

## Quality benefits with an HSA-compatible copay plan.



Give your employees the benefits of a copay plan with the added bonus of HSA compatibility.

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!\***

Copays apply after deductible.

*See reverse side for benefit plan details.*

**For use for September 1, 2020, 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"> <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</b>	<ul style="list-style-type: none"> <li>\$2,750 / \$5,500 in-network deductible<sup>1</sup></li> <li>\$5,500 / 11,000 out-of-network deductible<sup>1,2</sup></li> </ul>
<b>COINSURANCE</b>	<ul style="list-style-type: none"> <li>In-network 0%, out-of-network 30%<sup>2</sup></li> </ul>
<b>OUT-OF-POCKET MAXIMUMS</b> <i>Includes deductible, coinsurance, and copay amounts</i>	<ul style="list-style-type: none"> <li>In-network \$6,450 / \$12,900</li> <li>Out-of-network \$19,350 / \$38,700<sup>2</sup></li> </ul>
<b>OFFICE VISITS</b> <i>in-network copay</i>	<ul style="list-style-type: none"> <li>\$40 primary care physician after deductible</li> <li>\$60 specialist after deductible</li> <li>\$75 urgent care after deductible</li> </ul>
<b>HOSPITAL AND SURGERY CHARGES</b>	<ul style="list-style-type: none"> <li><b>Inpatient Admission:</b> \$500 per day after deductible</li> <li><b>Inpatient Physician / Surgeon fee:</b> \$250 copay after deductible</li> <li><b>Outpatient Surgery:</b> \$250 copay after deductible</li> </ul>
<b>AMBULANCE</b>	<ul style="list-style-type: none"> <li>\$75 copay after deductible</li> </ul>
<b>OUTPATIENT ADVANCE IMAGING</b>	<ul style="list-style-type: none"> <li>\$125 copay after deductible</li> </ul>
<b>PRESCRIPTION DRUGS</b> <i>(generic / preferred / non-preferred)</i>	<ul style="list-style-type: none"> <li><b>Rx Copay:</b> \$20 / \$50 / \$75 copay after deductible</li> </ul>
<b>EMERGENCY ROOM VISIT</b> <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> <li>\$250 copay after deductible</li> </ul>
<b>INPATIENT REHAB</b>	<ul style="list-style-type: none"> <li>Applies to deductible</li> </ul>
<b>DME</b>	<ul style="list-style-type: none"> <li>\$100 copay after deductible</li> </ul>
<b>RETAIL HEALTH CLINIC</b>	<ul style="list-style-type: none"> <li>\$40 copay after deductible</li> </ul>
<b>DIAGNOSTIC X-RAY</b>	<ul style="list-style-type: none"> <li>\$50 copay after deductible</li> </ul>
<b>DIAGNOSTIC LAB</b>	<ul style="list-style-type: none"> <li>\$25 copay after deductible</li> </ul>
<b>OUTPATIENT PHYSICAL MEDICINE/ CHIROPRACTIC CARE</b>	<ul style="list-style-type: none"> <li>\$60 copay after deductible</li> <li>20 visits per plan year for chiropractic care</li> <li>Limited to 30 visits per plan year</li> </ul>
<b>ACUPUNCTURE AND NATUROPATHY (OPTIONAL BENEFIT) *NEW*</b>	<ul style="list-style-type: none"> <li>\$60 copay after deductible</li> <li>12 visits per plan year for acupuncture</li> <li>12 visits per plan year for naturopathy</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>	<ul style="list-style-type: none"> <li>\$100 per day</li> <li>Limited to 31 visits per plan year</li> </ul>
<b>HOME HEALTH CARE</b>	<ul style="list-style-type: none"> <li>Applies to deductible</li> <li>Limited to 30 visits per plan year</li> </ul>
<b>OUTPATIENT MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b>	<p><b>Groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>\$40 copay after deductible, limited to 40 visits per plan year</li> </ul> <p><b>Groups over 50:</b></p> <ul style="list-style-type: none"> <li>\$40 copay after deductible</li> </ul>
<b>INPATIENT MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b>	<p><b>Groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>\$500 copay per day after deductible</li> <li>Limited to 30 visits per plan year</li> </ul> <p><b>Groups over 50:</b></p> <ul style="list-style-type: none"> <li>\$500 copay per day after deductible</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>	<p>Consultations at no additional cost to members.</p>

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

**NOT AVAILABLE IN WA. 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-COPAY-HSACOMP (Rev. 06/2020) © 2020 National Health Insurance Company. All rights reserved.