



GAP Plan - Employee Portal

The Kemper Benefits Employee Portal helps members understand and manage their benefits. Members can submit claims online, review their claims status and eligibility.

Getting Started

When your employer provides you with Kemper Health GAP insurance, you'll receive a welcome letter with registration instructions to access the Portal.

WELLVIA KEMPER Health

ALLIANCE Health Bridge

HOME ABOUT PROVIDER SERVICES MEMBER SERVICES WellVia CONTACT US

INCREASING TRANSPARENCY
THROUGH TECHNOLOGY

Alliance Health Bridge

Alliance Health Bridge provides an innovative and technologically advanced solution to the perpetual trend of increasing healthcare premiums and out-of-pocket costs. Alliance Health Bridge is offered to employers as an employee benefit, which saves both the employer and employee valuable time and money. Once implemented, employers may often experience a significant reduction to premiums and claims, while the employees may also realize an overall reduction to their out-of-pocket risk.

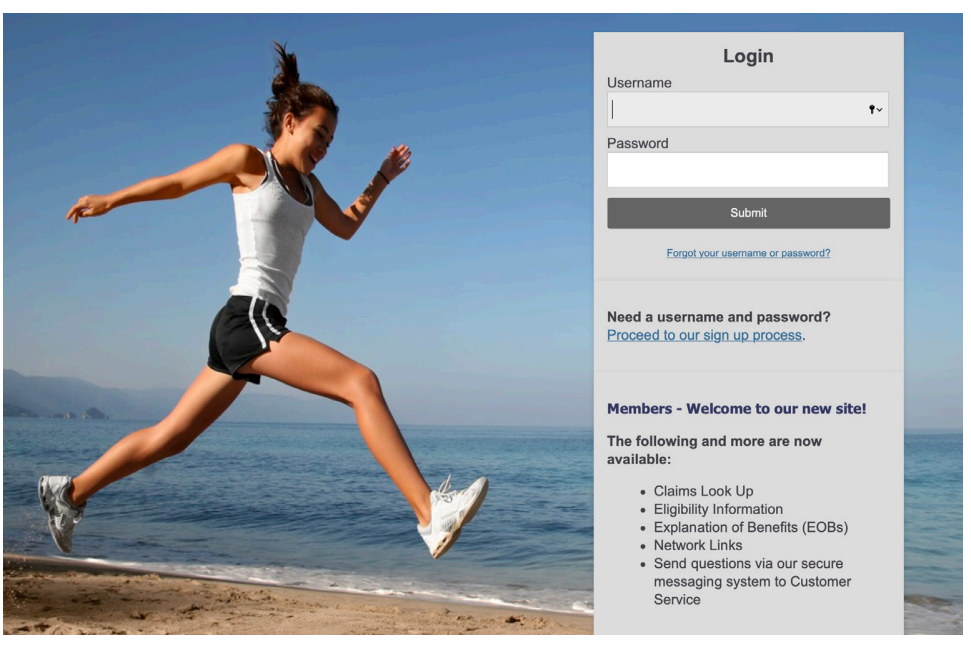
GET STARTED

- ▶ Member Portal
- ▶ Activate WellVia
- ▶ Claims Filing
- ▶ Member Services
- ▶ Request Contact

STEP 1

Visit
alliancehealthbridge.com
and click
MEMBER PORTAL

Registration



STEP 2
Click
**PROCEED TO OUR
SIGN UP PROCESS**

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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Accept

STEP 3
Review the License Agreement. Check the box beside **ACCEPT** and click **AGREE** to proceed or select **Disagree** to end the sign up process.

Are you a dependent?

*Subscriber Date of Birth:

Format mm/dd/yyyy

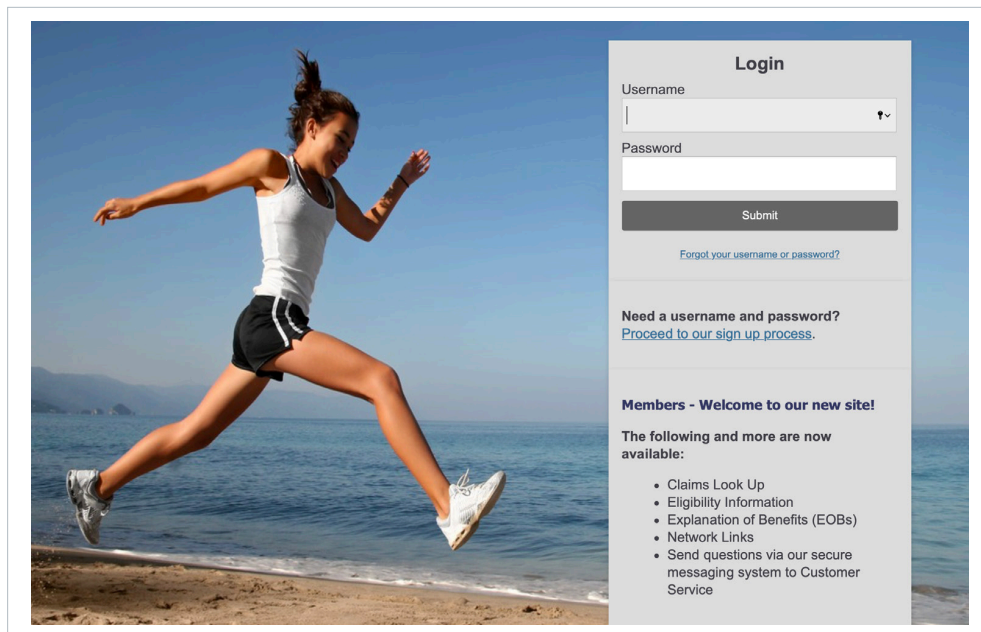
*Zip:

*Subscriber Member ID or SSN (no dashes or spaces):

Group Number:

STEP 4
Complete the form and click **NEXT**.
Tip: Your group number is included on your Welcome Letter.

Login After Registration is Complete



LOGIN

Enter your username and password, then click **SUBMIT**.

CLICK TO LOGIN

TIP Bookmark this link

Consider Paperless EOBs

Why “paperless”?

Explanations of Benefits, or EOBs, outline how a medical, vision or dental claim was processed; it is not a bill or an invoice. By switching from paper EOBs—which are mailed to you—to electronic, or “paperless” EOBs—which you can access online—you can maximize convenience, reduce clutter and help the environment.

How would going paperless change my experience?

If you elect paperless EOBs, you will no longer receive EOB statements by mail. Instead, we will notify you via email when an electronic EOB has been posted on your member portal. From there you can view your EOB online, and if necessary, print it at home. Click [here](#) to opt in for paperless EOBs.

Choose your EOB option

Continue

PAPERLESS OPTION

Members log into the portal and choose a **PAPERLESS** option for EOBs before proceeding to the home page.

Employee Portal Home Page

Employees have quick access to key information from the home page of the employee portal.

The screenshot shows the Employee Portal Home Page for Amber Test. At the top right, it says "You are currently logged in as: Amber Test". Below this is a navigation bar with links: Home, Benefits and Coverages, Claims, My Documents, and Find a Provider. The main content area is divided into several sections:

- Welcome Amber!**
- My Eligibility**: A table showing member information:

Member:	Amber Test		
Group Number:	KB20001	Group Name:	Test
Effective Date:	5/1/2020	Termination Date:	N/A

Below the table is a button: "View all Coverage & Benefits".
- KEMPER Health** logo.
- Switch to Paperless EOBs** link.
- Quick Links**: A blue bar with two buttons: "Print ID Card" and "Contact Us".
- Balance Summary**: A section stating "No balance records have been found for your account."
- Recent Claims**: A section stating "No claims have been found. Please try another search." Below it is a button: "View More Claims".

HOME PAGE SNAPSHOT

- Eligibility summary
- Benefit balances and summary
- Recent Claims

Find More Information

Benefit details, claims, documents and links to network providers can be found by clicking the appropriate link at the top of the Home Page.

BENEFITS AND COVERAGES

The screenshot shows the Employee Portal Benefits and Coverages page for Amber Test. At the top right, it says "You are currently logged in as: Amber Test". Below this is a navigation bar with links: Home, Benefits and Coverages, Claims, My Documents, and Find a Provider. The main content area includes:

- A dropdown menu for "For:" with "Amber Test" selected.
- Buttons: "View or Print ID Card" and "Request Permanent ID Card".
- Eligibility** section with a "Print" button.
- Member information table:

Member:	Amber Test	Group Name:	Test
Member ID:	XXX-XX-2111	Group Number:	KB20001
Status:	Active		
- Benefit Plans** table:

Plan Name	Type	Coverage	Effective Date	Term Date
HOSPITAL INDEMNITY	HOSP	Employee	5/1/2020	
CRITICAL ILLNESS	CI	Employee	5/1/2020	
CANCER PLAN	CA	Employee	5/1/2020	
ACCIDENT INDEMNITY	AI	Employee	5/1/2020	

VIEW COVERAGE AT A GLANCE

- List of plans
- Effective dates of each plan
- ID card

Claims

You are currently logged in as: Amber Test

Home Benefits and Coverages Claims My Documents Find a Provider

For: Amber Test

Claims Search

No claims have been found. Please try another search.

Filter Claims Results

CLAIMS STATUS

- Existing claims and status.
- Processed claims and link to EOBs.

TIP: Claim forms and online submission instructions are found in My Documents.

My Documents & Filing Claims

You are currently logged in as: Amber Test

Home Benefits and Coverages Claims My Documents Find a Provider

Kemper Product Claim Forms

Accident Indemnity

Items to submit with you claim form include: Initial treatment reports, itemized billing is helpful but not required. Any follow-up visit, PT, Chiropractic, OP Report notes. Police report for motor vehicle accident.

[Accident and Health Screening Claim Form](#) Wellness claim form is optional. Submit a minimum of Claimant name, Name of Physician, Date of Service, \$ Amount of Service provided.

[Accident Claim Form](#)

Cancer

Items to include with your claim forms include: Itemized billing-with descriptions of services. Pathology for diagnosis. Op reports for surgeries (not required, but helpful). Specified diseases would need medical records confirming diagnosis.

[Cancer-Specified Disease Claim Form](#)

[Cancer Wellness Claim Form](#) Wellness claim form is optional. Submit a minimum of Claimant name, Name of Physician, Date of Service, \$ Amount of Service provided.

CLAIMS FILING

- Claim forms and additional documents needed

- Instructions and link

TIP: Scroll to bottom of the page for GAP claim forms.

Submitted Claims

The screenshot shows a web interface for managing claims. At the top right, there are links for MESSAGES 0, PROFILE, and LOGOUT. Below that, it says "You are currently logged in as: Amber Test". A navigation bar contains links for Home, Benefits and Coverages, Claims, My Documents, and Find a Provider. Below the navigation bar is a search section with a "Search By" dropdown set to "Tracking #", a search input field, a "Search" button, and "Sort Results" dropdowns set to "Tracking #" and "Descending". On the left side, there is a sidebar with folders: Inbox (0), Sent (5), Drafts (1), and Archived. The main content area displays a table of claim messages.

Subject	Sent	Tracking #	Status
Member Medical Claim Form - Updated072220	7/30/2020	10361184	Approved
Member Medical Claim Form Kemper	7/7/2020	10267358	Approved
Member Medical Claim Form Kemper	5/19/2020	10078279	Approved
Member Medical Claim Form Kemper	5/15/2020	10066806	Approved
Member Medical Claim Form Kemper	5/15/2020	10066082	Approved

CLAIMS MESSAGES

1. Your message display will indicate the new “sent” claims and “drafts” of claims submissions you started but didn’t submit.
2. The most recent claim you submitted will appear at the top.
3. Click the claim to review the status.
4. Claims you’ve submitted will appear in the “Sent” messages.
5. If additional information is needed, you’ll receive an email in your “Inbox.”

TIP: Approved Status means the claim email is ready to submit. It doesn’t mean your claim was “approved” and your payment is on the way.

To Submit a Kemper Health GAP Claim

1. Visit Kemperbenefits.com/forms and select GAP > Kemper Health GAP claim form.
2. Follow the instructions on the form.
3. Be sure to sign and date the form and include a copy of the itemized bill and Explanation of Benefits (EOB) from your Health Benefit plan.
 - Email to: service@kemperbenefits.com
 - FAX to: 844.473.8084
 - Mail to: P.O. Box 9988, Austin, TX 78766-9988

Questions? Call our Kemper Health Service Center: 844-613-6245

Affordable protection in an ever-changing world.

At Kemper Health, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping fill the gaps in major medical insurance plans, preparing for retirement and providing financial protection from the unexpected.

kemperbenefits.com

Kemper Health is the brand name for insurance products issued by subsidiary insurance companies controlled by Kemper Corporation. Each subsidiary of Kemper Corporation is solely responsible for the insurance products it underwrites and issues.

The underwriting company for the Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, GAP, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance Products is **Fidelity Security Life Insurance Company® (FSL)**. FSL is not financially affiliated with Kemper Corporation. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Product availability may vary by state. FSL is located in Kansas City, Missouri, and has been rated "A" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

Neither **Reserve National Insurance Company, FSL**, nor their agents, representatives, associates or employees render legal or tax advice. The employer should seek the expert assistance of its own legal or tax adviser.

Policy Form Number Series KB-MAE and KB-EAE, KB-MAI and KB-EAI, KB-EC-POL-0117 and KB-MC-0117, KB-MCI-1805 and KB-ECI-1805, GDP-12, KB-GAP-CER-1020, MG-158/MG-159/MG-160, M-9134/M-9135, HP-51/HP-52, M-6015, LM-159/LM-160/IP-102, M-6012/M-9114, KB-MSDI and KB -ESDI, ICC13-KB-WL AND KB-WL, KB-MWL-1301, VC-113 and M-9059. Rider Form Series KB-EA-DR and KB-MA-DR and KB-EAE-AR and KB-MAE-AR, KB-MA-DR and KB-EA-DR and KB-A-OAA-1901 and KB-A-ST-1901, KB-EC-HASFDB and KB-MC-HASFDB-0117 and KB-EC-ICU-O117 and KB-MC-ICU-0117 and KB-EC-BER-0117 and KB-MC-BER-0117. Form numbers and benefit availability may vary by state.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations and are subject to the requirements of state insurance laws and regulations, and the benefits/provisions as described may vary due to such requirements. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states. The Kemper Health voluntary insurance plans, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more Kemper Health voluntary insurance plans, and plans and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Health coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 ("ERISA"). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.