

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.

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 	<ul style="list-style-type: none"> \$20,000 \$25,000 \$30,000 	<ul style="list-style-type: none"> \$40,000 \$50,000 \$100,000 	
DEDUCTIBLE OPTIONS	<p><i>Family deductible is two times the individual. Out-of-network deductible is two times the in-network deductible</i></p> <ul style="list-style-type: none"> \$500 \$1,000 \$1,500¹ \$2,000¹ \$2,500¹ \$2,750 \$2,800¹ \$3,000¹ \$3,500¹ \$5,000¹ \$6,600² \$7,150² 			
COINSURANCE OPTIONS	<ul style="list-style-type: none"> 100% 90% / 10% 80% / 20% 70% / 30% 			
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$7,150 (this includes deductible, coinsurance, and copay amounts)			
OFFICE VISITS	<p><i>(primary care physician / specialist / urgent care)</i></p> <ul style="list-style-type: none"> \$20 / \$35 / \$75 \$35 / \$50 / \$75 \$40 / \$60 / \$75 \$25 / Ded. and co-ins. / \$75 \$35 / Ded. and coins. / \$75 \$40 / Ded. and coins. / \$75 \$50 / Ded. and coins. / \$75 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	<ul style="list-style-type: none"> 20 visits per plan year for chiropractic care Applies to deductible and coinsurance, limited to 30 visits per plan year 			
ACUPUNCTURE AND NATUROPATHY (OPTIONAL BENEFIT) *NEW*	<ul style="list-style-type: none"> 12 visits per plan year for acupuncture 12 visits per plan year for naturopathy Applies to deductible and coinsurance All visits apply towards the 30 visits per plan year for Outpatient Physical Medicine / Chiropractic Care 			
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	<p><i>Note: Copay waived if admitted</i></p> <ul style="list-style-type: none"> \$250 access fee, followed by deductible and coinsurance \$250 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	<p><i>(generic / preferred / non-preferred)</i></p> <p>Copay options:</p> <ul style="list-style-type: none"> \$0 / \$35 / \$50 \$15 / \$45 / \$60 \$20 / \$50 / \$75 <p>Non-copay options:</p> <ul style="list-style-type: none"> Apply to deductible and coinsurance 50% / 50% coinsurance option 			
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>			
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> \$500 \$1,000 			

¹ Health Savings Account (HSA)-compatible options. ² 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 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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