

# Benefits available with Meritain, your third-party administrator

## Meritain 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 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 has the experience and resources to keep your plan running smoothly.

### When you select a Meritain plan, you get:



#### **Broad network access**

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



#### **Plan administration**

Meritain handles your group's claims for you



#### **Customer service**

Meritain 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

*See reverse side for benefit plan details*

# Your health plan benefits available with Meritain

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 <sup>1</sup>	<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>2</sup></li> <li>\$2,000<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$2,500<sup>2</sup></li> <li>\$2,750<sup>2</sup></li> <li>\$3,000<sup>2</sup></li> <li>\$3,500<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$5,000<sup>2</sup></li> <li>\$6,600<sup>3</sup></li> <li>\$7,150</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)</i>	<ul style="list-style-type: none"> <li>\$20 / \$35</li> <li>\$35 / \$50</li> <li>\$40 / \$60</li> </ul>	<ul style="list-style-type: none"> <li>\$25 / Ded. and coinsurance</li> <li>\$35 / Ded. and coinsurance</li> <li>\$40 / Ded. and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>\$50 / Ded. and coinsurance</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> <li>\$500 first-dollar benefit, followed by deductible and coinsurance</li> </ul>		
OUTPATIENT PHYSICAL MEDICINE	Applies to deductible and coinsurance, limited to 30 visits per calendar year		
SUBACUTE REHAB & NURSING FACILITY	Applies to deductible and coinsurance, limited to 31 days per calendar year		
HOME HEALTH CARE	Applies to deductible and coinsurance, limited to 30 visits per calendar 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 co-pay, no deductible or coinsurance (not allowed on HSA plan types)</li> <li>Applies to deductible and coinsurance</li> </ul>		
URGENT CARE	<ul style="list-style-type: none"> <li>\$75 copay, then 100%</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 copay, deductible and coinsurance options chosen. Limited to 30 days per year</li> </ul>	
PRESCRIPTION DRUGS <i>(Generic/Preferred/Non-Preferred)</i>	<p><b>Copay options:</b></p> <ul style="list-style-type: none"> <li>\$15/\$45/\$60</li> <li>\$20/\$50/\$75</li> <li>\$0/\$35/\$50</li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>4</sup></li> <li>50% / 50% coinsurance option (not available in Washington)</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>		

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

4 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.