

For use for January 1, 2020, and later effective dates.

## Maximize your savings with Allied Advantage plans

### Advantage plans lower your health benefit costs by requiring employees to exclusively use network providers

Reduce your health benefit costs further with National General Benefits Solutions Advantage plans — plans that only pay benefits when your employees visit network providers. Make sure your employees find a network doctor to ensure they get the care they need for less.

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

### When you select an Advantage plan with Allied, 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 Cigna PPO and Cigna OAP Networks, Aetna® Signature Administrators network, and more local networks.



#### Customer service

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



See reverse side for benefit plan details.

# Your health plan benefits available with the Advantage plan

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

Stop-loss options

Group-member plan options

|  |   |  |  |
|--|---|--|--|
| <b>AGGREGATE DEDUCTIBLE</b>  | Based on total expected claims, calculated based on the census of your group and other factors such as number of members, age, gender, etc.   |  |  |
| <b>SPECIFIC DEDUCTIBLE</b>   | <ul style="list-style-type: none"> <li>\$6,500</li> <li>\$10,000</li> <li>\$15,000</li> </ul>   | <ul style="list-style-type: none"> <li>\$20,000</li> <li>\$25,000</li> <li>\$30,000</li> </ul>   | <ul style="list-style-type: none"> <li>\$40,000</li> <li>\$50,000</li> <li>\$100,000</li> </ul>  |
| <b>DEDUCTIBLE OPTIONS</b><br><i>Family deductible is two times the individual.</i> | <ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>1</sup></li> <li>\$2,000<sup>1</sup></li> </ul>  | <ul style="list-style-type: none"> <li>\$2,500<sup>1</sup></li> <li>\$2,750</li> <li>\$2,800<sup>1</sup></li> <li>\$3,000<sup>1</sup></li> </ul>   | <ul style="list-style-type: none"> <li>\$3,500<sup>1</sup></li> <li>\$5,000<sup>1</sup></li> <li>\$6,600<sup>2</sup></li> <li>\$7,150<sup>2</sup></li> </ul> |
| <b>COINSURANCE OPTIONS</b>   | <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> </ul>   | <ul style="list-style-type: none"> <li>50% / 50%<sup>3</sup></li> </ul>  |
| <b>OUT-OF-POCKET MAXIMUMS</b>  | \$1,000 to \$7,150 ( <i>this includes deductible, coinsurance, and copay amounts</i> )  |  |  |
| <b>OFFICE VISITS</b><br><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> </ul>  | <ul style="list-style-type: none"> <li>\$50 / ded. and coins. / \$75</li> <li>Ded. and coins.</li> </ul>   |
| <b>HOSPITAL AND SURGERY CHARGES</b>  | Applies to deductible and coinsurance   |  |  |
| <b>DIAGNOSTIC X-RAY AND LAB BENEFIT</b>  | <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>  |  |  |
| <b>OUTPATIENT PHYSICAL MEDICINE / CHIROPRACTIC CARE</b>                            | Applies to deductible and coinsurance, limited to 30 visits per plan year   |  |  |
| <b>SUBACUTE REHAB &amp; NURSING FACILITY</b>                                       | Applies to deductible and coinsurance, limited to 31 days per plan year   |  |  |
| <b>HOME HEALTH CARE</b>  | Applies to deductible and coinsurance, limited to 30 visits per plan year   |  |  |
| <b>EMERGENCY ROOM VISIT</b><br><i>Note: Copay waived if admitted.</i>              | <ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> <li>\$250 access fee, followed by deductible and coinsurance</li> <li>\$250 copay, no deductible or coinsurance (not allowed on HSA plan types)</li> </ul>  |  |  |
| <b>EMERGENCY CARE</b>  | Covered charges will be handled as network services, no matter where the services are performed, subject to any applicable Maximum Allowable Amounts. When the facility is out-of-network, the plan will cover the member's transfer to an in-network facility once the member is stabilized. All follow-up visits after the condition has stabilized will be treated as non-emergency treatment and services under the plan. |  |  |
| <b>MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b>                                | <p><b>Outpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>Applies to deductible and 50% 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>Applies to deductible and 50% 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> |  |
| <b>PRESCRIPTION DRUGS</b><br><i>(generic / preferred / non-preferred)</i>          | <p><b>Copay options:</b></p> <ul style="list-style-type: none"> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$0 / \$35 / \$50</li> </ul>  | <p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance</li> <li>50% / 50% coinsurance option</li> </ul>   |  |
| <b>ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)</b>                                 | <ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> </ul>  |  |  |

<sup>1</sup> Health Savings Account (HSA)-compatible options.

<sup>2</sup> Not available with \$6,500 specific deductible.

<sup>3</sup> Not available with all networks.

Refer to your Summary Plan Description for full benefit details.