

**For use for October 1, 2018 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, First Choice Network, and more



#### 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 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	<ul style="list-style-type: none"> <li>\$10,000</li> <li>\$15,000</li> </ul>	<ul style="list-style-type: none"> <li>\$20,000</li> <li>\$25,000</li> </ul>	
DEDUCTIBLE OPTIONS	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$2,000<sup>1</sup></li> <li>\$2,500<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>\$7,150</li> </ul>
<i>Family deductible is two times the individual. Out-of-network deductible is two times the in-network deductible</i>			
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> </ul>	<ul style="list-style-type: none"> <li>50% / 50%<sup>2</sup></li> </ul>
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$6,500 (this includes deductible, coinsurance and copay amounts)		
OFFICE VISITS	<ul style="list-style-type: none"> <li>\$20 / \$35 / \$50</li> <li>\$35 / \$50 / \$50</li> </ul>	<ul style="list-style-type: none"> <li>\$40 / \$60 / \$50</li> <li>Subject to deductible and coinsurance</li> </ul>	
<i>(Primary-care physician / specialist / urgent care)</i>			
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> </ul>		
OUTPATIENT PHYSICAL MEDICINE / CHIROPRACTIC CARE	Applies to deductible and coinsurance, limited to 30 visits per calendar year		
SUBACUTE REHAB & NURSING FACILITY	Applies to deductible and coinsurance, limited to 31 days per calendar year		
HOME HEALTH CARE	Applies to deductible and coinsurance, limited to 30 visits per calendar year		
EMERGENCY ROOM VISIT	<ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> </ul>		
<i>Note: Copay waived if admitted</i>			
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 year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 40 visits per 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 year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per year</li> </ul> <p><b>Inpatient, groups over 50:</b></p> <ul style="list-style-type: none"> <li>Follows plan copay, deductible and coinsurance options chosen. Limited to 30 days per year</li> </ul>	
PRESCRIPTION DRUGS	<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> </ul>	
<i>Generic / Preferred / Non-Preferred</i>			
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<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 Aetna® Signature Administrators PPO Network or Cigna OAP Network

Refer to your Summary Plan Description for full benefit details. Out-of-network provisions apply.

The National General Benefits Solutions 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. Stop-loss insurance for the National General Benefits Solutions Self-Funded Program is underwritten and issued by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

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