



EMPLOYEE BENEFITS SERVICES

REFERENCE BASED PRICING

DATA-DRIVEN PRICING

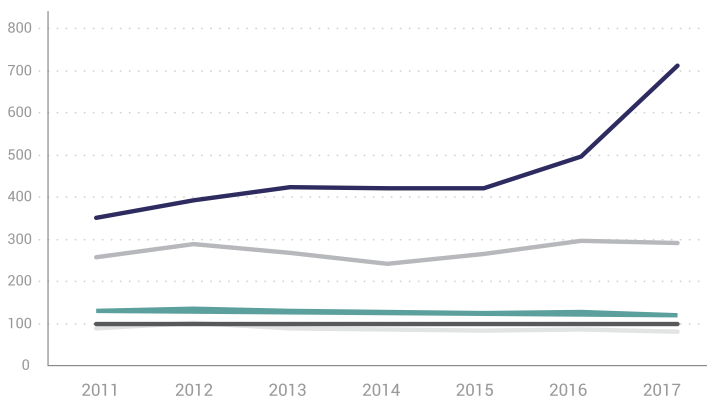
Reference Based Pricing (RBP), also known as Referenced Based Reimbursement (RBR), offers self-insured plans a defined benefit structure based on more economical reimbursement levels. RBP is designed to be fair and reasonable to providers based on various pricing data sets, including Medicare.

Employers are driving a trend toward alternative medical cost management, seeking reprieve from inflated medical pricing and PPO overpayment. RBP is an increasingly popular solution that addresses this problem by providing patients with more choices, saving employers money, ensuring quality care and eliminating the need for a PPO.

THE HEALTH PLAN YOU DESERVE

AMPS' RBP solution provides a Health Plan reimbursement methodology based on the fair market value of services rendered, optimizing every health care dollar spent. The result is a fair, transparent, defensible and sustainable solution. (The chart below shows spread in actual hospital costs as reported to the U.S. Government vs. hospital billed charges vs. what PPOs are paying.)

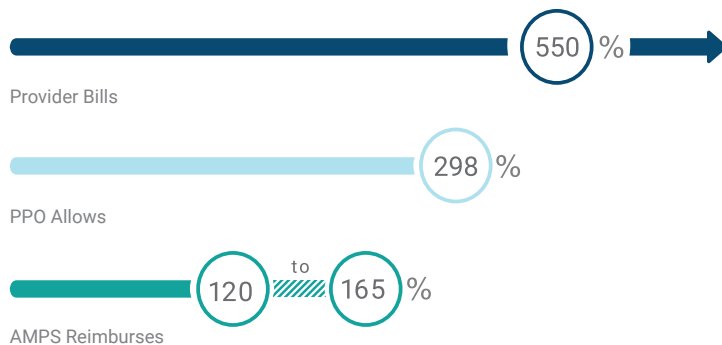
HOSPITAL COSTS FLAT, CHARGES BILLED INCREASE



HOSPITAL INVOICES AS % COST

— Billed — PPO Allowed — 150% Medicare (RBP) — Cost — Medicare

RBP - U.S. AVERAGE



Provider Billed vs. AMPS Reimbursement as % of Medicare

MEMBER ADVOCACY / OUTREACH

AMPS is an extension of the Group's Benefits Team, providing proactive outreach, ongoing advocacy, advocate authorization, and credit protection.



PRESERVES AND/OR IMPROVES BENEFITS FOR MEMBERS



REDUCES COSTS OF BENEFITS & INCLUDES OPERATING MARGINS



INCLUSIVE APPROACH LEADS TO SUSTAINABLE, LONG-TERM SOLUTION

Over the last 3 years, AMPS' reimbursement level on hospital claims has averaged 156% of Medicare - which is

37% LESS THAN BUCA PPO LEVELS

THE RBP PROCESS

01	Plan language adjusted to support RBP services. Client and employee/member are educated on plan changes.
02	Hospital or facility claims reviewed for clinical and compliance mistakes, as well as billing errors.
03	Repricing analysis completed to the client specified benefit levels.
04	Responsibility of claim payment determination is shifted to AMPS.
05	Claims reviewed for clinical mistakes and billing errors.
06	Claim returned to payer for final execution.
07	Proactive consumer advocate outreach program.
08	Final appeal responsibility given to delegate.

IPMG & RBP

IPMG helps clients capitalize on the opportunity for savings an RBP program presents. An experienced TPA, we work closely with clients, their employees, and the RBP partner, to maximize the potential of the program.