National General Benefits Solutions

For use for January 1, 2019, and later effective dates.

Benefits available with Meritain Health, your third-party administrator

Meritain Health provides your group with efficient administrative services and support

Meritain Health, an independent subsidiary of Aetna, is one of the nation's largest administrators of health benefits. Meritain Health offers the resources of a national carrier combined with unmatched flexibility and plan options.

With Aetna's financial backing and 30-plus years of operational excellence, you can rest assured knowing Meritain Health has the experience and resources to keep your plan running smoothly.

When you select a Meritain Health plan, you get:

Broad network access

Your employees gain access to the Aetna Choice® POS II network

Plan administration

Meritain Health handles your group's claims for you

Customer service

Meritain Health handles your group members' customer service needs, helping them find plan information, check on the status of their claims, find in-network doctors, and more

Access to Teladoc® services

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

See reverse side for benefit plan details

Your health plan benefits available with Meritain Health

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

Stop-loss 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[1]

- $6,500
- $10,000
- $15,000
- $20,000
- $25,000
- $30,000
- $40,000
- $50,000
- $100,000

Group-member plan options

DEDUCTIBLE OPTIONS

Family deductible is two times the individual. Out-of-network deductible is two times the in-network deductible

- $500
- $1,000
- $1,500[2]
- $2,000[2]
- $2,500[2]
- $2,750[2]
- $3,000[2]
- $3,500[2]
- $5,000[2]
- $6,600[3]
- $7,150[3]
- $7,900[3]

COINSURANCE OPTIONS

- 100%
- 90% / 10%
- 80% / 20%
- 70% / 30%

OUT-OF-POCKET MAXIMUMS

$1,000 to $7,900 *(this includes deductible, coinsurance and copay amounts)*

OFFICE VISITS

(Primary-care physician / specialist / urgent care)

- $20 / $35 / $75
- $35 / $50 /$75
- $40 / $60 / $75
- $25 / Ded. and co-ins. / $75
- $35 / Ded. and co-ins. / $75
- $40 / Ded. and co-ins. / $75
- $50 / Ded. and co-ins. / $75
- Ded. then $35 / $50 / $75*
- Ded. then $50 / $75 / $100*
- Ded. then $60 / $100 / $100*
- Ded. and coinsurance

HOSPITAL AND SURGERY CHARGES

Applies to deductible and coinsurance

DIAGNOSTIC X-RAY AND LAB BENEFIT

- 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 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

Note: Copay waived if admitted

- $250, $350 or $500 access fee, followed by deductible and coinsurance
- $250, $350 or $500 co-pay, no deductible or coinsurance (not allowed on HSA plan types)
- Applies to deductible and coinsurance

MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

Outpatient, groups 50 and under:

- In-network: Applies to deductible and 50% coinsurance. Limited to 40 visits per year
- Out-of-network: Applies to deductible and 30% coinsurance. Limited to 40 visits per year

Outpatient, groups over 50:

- Follows plan copay, deductible and coinsurance options chosen

Inpatient, groups 50 and under:

- In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per year
- Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per year

Inpatient, groups over 50:

- Follows plan copay, deductible and coinsurance options chosen. Limited to 30 days per year

PRESCRIPTION DRUGS

Generic / Preferred / Non-Preferred

Copay options:

- $0 / $35 / $50
- $15 / $45 / $60
- $20 / $50 / $75
- $5 / $65 / $100
- $20 / $65 / $100
- Ded. then $20 / $50 / $75[4]

Non-copay options:

- Apply to deductible and coinsurance[5]
- 50% / 50% coinsurance option (not available in Washington)

INFERTILITY TREATMENTS

Groups with 50 total employees and under: Not covered

Groups with more than 50 total employees: Covered up to a maximum of $10,000 per plan year

TELADOC

Optional for all plan designs

All plans have a $40 consultation fee. Fee applies to deductible and coinsurance.

ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)

- $500
- $1,000

* HSA plans only, One Ded & Ind/Fam Ded Accum Method, and all coinsurance options except 100%
1 Availability varies by state
2 Health Savings Account (HSA)-compatible options
3 Not available with $6,500 specific deductible

4 Available with HSA plans, only
5 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. Out-of-network provisions apply.

PRODUCT AVAILABILITY VARIES BY STATE.

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.