

Benefits available with the Zero Deductible copay plan.

With our zero-deductible copay option, your members get more affordable access to health care.

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, access to the Aetna Choice® POS II network 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.

The National General Benefits Solutions Self-Funded program offers you access to:



The wellness program by Vitality®

With this unique program, you can keep your employees healthier, while enhancing and protecting their lives. When you do healthy right, you save big on your business's health care costs.



Teladoc®

Teladoc is a less costly option for your employees to receive quality health care. This may help you lower your overall claims costs and save money for your members and your business.

Copay options available with both our PPO and Advantage programs!*

See reverse side for benefit plan details

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

* Advantage plans pay benefits for network services only. PPO plans pay benefits for both in- and out-of-network services.

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 DEDUCTIBLE	<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	<ul style="list-style-type: none"> \$0 deductible \$4,000 / \$8,000 out-of-network deductible^{1,2}
COINSURANCE	<ul style="list-style-type: none"> In-network 50%, out-of-network 70%²
OUT-OF-POCKET MAXIMUMS	<ul style="list-style-type: none"> In-network \$7,900 / \$15,800 Out-of-network \$23,700 / \$47,400²
OFFICE VISITS <i>in-network copay</i>	<ul style="list-style-type: none"> \$40 primary-care physician \$60 specialist \$75 urgent care
HOSPITAL AND SURGERY CHARGES	<ul style="list-style-type: none"> Inpatient Admission: \$1,500 access fee Inpatient Physician / Surgeon fee: \$250 copay Outpatient Surgery: \$1,500 access fee
AMBULANCE	<ul style="list-style-type: none"> 50% copay
OUTPATIENT ADVANCE IMAGING	<ul style="list-style-type: none"> 50% copay
PRESCRIPTION DRUGS	<ul style="list-style-type: none"> Rx Copay: \$20 / \$50 / \$75 copay
EMERGENCY ROOM VISIT	<ul style="list-style-type: none"> \$350 copay
<i>Note: Copay waived if admitted</i>	
INPATIENT REHAB	<ul style="list-style-type: none"> 50% coinsurance
DME	<ul style="list-style-type: none"> \$100 copay
RETAIL HEALTH CLINIC	<ul style="list-style-type: none"> \$40 copay
DIAGNOSTIC X-RAY	<ul style="list-style-type: none"> \$50 copay
DIAGNOSTIC LAB	<ul style="list-style-type: none"> \$25 copay
OUTPATIENT PHYSICAL MEDICINE/ CHIROPRACTIC CARE	<ul style="list-style-type: none"> \$100 copay <i>Limited to 30 visits per calendar year</i>
SUBACUTE REHAB & NURSING FACILITY	<ul style="list-style-type: none"> \$100 per day <i>Limited to 31 visits per calendar year</i>
HOME HEALTH CARE	<ul style="list-style-type: none"> 50% coinsurance <i>Limited to 30 visits per calendar year</i>
OUTPATIENT MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<p>Groups 50 and under:</p> <ul style="list-style-type: none"> \$40 copay after deductible limited to 40 visits per year <p>Groups over 50:</p> <ul style="list-style-type: none"> \$40 copay after deductible
INPATIENT MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<p>Groups 50 and under:</p> <ul style="list-style-type: none"> \$1,500 access fee. Then subject to 50% coinsurance. Limited to 30 days per year. <p>Groups over 50:</p> <ul style="list-style-type: none"> \$1,500 access fee. Then subject to 50% coinsurance.
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>	<p>If you select to add Teladoc to your plan, members pay a \$40 consultation fee.</p>

1 Family deductible is two times the individual 2 Not available for Advantage plans, no out-of-network benefits

Not available WA or AK. 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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