

**For use for January 1, 2020, 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:



#### 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.



#### Excellent network access

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

*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 DEDUCTIBLE	<ul style="list-style-type: none"> <li>\$6,500</li> <li>\$10,000</li> <li>\$15,000</li> </ul>	<ul style="list-style-type: none"> <li>\$20,000</li> <li>\$25,000</li> <li>\$30,000</li> </ul>	<ul style="list-style-type: none"> <li>\$40,000</li> <li>\$50,000</li> <li>\$100,000</li> </ul>	
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"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$2,000<sup>1</sup></li> <li>\$2,500<sup>1</sup></li> <li>\$2,750</li> </ul>	<ul style="list-style-type: none"> <li>\$2,800<sup>1</sup></li> <li>\$3,000<sup>1</sup></li> <li>\$3,500<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$5,000<sup>1</sup></li> <li>\$6,600<sup>2</sup></li> <li>\$7,150<sup>2</sup></li> </ul>
COINSURANCE OPTIONS	<ul style="list-style-type: none"> <li>100%</li> <li>90% / 10%</li> </ul>	<ul style="list-style-type: none"> <li>80% / 20%</li> <li>70% / 30%</li> </ul>		
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$7,150 (this includes deductible, coinsurance, and copay amounts)			
OFFICE VISITS <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 co-ins. / \$75</li> </ul>	<ul style="list-style-type: none"> <li>\$35 / Ded. and coins. / \$75</li> <li>\$40 / Ded. and coins. / \$75</li> <li>\$50 / Ded. and coins. / \$75</li> <li>Ded. and coinsurance</li> </ul>		
HOSPITAL AND SURGERY CHARGES	Applies to deductible and coinsurance			
DIAGNOSTIC X-RAY AND LAB BENEFIT	<ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> <li>100% first-dollar benefit</li> </ul>	<ul style="list-style-type: none"> <li>\$500 first-dollar benefit, followed by deductible and coinsurance</li> </ul>		
OUTPATIENT PHYSICAL MEDICINE / CHIROPRACTIC CARE	<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>			
ACUPUNCTURE AND NATUROPATHY (OPTIONAL BENEFIT) <b>*NEW*</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> </ul>	<ul style="list-style-type: none"> <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>		
SUBACUTE REHAB & NURSING FACILITY	Applies to deductible and coinsurance, limited to 31 days per plan year			
HOME HEALTH CARE	Applies to deductible and coinsurance, limited to 30 visits per plan year			
EMERGENCY ROOM VISIT <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> <li>\$250 access fee, followed by deductible and coinsurance</li> <li>\$250 no deductible or coinsurance (not allowed on HSA plan types)</li> <li>Applies to deductible and coinsurance</li> </ul>			
MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<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 year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 40 visits per 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 year</li> <li>Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per 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>		
PRESCRIPTION DRUGS <i>(generic / preferred / non-preferred)</i>	<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> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance</li> <li>50% / 50% coinsurance option</li> </ul>		
INFERTILITY TREATMENTS	<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>			
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> </ul>			

<sup>1</sup> Health Savings Account (HSA)-compatible options. <sup>2</sup> Not available with \$6,500 specific deductible. Refer to your Summary Plan Description for full benefit details. Out-of-network provisions apply.

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.

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