

For use for January 1, 2021, and later effective dates.

# Benefits available with Allied, your third-party administrator

## Allied Benefits Systems, Inc. (Allied) provides your group with efficient administrative services and support

Your plan is managed and administered by our trusted third-party administrator, Allied Benefits Systems, Inc. Allied offers extensive online services and monthly reports that make it easy for you and your employees to access information about your plan.

With more than 30 years of experience in benefit management and administration services, you can rest assured knowing Allied is taking care of your group's claims payments, accounting, customer service needs, and more.

### When you select an Allied plan, you get:



#### Plan administration

Allied handles your group's claims, customer service, and claims reporting, leaving you to focus on your business.



#### Broad network access

Your employees gain access to the Aetna® Signature Administrators PPO Network, Cigna PPO Network, Cigna OAP Network, Cigna LocalPlus® Network, and more.



#### Customer service

Allied has dedicated teams ready to help your group members get the most out of their plans.



#### Access to Teladoc® services

An affordable telehealth option that allows your employees to receive treatment anytime, anywhere, for many common, non-emergency conditions.

# Your health plan benefits available with Allied

All employer-established health benefit plans meet the standards set by the Affordable Care Act.

AGGREGATE DEDUCTIBLE	Based on total expected claims, calculated based on the census of your group and other factors such as number of members, age, gender, etc.	
SPECIFIC DEDUCTIBLE <sup>1</sup>	<ul style="list-style-type: none"> <li>\$6,500</li> <li>\$10,000</li> </ul>	<ul style="list-style-type: none"> <li>\$15,000</li> <li>\$20,000</li> <li>\$25,000</li> <li>\$30,000</li> <li>\$40,000</li> <li>\$50,000</li> <li>\$100,000</li> </ul>
DEDUCTIBLE OPTIONS <sup>1</sup> <i>Family deductible is two times the individual. Out-of-network deductible is two times the in-network deductible.</i>	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$2,000<sup>2</sup></li> <li>\$2,500<sup>2</sup></li> <li>\$2,750</li> <li>\$2,800<sup>2</sup></li> <li>\$3,000<sup>2</sup></li> <li>\$3,500<sup>2</sup></li> <li>\$5,000<sup>2</sup></li> <li>\$5,750<sup>3</sup></li> <li>\$6,250<sup>3</sup></li> <li>\$6,600<sup>4</sup></li> <li>\$7,150<sup>4</sup></li> <li>\$7,900<sup>4</sup></li> <li>\$8,550<sup>4</sup></li> </ul>
COINSURANCE OPTIONS	<ul style="list-style-type: none"> <li>100%</li> <li>90% / 10%</li> </ul>	<ul style="list-style-type: none"> <li>80% / 20%</li> <li>70% / 30%</li> <li>50% / 50%<sup>5</sup></li> </ul>
OUT-OF-POCKET MAXIMUMS <sup>1</sup>	\$1,000 to \$8,550 and \$1,000 to \$7,900 in CO (these include deductible, coinsurance, and copay amounts)	
OFFICE VISITS <i>(primary care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"> <li>\$20 / \$35 / \$75</li> <li>\$35 / \$50 / \$75</li> <li>\$40 / \$60 / \$75</li> </ul>	<ul style="list-style-type: none"> <li>\$25 / ded. and coins. / \$75</li> <li>\$35 / ded. and coins. / \$75</li> <li>\$40 / ded. and coins. / \$75</li> <li>\$50 / ded. and coins. / \$75</li> <li>\$50 / \$75 / \$100</li> <li>\$60 / \$100 / \$100</li> <li>Ded. and coins.</li> </ul>
HOSPITAL AND SURGERY CHARGES	Applies to deductible and coinsurance	
DIAGNOSTIC X-RAY AND LAB BENEFIT	<ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> <li>100% first-dollar benefit</li> <li>\$500 first-dollar benefit, followed by deductible and coinsurance</li> </ul>	
OUTPATIENT PHYSICAL MEDICINE / CHIROPRACTIC CARE	Applies to deductible and coinsurance, limited to 30 visits per plan year	
SUBACUTE REHAB & NURSING FACILITY	Applies to deductible and coinsurance, limited to 31 days per plan year	
HOME HEALTH CARE	Applies to deductible and coinsurance, limited to 30 visits per plan year	
EMERGENCY ROOM VISIT <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> <li>\$250, \$350, or \$500 access fee, followed by deductible and coinsurance</li> <li>\$250, \$350, or \$500 copay, no deductible or coinsurance (not allowed on HSA plan types)</li> </ul>	
MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<p><b>Outpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>In-network: Applies to deductible and 50% coinsurance. Limited to 40 visits per plan year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 40 visits per plan year</li> </ul> <p><b>Outpatient, groups over 50:</b></p> <ul style="list-style-type: none"> <li>Follows plan copay, deductible, and coinsurance options chosen.</li> </ul>	<p><b>Inpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per plan year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per plan year</li> </ul> <p><b>Inpatient, groups over 50:</b></p> <ul style="list-style-type: none"> <li>Follows plan deductible and coinsurance options chosen.</li> </ul>
PRESCRIPTION DRUGS <i>(generic / preferred / non-preferred)</i>	<p><b>Copay options: (additional options available)</b></p> <ul style="list-style-type: none"> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$0 / \$35 / \$50</li> <li>\$5 / \$65 / \$100</li> <li>\$20 / \$65 / \$100</li> <li>Ded. then \$20 / \$50 / \$75<sup>3</sup></li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>6</sup></li> <li>50% / 50% coinsurance option</li> </ul>
INFERTILITY TREATMENTS	<p><b>Groups with 50 total employees and under:</b> Not covered</p> <p><b>Groups with more than 50 total employees:</b> Covered up to a maximum of \$10,000 per plan year</p>	
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> </ul>	
TELADOC <i>Optional for all plan designs</i>	Consultations at no additional cost to members.	

1 Availability varies by state.

2 Health Savings Account (HSA)-compatible options.

3 Available with HSA plans only.

4 Not available with \$6,500 specific deductible.

5 Not available with all networks.

6 When you select this option, there is a 20% increase in the insured's coinsurance responsibility when non-preferred prescription drugs are purchased. Applies to the following coinsurance options: 90% / 10%, 80% / 20%, 70% / 30%.

Refer to your Summary Plan Description for full benefit details.

## PRODUCT AVAILABILITY VARIES BY STATE.

The National General Benefits Solutions (NGBS) Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the NGBS Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

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