

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 Benefit Systems, LLC (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

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	<ul style="list-style-type: none"> \$6,500 \$10,000 \$15,000 	<ul style="list-style-type: none"> \$20,000 \$25,000 \$30,000 	<ul style="list-style-type: none"> \$40,000 \$50,000 \$100,000
DEDUCTIBLE OPTIONS <i>Family deductible is two times the individual.</i>	<ul style="list-style-type: none"> \$500 \$1,000 \$1,500¹ \$2,000¹ 	<ul style="list-style-type: none"> \$2,500¹ \$2,750 \$2,800¹ \$3,000¹ 	<ul style="list-style-type: none"> \$3,500¹ \$5,000¹ \$6,600² \$7,150²
COINSURANCE OPTIONS	<ul style="list-style-type: none"> 100% 90% / 10% 	<ul style="list-style-type: none"> 80% / 20% 70% / 30% 	<ul style="list-style-type: none"> 50% / 50%³
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$7,150 (<i>this includes deductible, coinsurance, and copay amounts</i>)		
OFFICE VISITS <i>(primary care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"> \$20 / \$35 / \$75 \$35 / \$50 / \$75 \$40 / \$60 / \$75 	<ul style="list-style-type: none"> \$25 / ded. and coins. / \$75 \$35 / ded. and coins. / \$75 \$40 / ded. and coins. / \$75 	<ul style="list-style-type: none"> \$50 / ded. and coins. / \$75 Ded. and coins.
HOSPITAL AND SURGERY CHARGES	Applies to deductible and coinsurance		
DIAGNOSTIC X-RAY AND LAB BENEFIT	<ul style="list-style-type: none"> Applies to deductible and coinsurance 100% first-dollar benefit \$500 first-dollar benefit, followed by deductible and coinsurance 		
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"> Applies to deductible and coinsurance \$250 access fee, followed by deductible and coinsurance \$250 copay, no deductible or coinsurance (not allowed on HSA plan types) 		
EMERGENCY CARE	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.		
MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<p>Outpatient, groups 50 and under:</p> <ul style="list-style-type: none"> Applies to deductible and 50% coinsurance. Limited to 40 visits per plan year <p>Outpatient, groups over 50:</p> <ul style="list-style-type: none"> Follows plan copay, deductible and coinsurance options chosen. 	<p>Inpatient, groups 50 and under:</p> <ul style="list-style-type: none"> Applies to deductible and 50% coinsurance. Limited to 30 days per plan year <p>Inpatient, groups over 50:</p> <ul style="list-style-type: none"> Follows plan deductible and coinsurance options chosen. 	
PRESCRIPTION DRUGS <i>(generic / preferred / non-preferred)</i>	<p>Copay options:</p> <ul style="list-style-type: none"> \$15 / \$45 / \$60 \$20 / \$50 / \$75 \$0 / \$35 / \$50 	<p>Non-copay options:</p> <ul style="list-style-type: none"> Apply to deductible and coinsurance 50% / 50% coinsurance option 	
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> \$500 \$1,000 		

¹ Health Savings Account (HSA)-compatible options.

² Not available with \$6,500 specific deductible.

³ Not available with all networks.

Refer to your Summary Plan Description for full benefit details.