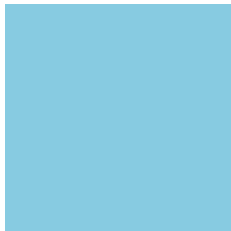


Cost Saver

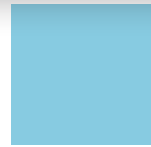
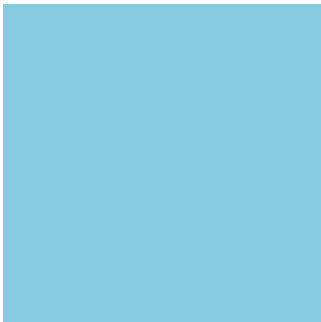
*Limited Benefit Plan
Coverage for Groups of Two or More*

Effective 11/1/2018



Unique concept for group benefits

- **Unlimited physician benefits**
- **Cash benefits for surgeries and facilities**
- **NO MEDICAL UNDERWRITING**



Plan administered by:

ALLIED[®]
NATIONAL



What is Allied[™] Cost Saver?



- Cost Saver is a unique, low-cost group health plan for employers who are priced out of the increasing cost of traditional major medical coverage.
- It provides office visit and rich outpatient benefits like a traditional major medical plan, and scheduled cash payments for surgery and hospitalization.
- Cost Saver is a level-funded Funding Advantage plan.
- The plan uses major national PPO networks that are contracted specifically for this plan, so members always receive valuable PPO discounts for services.
- No medical underwriting for group sizes from two or more. List enrollment available.
- The plan provides 100% coverage for preventive care and meets Minimum Essential Coverage (MEC) requirements for Applicable Large Employers subject to the Affordable Care Act employer mandate.





Who Will Benefit?

Any employer who has been unable to afford or can no longer afford to provide a traditional health insurance plan should consider Cost Saver.

The cost of health benefits are rising at an alarming rate every year. This has left many companies unable to pay for health benefits for their employees.

“Making health care more affordable is a top concern of small business owners, who say that health care costs are the primary issue confronting their businesses. More than one in three small business owners (36 percent) say that rising costs are likely to cause them to cut some portion of health insurance benefits for their employees,” according to *America’s Small Business Owners and Health Reform*.

Cost Saver addresses the high cost of traditional health plans and provides important essential benefits to groups, while keeping costs down. This is the perfect plan for groups who can’t afford to provide traditional major medical health benefits to employees.




What is Level Funding?

Level funding allows small employers to enjoy the cost savings and refund potential of self funding a health plan with no risk from large claims. Twelve level monthly payments each year covers all the costs for your plan. The only risk is not earning a refund at the end of the year!



Reasons to Purchase Cost Saver



Cost Saver addresses the employer’s need to offer health benefits to its employees. Employee benefit plans are a key way for an employer to attract and retain quality employees. Cost Saver provides an affordable, cost-effective way to provide valuable first-dollar health benefits.

Cost Saver is the perfect way for an employer to start a benefit plan, or retain one, in the face of ever increasing costs. Also, purchasing employee health benefits has tax advantages for both the employer and the employee. Unlike wages, health benefits are not subject to income or payroll taxes. Cost Saver Plans also provide a money back feature for a healthy plan year.

Typical purchasers include convenience stores, construction trades, truckers, and health care professions like nursing homes and home health care providers.

Benefit Categories

Cost Saver pays benefits for covered services based on the type of service received by the member and the location where the service is received. Some of the most common types of services for each benefit category are listed below.

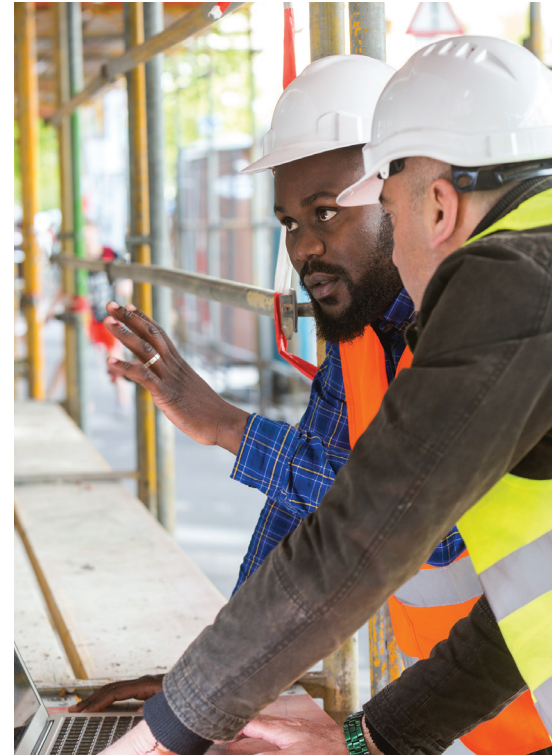
Outpatient Benefits

Office Visit

Most services performed in the doctor's office, including the office visit itself, consultations, immunizations, mammograms, pap smears and most diagnostic tests (x-rays and lab) are covered in this benefit category and subject to the office visit copay, up to \$500 in benefits per visit. Surgical procedures, costing less than \$500 and performed in the doctor's office, are also covered in this benefit category.

All Other Physician Services

Services performed by and/or billed for by a physician, not as part of an office visit, are covered in this benefit category and subject to a \$50 copay, then subject to deductible. Items like medical supplies, surgical services, cardiovascular testing, reading of x-rays and MRIs, and ground ambulance service.



Facility

Outpatient Surgery

Outpatient surgical facilities are covered in this benefit category.

Inpatient Facility Benefit

Facility charges for inpatient stays are covered in this benefit category. The plan pays a daily benefit for all charges from the facility according to the room classification (e.g. ICU versus standard room). If admitted as an inpatient from the emergency room, the inpatient facility benefit and copay applies.

Extra Benefits

Teladoc

When you have Cost Saver, you have telephone and PC access to a provider 24/7. For minor health issues like a cold, flu, allergies or sprained ankle, Teladoc is rapidly becoming the favored way to seek immediate help. There's no copay or other charge for using your Teladoc benefit. See page 7 for more details.

LabCard

Allied's plan includes a discount Lab Card Program that gives members an opportunity to obtain outpatient laboratory testing services at no cost. Costs paid 100% by plan.

Rx Card

Cost Saver covers all generic drugs for a \$15 copay. Brand and outpatient specialty drugs are available at a discount.

Cost Saver Benefits

DEDUCTIBLE	\$250 per person per year (waived for Office and Urgent Care Visits)
COINSURANCE	100% for all benefits after deductible and any applicable copays to a maximum out of pocket of \$2,500 per person in network.*

*Out-of-network benefits are paid at 125% of Medicare with no maximum out-of-pocket for balance billing.

Outpatient and Physician Benefits	Cost Saver Plan		
Benefit Categories	Plan 1	Plan 2	Plan 3
Office Visits	\$40 Copay per visit	\$35 Copay per visit	\$30 Copay per visit
Urgent Care	\$60 Copay per visit	\$55 Copay per visit	\$50 Copay per visit
Other Physician, Lab and X-rays (done outside the physician's office)	\$50 Copay	\$50 Copay	\$50 Copay
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay
Outpatient Complex Imaging (MRI,CT, PET)	\$300 Copay	\$300 Copay	\$300 Copay
Inpatient & Outpatient Surgery	\$500 Copay	\$500 Copay	\$500 Copay
MAXIMUM BENEFIT	UNLIMITED	UNLIMITED	UNLIMITED
Facility Indemnity Benefits			
Outpatient Surgery Facility (limit 3 per year)	\$1,000	\$1,500	\$2,000
Inpatient Surgery Facility (limit 2 per year)	\$1,000	\$1,500	\$2,000
Inpatient Daily Benefit - Standard Room**	\$500	\$750	\$1,000
Inpatient Daily Benefit - ICU**	\$1,000	\$1,500	\$2,000
**Limited to 30 days of combined total inpatient days per year			
MAXIMUM ANNUAL BENEFIT (for all facility indemnity payments)	\$35,000	\$52,500	\$70,000

Please see the Summary Plan Description for complete details including benefits, exclusions and limitations.

Cost Saver Benefits

Services Not Covered By This Plan

The following services are not covered under the Cost Saver plan. In addition to these services, the Plan includes additional exclusions and limitations (see Summary Plan Description for details).

1. Inpatient services - any charge for services that take place on an in-patient basis is limited to the daily indemnity benefit shown. This includes any facility, physician, laboratory, diagnostic or imaging charges regardless of cause or diagnosis including pregnancy.
2. Outpatient Facility charges are limited to the indemnity benefit shown. All other outpatient facility treatment charges are excluded. This includes dialysis, radiation treatment, chemo therapy and any other service not specifically listed. Physician charges for outpatient surgery are covered as shown.
3. Brand Name and Specialty outpatient prescription drugs and chemotherapy drugs are available at a discount.
4. Any services for mental/behavioral health (inpatient or outpatient) including substance abuse/chemical dependency are not covered.
5. Rehabilitative therapy including speech therapy, physical therapy, occupational therapy and cardiac rehabilitation are not covered.
6. Skilled nursing, home health care and hospice are not covered.
7. Infertility testing and treatment are not covered.
8. Durable medical equipment, including hearing aids, orthotics and prosthetics are not covered.
9. Covered services received in-network are paid based on the PPO allowable price. Out-of-network services are subject to the plan's fair and reasonable limitations.



Your Cost Saver Teladoc Benefit

An essential benefit included in the Cost Saver plan is the 24/7 access to Teladoc. When members aren't well, they want help immediately — not days from now when an appointment opens up. This benefit provides immediate expert care any time of the day or night.

The only thing the member needs to do is pick up their phone or log onto their computer or tablet. Teladoc medical providers can write prescriptions when medically necessary and permitted by law. Members won't be charged for the virtual visit, because the cost of the phone or video consultation is covered 100% by their Cost Saver health plan.

Key features include:

- Live video visits on your computer.
- A dedicated primary care network, available on-demand 24x7x365.
- Ability for a Teladoc provider to prescribe medications where allowed by law and medically necessary.





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