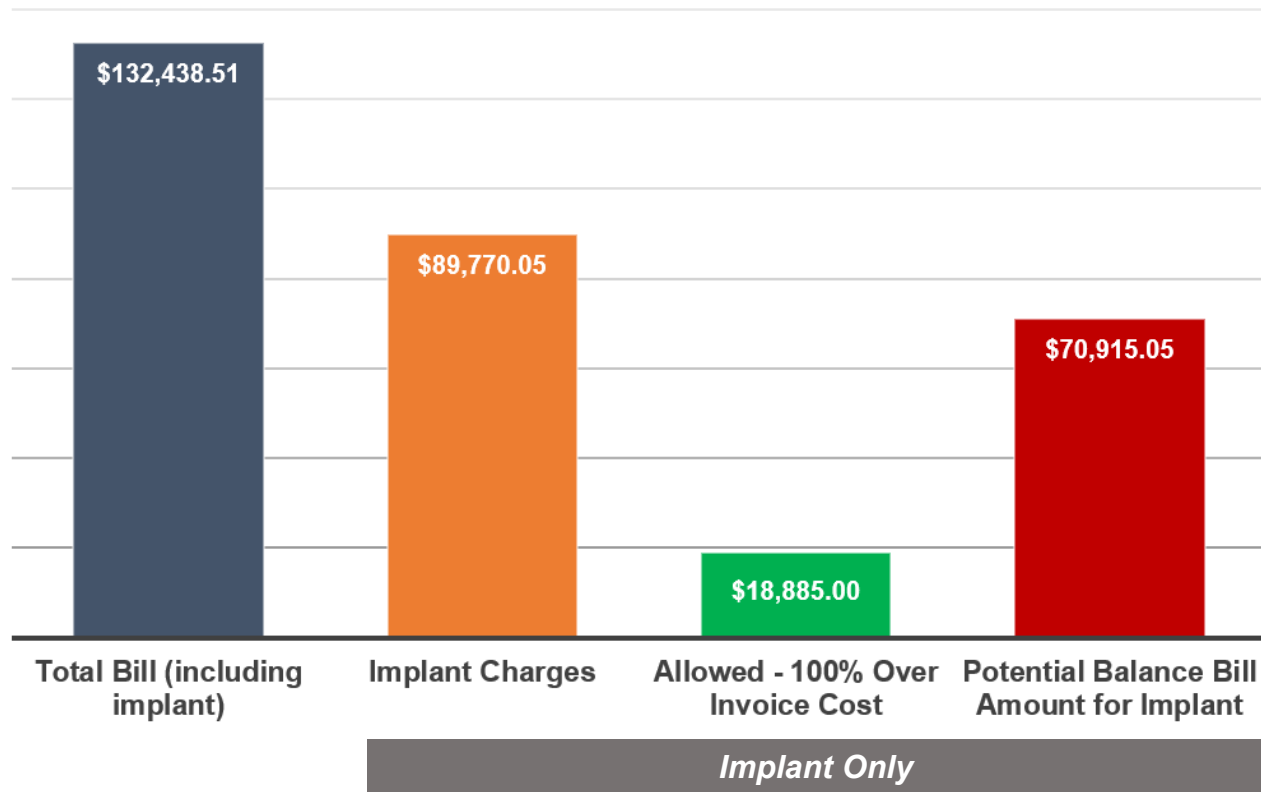
The provider's
Medicare Rate
+ 20%

Dialysis

The provider's
Medicare Rate
+ 140%

AHP Participant

Spine - Artificial Cervical Disc



Talking to Your Physician about Cost



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



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



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



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



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



EASY AS 1-2-FREE!

(800) 324-9396

ADVANTAGE
HEALTH PLANS TRUST → ADVANTAGEHEALTHPLANS.COM

**ID Card
Sleeves**

Secure Web Portal

THE KEMPTON GROUP PROFILE LOGOUT

HOME MY BENEFITS CLAIMS KPPFREE

Welcome back, Member ID Employer

Welcome

Welcome to your personalized online benefits resource!

In this member portal, you are able to view benefit information and coverage details, claims detail, deductible and out-of-pocket balances, order ID cards, print temporary ID cards, and more.

Coverage Summary

Member ID:	Member Name:
Original Effective Date:	
Group Name: THE KEMPTON COMPANY	Group Number: AHP100040
Status: Active	Network: FIRST HEALTH

[View Full Eligibility](#)

Balance Summary

ADVANTAGE HEALTH PLANS TRUST

THE KEMPTON COMPANY

Quick Links

- [KPPFree](#)
- [Find a Provider](#)
- [Claims Review](#)
- [Frequently Asked Questions](#)
- [ID Cards / Certificate of Coverage](#)
- [Grant/Deny Access to My Account](#)

Contact Us

- View detailed claim information and out-of-pocket details
- Download out-of-pocket reports into CSV/Excel
- Find information about your benefits
- View & Print flyers, handouts, and forms
- Download our mobile app for iPhone and Android: KemptonNOW



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