

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

Benefits available with **Allied**, your third-party administrator

Allied Benefits Systems, Inc. (Allied) provides your group with efficient administrative services and support

Your plan is managed and administered by our trusted third-party administrator, Allied Benefits Systems, Inc. Allied offers extensive online services and monthly reports that make it easy for you and your employees to access information about your plan.

With more than 30 years of experience in benefit management and administration services, you can rest assured knowing Allied is taking care of your group's claims payments, accounting, customer service needs, and more.

When you select an Allied plan, you get:



Plan administration

Allied handles your group's claims, customer service and claims reporting, leaving you to focus on your business



Broad network access

Your employees gain access to the Aetna® Signature Administrators PPO Network, Cigna PPO Network, Cigna OAP Network, Cigna LocalPlus® Network, and more



Customer service

Allied has dedicated teams ready to help your group members get the most out of their plans



Access to Teladoc® services

An affordable telehealth option that allows your employees to receive treatment anytime, anywhere, for many common, non-emergency conditions

See reverse side for benefit plan details

Your health plan benefits available with Allied

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 DEDUCTIBLE¹	<ul style="list-style-type: none"> • \$6,500 ⋮ • \$15,000 ⋮ • \$25,000 ⋮ • \$40,000 ⋮ • \$100,000 • \$10,000 ⋮ • \$20,000 ⋮ • \$30,000 ⋮ • \$50,000 		
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"> • \$500 ⋮ • \$2,000² ⋮ • \$3,000² ⋮ • \$6,600³ • \$1,000 ⋮ • \$2,500² ⋮ • \$3,500² ⋮ • \$7,150³ • \$1,500² ⋮ • \$2,750² ⋮ • \$5,000² ⋮ • \$7,900³ 		
COINSURANCE OPTIONS	<ul style="list-style-type: none"> • 100% ⋮ • 80% / 20% ⋮ • 50% / 50%⁴ • 90% / 10% • 70% / 30% 		
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$7,900 (this includes deductible, coinsurance and copay amounts)		
OFFICE VISITS <i>(Primary-care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"> • \$20 / \$35 / \$75 ⋮ • \$25 / Ded. and co-ins. / \$75 ⋮ • \$50 / Ded. and co-ins. / \$75 ⋮ • Ded. and co-ins. • \$35 / \$50 / \$75 ⋮ • \$35 / Ded. and co-ins. / \$75 ⋮ • \$50 / \$75 / \$100 • \$40 / \$60 / \$75 ⋮ • \$40 / Ded. and co-ins. / \$75 ⋮ • \$60 / \$100 / \$100 		
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	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"> • \$250, \$350 or \$500 access fee, followed by deductible and coinsurance • \$250, \$350 or \$500 co-pay, no deductible or coinsurance (not allowed on HSA plan types) • Applies to deductible and coinsurance 		
MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <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 </td> <td style="vertical-align: top; width: 50%; border-left: 1px dashed black; padding-left: 10px;"> <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 copay, deductible and coinsurance options chosen. Limited to 30 days per year </td> </tr> </table>	<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 copay, deductible and coinsurance options chosen. Limited to 30 days per year
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PRESCRIPTION DRUGS <i>(Generic/Preferred/Non-Preferred)</i>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Copay options: (additional options available)</p> <ul style="list-style-type: none"> • \$15 / \$45 / \$60 • \$5 / \$65 / \$100 • \$20 / \$50 / \$75 • \$20 / \$65 / \$100 • \$0 / \$35 / \$50 • Ded. then \$20 / \$50 / \$75⁵ </td> <td style="vertical-align: top; width: 50%; border-left: 1px dashed black; padding-left: 10px;"> <p>Non-copay options:</p> <ul style="list-style-type: none"> • Apply to deductible and coinsurance⁶ • 50% / 50% coinsurance option (not available in Washington) </td> </tr> </table>	<p>Copay options: (additional options available)</p> <ul style="list-style-type: none"> • \$15 / \$45 / \$60 • \$5 / \$65 / \$100 • \$20 / \$50 / \$75 • \$20 / \$65 / \$100 • \$0 / \$35 / \$50 • Ded. then \$20 / \$50 / \$75⁵ 	<p>Non-copay options:</p> <ul style="list-style-type: none"> • Apply to deductible and coinsurance⁶ • 50% / 50% coinsurance option (not available in Washington)
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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 		
TELADOC <i>Optional for all plan designs</i>	Consultations at no additional cost to members with non-HSA plans. HSA plans have a \$45 consultation fee. Fee applies to deductible and out-of-pocket maximums.		

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

5 Available with HSA plans, only
6 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.

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. NGBS-TPAFLYER-ALLIED (Rev. 01/2019) © 2019 National Health Insurance Company. All rights reserved.