

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

# Maximize your savings with NGBS Advantage:

## NGBS Advantage lowers your health benefit costs by requiring employees to exclusively use network providers

Reduce your health benefit costs further with NGBS Advantage — a plan that only pays benefits when your employees visit network providers. Make sure your employees find a network doctor to ensure they get the care they need for less.

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

## When you select an NGBS Advantage plan with Allied, 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 Cigna PPO and Cigna OAP Networks, Aetna® Signature Administrators network, and more local networks



### Customer service

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



### Access to Teladoc® services

Teladoc is 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 the NGBS Advantage plan

All employer-established health benefit plans meet the standards set by the Affordable Care Act.

Stop-loss options

Group-member plan options

<b>AGGREGATE DEDUCTIBLE</b>	Based on total expected claims, calculated based on the census of your group and other factors such as number of members, age, gender, etc.			
<b>SPECIFIC DEDUCTIBLE<sup>1</sup></b>	<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>	
<b>DEDUCTIBLE OPTIONS</b> <i>Family deductible is two times the individual.</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<sup>3</sup></li> <li>\$7,900<sup>3</sup></li> </ul>	
<b>COINSURANCE OPTIONS</b>	<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>	<ul style="list-style-type: none"> <li>50% / 50%<sup>4</sup></li> </ul>	
<b>OUT-OF-POCKET MAXIMUMS</b>	\$1,000 to \$7,900 ( <i>this includes deductible, coinsurance and copay amounts</i> )			
<b>OFFICE VISITS</b> <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> </ul>	<ul style="list-style-type: none"> <li>\$25 / Ded. and co-ins. / \$75</li> <li>\$35 / Ded. and co-ins. / \$75</li> <li>\$40 / Ded. and co-ins. / \$75</li> </ul>	<ul style="list-style-type: none"> <li>\$50 / Ded. and co-ins. / \$75</li> <li>\$50 / \$75 / \$100</li> <li>\$60 / \$100 / \$100</li> </ul>	<ul style="list-style-type: none"> <li>Ded. and co-ins.</li> </ul>
<b>HOSPITAL AND SURGERY CHARGES</b>	Applies to deductible and coinsurance			
<b>DIAGNOSTIC X-RAY AND LAB BENEFIT</b>	<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>			
<b>OUTPATIENT PHYSICAL MEDICINE / CHIROPRACTIC CARE</b>	Applies to deductible and coinsurance, limited to 30 visits per calendar year			
<b>SUBACUTE REHAB &amp; NURSING FACILITY</b>	Applies to deductible and coinsurance, limited to 31 days per calendar year			
<b>HOME HEALTH CARE</b>	Applies to deductible and coinsurance, limited to 30 visits per calendar year			
<b>EMERGENCY ROOM VISIT</b> <i>Note: Copay waived if admitted.</i>	<ul style="list-style-type: none"> <li>\$250, \$350 or \$500 access fee, followed by deductible and coinsurance</li> <li>\$250, \$350 or \$500 co-pay, no deductible or coinsurance (not allowed on HSA plan types)</li> <li>Applies to deductible and coinsurance</li> </ul>			
<b>EMERGENCY CARE</b>	Covered charges will be handled as network services, no matter where the services are performed, subject to any applicable Maximum Allowable Amounts. When the facility is out-of-network, the plan will cover the member's transfer to an in-network facility once the member is stabilized. All follow-up visits after the condition has stabilized will be treated as non-emergency treatment and services under the plan.			
<b>MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b>	<p><b>Outpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>Applies to deductible and 50% 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>Applies to deductible and 50% 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>		
<b>PRESCRIPTION DRUGS</b> <i>(Generic/Preferred/Non-Preferred)</i>	<p><b>Copay options:</b> (<i>additional options available</i>)</p> <ul style="list-style-type: none"> <li>\$15 / \$45 / \$60</li> <li>\$20 / \$50 / \$75</li> <li>\$0 / \$35 / \$50</li> </ul>	<ul style="list-style-type: none"> <li>\$5 / \$65 / \$100</li> <li>\$20 / \$65 / \$100</li> <li>Ded. then \$20 / \$50 / \$75<sup>5</sup></li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>Apply to deductible and coinsurance<sup>6</sup></li> <li>50% / 50% coinsurance option (not available in Washington)</li> </ul>	
<b>ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)</b>	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> </ul>			
<b>TELADOC</b> <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

**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.

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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. NGBS Advantage is not available in AK, MO, or WA