

For use for January 1, 2021, 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.

# 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

<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<sup>1</sup></b>	<ul style="list-style-type: none"> <li>\$6,500</li> <li>\$10,000</li> <li>\$15,000</li> <li>\$20,000</li> <li>\$25,000</li> <li>\$30,000</li> <li>\$40,000</li> <li>\$50,000</li> <li>\$100,000</li> </ul>		
<b>DEDUCTIBLE OPTIONS<sup>1</sup></b> <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"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>2</sup></li> <li>\$2,000<sup>2</sup></li> <li>\$2,500<sup>2</sup></li> <li>\$2,750</li> <li>\$2,800<sup>2</sup></li> <li>\$3,000<sup>2</sup></li> <li>\$3,500<sup>2</sup></li> <li>\$5,000<sup>2</sup></li> <li>\$5,750<sup>3</sup></li> <li>\$6,250<sup>3</sup></li> <li>\$6,600<sup>4</sup></li> <li>\$7,150<sup>4</sup></li> <li>\$7,900<sup>4</sup></li> <li>\$8,550<sup>4</sup></li> </ul>		
<b>COINSURANCE OPTIONS</b>	<ul style="list-style-type: none"> <li>100%</li> <li>90% / 10%</li> <li>80% / 20%</li> <li>70% / 30%</li> </ul>		
<b>OUT-OF-POCKET MAXIMUMS<sup>1</sup></b>	\$1,000 to \$8,550 and \$1,000 to \$7,900 in CO (these include deductible, coinsurance, and copay amounts)		
<b>OFFICE VISITS</b> <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> <li>\$25 / Ded. and coins. / \$75</li> <li>\$35 / Ded. and coins. / \$75</li> <li>\$40 / Ded. and coins. / \$75</li> <li>\$50 / Ded. and coins. / \$75</li> <li>Ded. then \$35 / \$50 / \$75<sup>5</sup></li> <li>Ded. then \$50 / \$75 / \$100<sup>5</sup></li> <li>Ded. then \$60 / \$100 / \$100<sup>5</sup></li> <li>Ded. and coinsurance</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>	<ul style="list-style-type: none"> <li>20 visits per plan year for chiropractic care</li> <li>Applies to deductible and coinsurance, limited to 30 visits per plan year</li> </ul>		
<b>ACUPUNCTURE AND NATUROPATHY (OPTIONAL BENEFIT)</b>	<ul style="list-style-type: none"> <li>12 visits per plan year for acupuncture</li> <li>12 visits per plan year for naturopathy</li> <li>Applies to deductible and coinsurance</li> <li>All visits apply towards the 30 visits per plan year for Outpatient Physical Medicine / Chiropractic Care</li> </ul>		
<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> <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> <li>\$250, \$350, or \$500 access fee, followed by deductible and coinsurance</li> <li>\$250, \$350, or \$500 copay, no deductible or coinsurance (not allowed on HSA plan types)</li> <li>Applies to deductible and coinsurance</li> </ul>		
<b>MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b>	<table border="0"> <tr> <td> <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 plan year</li> <li>Out-of-network: Applies to deductible and 30% 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> </td> <td> <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 plan year</li> <li>Out-of-network: Applies to deductible and 30% 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> </td> </tr> </table>	<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 plan year</li> <li>Out-of-network: Applies to deductible and 30% 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>In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per plan year</li> <li>Out-of-network: Applies to deductible and 30% 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>
<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 plan year</li> <li>Out-of-network: Applies to deductible and 30% 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>In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per plan year</li> <li>Out-of-network: Applies to deductible and 30% 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> <i>(generic / preferred / non-preferred)</i>	<table border="0"> <tr> <td> <p><b>Copay options:</b></p> <ul style="list-style-type: none"> <li>\$0 / \$35 / \$50</li> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$5 / \$65 / \$100</li> <li>\$20 / \$65 / \$100</li> <li>Ded. then \$20 / \$50 / \$75<sup>3</sup></li> </ul> </td> <td> <p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>6</sup></li> <li>50% / 50% coinsurance option</li> </ul> </td> </tr> </table>	<p><b>Copay options:</b></p> <ul style="list-style-type: none"> <li>\$0 / \$35 / \$50</li> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$5 / \$65 / \$100</li> <li>\$20 / \$65 / \$100</li> <li>Ded. then \$20 / \$50 / \$75<sup>3</sup></li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>6</sup></li> <li>50% / 50% coinsurance option</li> </ul>
<p><b>Copay options:</b></p> <ul style="list-style-type: none"> <li>\$0 / \$35 / \$50</li> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$5 / \$65 / \$100</li> <li>\$20 / \$65 / \$100</li> <li>Ded. then \$20 / \$50 / \$75<sup>3</sup></li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>6</sup></li> <li>50% / 50% coinsurance option</li> </ul>		
<b>INFERTILITY TREATMENTS</b>	<p><b>Groups with 50 total employees and under:</b> Not covered</p> <p><b>Groups with more than 50 total employees:</b> Covered up to a maximum of \$10,000 per plan year</p>		
<b>TELADOC</b> <i>Optional for all plan designs</i>	Consultations at no additional cost to members.		
<b>ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)</b>	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> </ul>		

1 Availability varies by state.  
 2 Health Savings Account (HSA)-compatible options.  
 3 Available with HSA plans only.  
 4 Not available with \$6,500 specific deductible.

5 HSA plans only, One Ded & Ind/Fam Ded Accum Method, and all coinsurance options except 100%.  
 6 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 (NGBS) 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. For employers in the NGBS Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CO, CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered. National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation are rated "A-" (Excellent) by A.M. Best. NGBS-TPAFLYER-MERITAIN (Rev. 08/2020) © 2020 National Health Insurance Company. All rights reserved.