

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

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 DEDUCTIBLE¹	<ul style="list-style-type: none"> \$6,500 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$40,000 \$50,000 \$100,000
DEDUCTIBLE OPTIONS <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"> \$500 \$1,000 \$1,500² \$2,000² \$2,500² \$2,750² \$3,000² \$3,500² \$5,000² \$6,600³ \$7,150³ \$7,900³
COINSURANCE OPTIONS	<ul style="list-style-type: none"> 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 <i>(Primary-care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"> \$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	<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 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 <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> \$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	<p>Outpatient, groups 50 and under:</p> <ul style="list-style-type: none"> 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 <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"> 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 <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"> \$0 / \$35 / \$50 \$15 / \$45 / \$60 \$20 / \$50 / \$75 \$5 / \$65 / \$100 \$20 / \$65 / \$100 Ded. then \$20 / \$50 / \$75⁴ <p>Non-copay options:</p> <ul style="list-style-type: none"> Apply to deductible and coinsurance⁵ 50% / 50% coinsurance option (not available in Washington)
INFERTILITY TREATMENTS	<p>Groups with 50 total employees and under: Not covered</p> <p>Groups with more than 50 total employees: Covered up to a maximum of \$10,000 per plan year</p>
TELADOC <i>Optional for all plan designs</i>	All plans have a \$40 consultation fee. Fee applies to deductible and coinsurance.
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> \$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.

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