



ALLIED
NATIONAL

BULLETIN



AN ALLIED NATIONAL SALES AND MARKETING PUBLICATION

February 2019

Save Your Employers 6.5% on Premiums



HealthChoices

Enroll them in Funding Advantage's HealthChoices!

HealthChoices is a benefit option designed to improve health care while lowering costs for our Funding Advantage covered members. Members are encouraged to seek high quality, cost-effective care, and in return are rewarded with lower monthly premiums and reduced or eliminated out-of-pocket costs for covered services.

Employers save 6.5% on monthly premiums and have the potential to save more money on their claims fund.

Our Agent webinar on Feb. 11 had a great turnout and we received some great questions. View the Q&A [here](#).

We posted the webinar recording online. You can view it by visiting the "Benefits Webinar Recordings" section on our [Webinars and Training page](#).

How Freedom Plan Balance Billing Protection Works

Allied National's Funding Advantage Freedom Plan is a fantastic option for your small groups. The plan offers members a full choice of health care providers without restrictions or penalties. There are no networks; members see the provider they choose. Reimbursement is based upon Medicare "plus" instead of a typical PPO network contract.

This plan does require some member education to get away from the mind-set of networks, particularly when it comes to provider payments.

Members are often confused when they are billed by their providers. They often don't understand what they owe. Members are only responsible for copays, deductibles and coinsurance; there are never extra out-of-pocket expenses. The Freedom plan protects our members from "balance bills" by working directly with the providers when they bill a member beyond their normal health plan's out-of-pocket costs. Members are never responsible for payments for balance bills beyond the reimbursement level the Freedom plan has paid the provider. You can help us educate groups with the following tools:

- Show your client how to get to [Allied's member page](#) of the website. Under the blue "Learn More" box there are two flyers that every Freedom Plan member should have handy:
 1. How to read your [explanation of benefits](#) (EOB) — This shows in detail what the member might owe for any health bill.
 2. What to do if you are [balance billed](#) — This explains exactly what a Freedom plan member needs to do if a provider is billing them for more than what their EOB shows they owe.
- Show your clients how to sign up on the Allied Self-Service Site through the [Member Connection](#) portal to view their benefits and EOBs.

- Make sure your groups know if they can't reach you, they can contact Allied National Client Services at 800-825-7531.

If you would like more training on the Freedom Plan, check out our recorded [webinars](#). With your help, together we can help your clients get the most out of their Freedom Plan.

Transition Underway to New Southern Scripts PBM

Allied is moving our pharmacy benefit manager (PBM) business from Magellan Rx Management to Southern Scripts. Employer groups that currently have Magellan Rx Management as their PBM will stay with that plan until their next renewal. Healthcare Highways PPO members will continue to have their PBM services provided by Cerpass Rx.



A PBM provides prescription management services for employer group health plans. Their goal is to provide employers with the right tools to achieve optimal health outcomes for their members by providing ideal access for prescription medications.

The transition as a whole has been good. There has been minimal disruption to our members with the switch to Southern Scripts. Most of the disruption has been transitioning the prior authorization process from Magellan to Southern Scripts; drugs that fall into a different tier category under the Southern Scripts formulary; and the fact that not all contracted pharmacies can dispense high-cost specialty medications (the big one being Walgreens).

Southern Scripts has a good customer service team and they have been able to effectively handle the disruptions as they occur.

Who is Southern Scripts?

Southern Scripts was formed by clinical pharmacists who saw the need for a completely transparent PBM to help eliminate unmerited industry practices and to provide a better, more fair and more cost-effective PBM alternatives for health plans. Their goal is to provide their clients with the tools and access to medications to achieve optimal health outcomes. They do this through various means:

- Southern Scripts is a national network of retail chain and independent pharmacies. There are two levels in the pharmacy network: First Choice and Standard. First Choice is the preferred network and will help to reduce prescription costs by providing the best discounts. Our members have access to either network and there are no penalties for using a Standard over First Choice pharmacy — they will just get a better discount through a First Choice Pharmacy.
- Signing up as a participating pharmacy is very quick and easy. The pharmacist can either call Southern Scripts and a contract will be emailed to them or they can go to the Southern Scripts website and request a contract on line. A pharmacy can be added into their system as fast as 15 minutes once the contract is signed.
- They have created a pricing structure that is clear cut with no hidden cost tactics — the member is charged the exact same price the pharmacy is paid.
- 100% of all manufacturer rebates or revenue are passed back to the employer group.
- Southern Scripts provides clinical and utilization management, such as prior authorization, step therapy, generic utilization and disease specific oversight.
- They have a program to help members experience greater savings by applying manufacturer coupons available on high-cost medications.
- They have an international mail order program where members can acquire some

maintenance medications with no copay.

For more information about all of these plans, please visit the member and employer prescription [web page](#).



Dental Design's Lower Rates are a Success!



Allied National's Dental Design is a popular plan. The 20% rate reduction that took place on Jan. 1, and the inclusion of vision coverage, makes this plan a great value for your clients.

Designed for groups of 2-99, Dental Design offers affordable dental insurance benefits and many plan options that allow groups to choose the type of coverage that best fits their needs and budget.

Dental plan features

- Members can choose any dentist for services without a penalty. However, the Aetna Dental PPO Network is automatically included. Voluntary use of its dentists may help reduce coinsurance costs and eliminate balance billing by the dentist.
- 100 percent preventive care benefits with no deductible.
- Orthodontia benefit option.
- Takeover benefits available.
- Choice of deductible and benefit maximums.



Vision plan option

Dental Design also offers a vision plan option for plan participants and their dependents. Several plan options are available to fit the benefit needs of every group.

Once dental plan participation has been reached, plan participants may elect the vision option (including employees who have waived dental coverage).

Vision plan features

- Choice of Silver, Gold or Gold Materials Only plans
- In- or out-of-network benefits
- Exams, lenses, frames and contacts covered

Vision plan benefits are administered by National Vision Administrators. Allied National provides eligibility and billing administration.



The new Dental Design plan currently is available in: AL, AR, AZ, GA, IA, IL, KS, MO, NC, NE, NV, OK, PA, SC, SD, TN, TX, WI, WV, and WY. The plan is pending approval in: CA, FL, ID, IN, KY, NM, OH, OR, VA and WA.

Call Allied's Sales Support at 888-767-7133 or visit our [web page](#) for recent state approvals.

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