



Funding Advantage Benefit Grid

Allied National allows you to tailor benefits to fit the needs of your client. This list shows the basic benefits and combinations available with the Funding Advantage plan. To access the full range of benefit options, enter information into your quoting software or contact Allied Sales Support at sales@alliednational.com.

Please note that NOT all benefit combinations may be available.

Freedom Traditional, Freedom Hybrid, PPO

Individual Deductible	Coinsurance Options	Out of Pocket Options
500	50%, 70%, 80%	3,500 / 4,000 / 4,500 / 5,000 / 6,000 / 7,000
1,000	50%, 70%, 80%	4,000 / 4,500 / 5,000 / 6,000 / 7,000
1,500	50%, 70%, 80%	4,000 / 4,500 / 5,000 / 6,000 / 7,000
2,000	50%, 70%, 80%	4,500 / 5,000 / 6,000 / 7,000
2,500	50%, 70%, 80%	4,500 / 5,000 / 6,000 / 7,000
3,000	50%, 70%, 80%, 100%	5,000 / 6,000 / 7,000
3,500	50%, 70%, 80%, 100%	5,000 / 6,000 / 7,000
4,000	50%, 70%, 80%, 100%	4,000 / 5,000 / 6,000 / 7,000 varies by coinsurance
5,000	50%, 80%, 100%	5,000 / 6,000 / 7,000 / 10,000 / 15,000 varies by coinsurance
6,000	100%	6,000 / 7,000
7,500	50%, 100%	7,900 / 15,000
10,000	50%, 100%	10,000 / 15,000 / 20,000

HSA Embedded for Freedom Traditional, Freedom Hybrid, PPO

Individual Deductible	Coinsurance Options	Out of Pocket Options
3,000	50%, 70%, 80%	5,000 / 6,000 / 6,750
3,500	50%, 70%, 80%	5,000 / 6,000 / 6,750
4,000	50%, 70%, 80%, 100%	4,000 / 6,750
5,000	50%, 70%, 80%, 100%	5,000 / 6,750
6,000	100%, 80%, & 50%	6,000 / 6,750

HSA Aggregate Non-PPO for Freedom Traditional, Freedom Hybrid

Individual Deductible	Coinsurance Options	Out of Pocket Options
1,500	50%, 70%, 80%	4,000 / 4,500 / 5,000 / 6,000 / 6,750
2,000	50%, 70%, 80%	4,500 / 5,000 / 6,000 / 6,750
2,500	50%, 70%, 80%	6,000 / 6,750
3,000	50%, 70%, 80%	6,000 / 6,750

Prescription Drug Options for Non-HSA Freedom Traditional, Freedom Hybrid, PPO

None, Deductible Integrated, Generic Only
 Formularies with Brand Name Deductible of \$0, \$150, \$250, \$350 or \$500
 Rx Options for HSA plans - None, Deductible Integrated
 Rx Options for Essentials - None, Formulary Deductible \$250/ \$350/ \$500

Office Visit Copay Options for Non-HSA Freedom Traditional, Freedom Hybrid, PPO

None
 Choice of Copay: \$30, \$35, \$40
 Frequency Choice: Unlimited, 4x per year
 Essentials OV Options \$35/ \$40 unlimited, 4x per year

Essentials

Individual Deductible	Coinsurance Options	Out of Pocket Options
1,000	50%, 70%	5,000 / 7,900
2,000	50%, 70%	5,000 / 7,900
3,000	50%, 70%, 100%	5,000 / 7,900
4,000	50%, 70%, 100%	5,000 / 6,000 / 7,900 varies by coinsurance
5,000	50%, 70%, 100%	5,000 / 7,900 varies by coinsurance
6,000	50%, 70%, 100%	7,900

HSA Essentials

Individual Deductible	Coinsurance Options	Out of Pocket Options
2,000 Aggregate	50%, 70%	5,000 / 6,750
3,000 Aggregate	50%, 70%, 100%	5,000 / 6,750
3,000 Embedded	50%, 70%, 100%	5,000 / 6,750
4,000 Embedded	50%, 70%, 100%	5,000 / 6,750
5,000 Embedded	50%, 70%, 100%	5,000 / 6,750 varies by coinsurance
6,000 Embedded	50%, 70%, 100%	6,750