



Cost Saver

Limited Benefit Plan
Coverage for Groups of Two or More

Effective 1/1/22



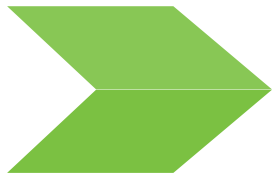
Unique concept for group benefits

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

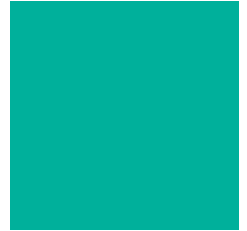
Plan administered by:



www.alliednational.com



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 (ALEs) subject to the Affordable Care Act employer mandate.
- Bronze MVP option meets Minimum Value requirements for ALEs.





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.



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 is 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.



What Is Level Funding?

Level funding allows small employers to enjoy the cost savings and refund potential of self funding a health plan while managing the risk from large claims. Twelve level monthly payments each year covers all the costs for your plan.

Cost Saver Benefits

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 service 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, that are not part of an office visit, are subject to a \$50 copay and to the deductible. They include services or items such as 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

Cura TeleHealth & Wellness

When a member has Cost Saver, they have telephone and PC access to a provider 24/7. For minor health issues like a cold, flu, allergies or sprained ankle, Cura is an easy way to seek immediate help. There's no copay or other charge for using the benefit. See page 7 of the brochure for more details.

Lab Testing Discounts

This program provides outpatient lab testing to Funding Advantage major medical plans and Cost Saver plans at no charge to your employee. Costs will be reduced if performed at a Quest Diagnostics facility or a doctor's office that sends the tests to a Quest Diagnostics, LabCorp or American Esoteric facility. Employees and dependents may still use any lab they choose for services, but discounts only are applicable when these lab facilities are used.

Rx Card

Cost Saver covers all generic drugs for a \$15 copay. Brand and outpatient specialty drugs are available at a discount. For Bronze MVP, generic drugs are covered for a \$15 copay. Preferred brand name drugs are covered at 50% coinsurance.



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 Bronze Minimum Value
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
Physician 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. Preferred Brand Name drugs are covered under Bronze MVP.
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 orthopedic devices, 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.



Cura TeleHealth & Wellness

The Cost Saver Telehealth Benefit

Members can see a doctor from their phone or laptop 24/7. Cost Saver has the Cura TeleHealth & Wellness benefit. Telehealth is an efficient way to manage most acute and chronic conditions without having to go to a doctor's office. The cost is covered by the health plan or, if the member has an HSA, is a low-cost alternative to an office visit.

The only thing the member needs to do is pick up their phone and call 620-740-2872 or log onto their computer or tablet.

Key features include:

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





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