Welcome

Thank you for selecting Allied National for your group health coverage! This employer guide will help you understand and administer your group health coverage. Of course, if you can’t find the answer you need here, call our toll-free number: 800-825-7531. Our Allied Client Services representatives will be happy to assist you.

You will note that throughout this guide we will instruct you to submit all changes to your coverage in writing. This includes submission by fax, email, mail or on our Self-Service Site. When you submit written notification by fax, email or on the web, there is no need to follow up by mail.

You can access necessary documents and additional information on our website at www.alliednational.com/employer-resources or contact our Allied Client Services representatives.

New Employee

I Just Hired a New Employee. What Do I Need to Do Right Away for Them?
Have your employee complete an enrollment card on the date of hire. Regardless of your new employee waiting period, it is very important that an employee wanting coverage fill out an enrollment card completely on the date they are hired. Submit the enrollment card immediately. Waiting to fill out an enrollment card or not filling out an enrollment card completely could delay your employee’s start of coverage, reduce their benefits or cause them to be ineligible for coverage entirely. We will process the enrollment card promptly, but not bill for the new employee’s coverage until they become effective.

What If My New Employee Doesn’t Want Coverage?
Waivers must be completed for all eligible employees and/or dependents not enrolling for coverage. An employee who doesn’t enroll for coverage or fails to complete a waiver could jeopardize his or her future rights to coverage.

Eligibility

An eligible employee is a person directly employed and actively at work (including approved medical leave) on a full-time basis in the regular business of the employer, and compensated by the employer with regular periodic wages for service. Full-time is 30 hours per week.

Eligible dependents are an employee’s legal spouse who is not legally separated or divorced from the employee and is not a member of the Armed Forces, and an employee’s children, including stepchildren, legally adopted or foster children, under the age of 26 and are not covered by another employer-sponsored plan.

An employee who previously declined coverage becomes eligible for coverage when they acquire a new dependent through marriage, birth, adoption or placement for adoption if the child is under 18 and if the employee applies for coverage within 31 days of the life event.
**Self-Service Website**

**Can I Access My Account Information Online?**
Yes. Anyone who has been authorized as an administrator by you and who is listed on the authorization form may have access to the administration side of the Self-Service Site and view your Allied business, including employer information, employee coverage and benefits. The authorization form is available at: www.alliednational.com/employer

**Resources**

**HealthCare Assistant**
(Not Available With MEC & Cost Saver Plans)
Allied HealthCare Assistant is an umbrella of health care services available to members and their families. This suite of services was created to ensure our members have the absolute best access to the best health care in the country at the absolute best price. Call Allied HealthCare Assistant at 844-287-6078.

**Group Participation**
A minimum participation of 75% of eligible employees is required at all times. Any employee or dependent waiving coverage because of qualifying existing coverage is not counted. If, for any reason, your group falls below this minimum, you will have a fixed period of time in which to reestablish minimum participation requirements and avoid termination. See your Summary Plan Description for details.

**Monthly Billing**
Our billing notices are mailed around the 15th of the month prior to the month due. They are due on the 1st of each month (with a 31-day grace period in which to pay). Each bill you receive will show the current amount due, any charges or credits, and any past due amounts shown as “Unpaid Prior Month.” If this “Unpaid Prior Month” charge is not paid to Allied within the prior month’s 31-day grace period, coverage will lapse as of the due date for the unpaid month.

Premiums do not need to be sent for new applicants until you are billed. We will not bill for their coverage until the first month of coverage begins.

When paying your billing:

- Please make checks payable to Allied National and include the stub from the billing notice in the envelope provided.
- Payments MUST be made with your company/business check. Personal checks cannot be accepted.
- Set up monthly automatic drafts against your company checking account. Please fill out Allied’s payment authorization form available at: www.alliednational.biz/015.pdf

For PAYMENT OF BILLINGS ONLY, the address is:
Allied National
P. O. BOX 29188
Shawnee Mission, KS 66201-9188

Any check returned by your bank as non-negotiable will be treated as if no payment has been made. Negotiable funds must be received within the grace period or coverage will lapse. Your account will be charged a fee for the non-negotiable check.

**What Will Happen if My Payment Is Delayed?**
You are given a 31-day grace period in which to pay your billing, however there are several things that may happen if you delay your payment.

If a doctor or hospital calls Allied to verify your employee’s coverage, the Client Services representative at Allied may be required to disclose the group’s paid-to date. If your payments are not current it may affect your employee’s access to medical care.

Claims submitted for service dates within an unpaid month will be pended until your account is brought current. If something should happen to your check (e.g. unsigned, doesn’t clear bank) your payment will be considered unpaid until the matter is resolved. If it isn’t resolved by the end of the grace period, your coverage will lapse.

**What if My Coverage Lapses?**
Please contact Allied immediately at 800-825-7531 if you receive a lapse notice. We will review any options you may have to retain your coverage.
Changes to Coverage

When Can I Make Changes to My Group’s Benefits or Coverage?

Employee Waiting Period*
Changes, additions or deletions can be done on any monthly due date provided we receive a written request prior to the requested effective date. Changes are subject to underwriting approval.

Coinsurance, Supplemental Accident, or Occupational (24-Hour) Coverage**
Changing the above items can only be done at renewal.

What if There Is a Change to My Company Name or Address?
A company name change requires written notification signed by a company owner, officer or partner. A company address change also requires written notification, which can include marking the change on your billing notice remittance stub. When writing, please include old and new addresses.

What If an Employee Wants to Make a Change? Changes that do not involve the addition of a dependent
Covered employees can submit a written request for a name change, deletion of dependent coverage, etc. by notation on the reverse side of the billing remittance stub, completing an “Employee Change Request” form, writing a letter describing the action to be taken or they can access their Self-Service Site at www.alliednational.com.

Addition of Dependents
A new spouse is eligible for coverage the first of the month following the date of marriage if a completed enrollment card is received by Allied within 31 days of the date of marriage. Please indicate the change that occurred and the date it occurred, such as date of marriage, adoption, etc.

Children of the newly acquired spouse also may be eligible at this time.

A spouse also becomes eligible for coverage following the birth, adoption or placement for adoption of a dependent child if a completed enrollment card is received by Allied within 31 days of the birth, adoption or placement for adoption.

A newborn or newly adopted child is eligible for coverage from the day of birth or adoption if a completed enrollment card is received by Allied within 31 days of the birth or adoption.

* Changes apply only to employees hired after the change date.

** Your health plan may not have all these options available. Please contact your agent or Allied’s Client Services team with questions about potential changes. Once an employer terminates an optional benefit, that optional benefit cannot be added again for any reason.
Termination

How Do I Terminate an Employee’s Coverage?
1. Complete the section on the back of the remittance stubs showing the full name of the employee, description of the change requested (i.e. termination) and the date of the change (i.e. date employee last worked). If coverage is canceled, but the employee is still working with your company, please have them complete a waiver.
2. Sign the back of the remittance stub to authorize the requested changes.
3. Deduct the current monthly charge only if the employee terminates prior to the current month’s billing cycle and prior to the “coverage from” date on your billing statement.

If an employee worked even one day of the month, your plan requires that coverage MUST be paid for the employee that month. Therefore, if an employee is terminating, notify Allied of the change on the back of the remittance stub in the last month they work, give the date terminated, but do not take a deduction for that month.

Tip: For faster service, send Allied an email or fax notification of termination or go to our Self-Service Site at www.alliednational.com to complete termination information.

How Do I Terminate a Dependent’s Coverage?
Covered employees can submit a written request for deletion of dependent coverage by notation on the reverse side of the billing remittance stub, completing an “Employee Change Request” form or writing a letter describing the action to be taken.

Should I Adjust My Billing for Adding or Terminating Employees or Dependents?
DO NOT adjust your billing if you are terminating a dependent. Allied will automatically extend credit due on the next bill processed after the effective date of the change.

DO NOT pay for the addition of employees or dependents until you are billed by Allied.

Can Coverage Continue Through a Leave of Absence?
Yes, coverage may be continued during any period the employee is absent from active, full-time work due to an injury or illness. The length of absence is determined by the employer’s established leave of absence provision. Coverage can also be continued during a temporary layoff up to three months. Monthly costs must be paid during this time. Please send written notification to Allied immediately after granting any leave.
Can Coverage Continue After an Employee Is Terminated?
The continuation of coverage provisions under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires some employers** to offer covered employees and dependents continuation of their group health care coverage for a specified period of time if coverage is terminated due to certain qualifying events.

In no event will the COBRA continuation period extend beyond 36 months, even though more than one qualifying event has occurred. If more than one qualifying event occurs, the duration of the continuation period will be measured from the date of the initial qualifying event. See the qualification chart for certain COBRA events and continuation periods on this page.

The Tax Equity and Fiscal Responsibility Act (TEFRA) requires employers*** to offer any working employees age 65 and over the same medical benefits available to employees under age 65. The employee must be given the opportunity to elect either the Allied group health plan or Medicare as their health benefit payor. Allied cannot be the secondary payor to Medicare for TEFRA employers. If you choose Allied as your primary plan, you will be eligible to receive claim reimbursement from Medicare as a secondary payor for eligible Medicare benefits for those eligible charges that were not paid by the Allied plan.

Please contact Allied for the proper age-65-and-over rates and guidelines.

** COBRA applies only to employers who have employed 20 or more employees on at least 50% of the working days in the previous year.

*** TEFRA applies only to employers who have employed 20 or more employees on at least 50% of the working days for the proceeding 26 weeks for the period you are in.

*Coverage may be extended from 18 months up to a maximum of 29 months if the qualified individual is determined by the Social Security Administration to have been totally disabled within the first 60 days after COBRA continuation coverage begins.

<table>
<thead>
<tr>
<th>Qualifying Event</th>
<th>Qualified Beneficiary</th>
<th>Maximum Continuation Period</th>
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<tbody>
<tr>
<td>Termination of the covered employee’s employment (other than for gross misconduct) or reduction in hours.</td>
<td>Covered employee, covered dependent spouse and/or children.</td>
<td>18 Months*</td>
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<tr>
<td>Death of the covered person.</td>
<td>Covered dependent spouse and/or children.</td>
<td>36 Months</td>
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<tr>
<td>Divorce or legal separation of the covered employee from spouse.</td>
<td>Covered dependent spouse and/or children.</td>
<td>36 Months</td>
</tr>
<tr>
<td>Covered employee becomes entitled to Medicare while continuing coverage under COBRA.</td>
<td>Covered dependent spouse and/or children.</td>
<td>36 Months</td>
</tr>
<tr>
<td>The covered dependent child ceases to be an eligible dependent under the terms of the employer’s group health plan.</td>
<td>Covered dependent child.</td>
<td>36 Months</td>
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Always confirm with your medical provider that they are part of your PPO Network before seeking treatment. Participating providers change frequently and the inclusion of your provider on the list does not guarantee their current participation.

Claim Filing

When Should My Employees File a Claim?
A claim should be filed when a covered employee or dependent incurs medical expenses that are eligible for coverage.

How Do My Employees File a Claim?

Medical Claims:
The original fully itemized bill from the medical provider must be sent to the address shown on the coverage ID card. In most cases claims are sent for repricing to provide you with contracted discounts for your medical care. Most medical providers submit claims directly as a courtesy to the patient. Encourage your employees to give a copy of their ID card to their medical providers. Unless the ID card indicates that claims should be submitted directly to Allied, any claims received by Allied will be denied for improper submission and no benefits will be paid.

Prescription Claims:
If your plan includes a drug card benefit, there is no need to submit a prescription claim when using a participating pharmacy. Claim benefits are handled automatically with the pharmacy using your ID card information.
Who is Allied?

Founded in 1970, Allied National is one of the nation’s oldest and most experienced third-party administrators. As the small group benefit experts, Allied works with small business employers to provide unique and affordable group health benefits.

Our office hours are 8:00 a.m. to 4:30 p.m. Central Time, Monday through Friday. When calling, please have your group number available – it is on your coverage ID card.

Contact Information:

Client Services
Phone: 800-825-7531
  913-945-4100
Email: clientservices@alliednational.com
Fax: 913-945-4390

Payments:
  Monthly Payment
  Allied National
  P.O. Box 29188
  Shawnee Mission, KS  66201-9188

Claims
To file a claim, please mail to the address on your ID Card.
For other correspondence please mail to:
  Claims Department
  Allied National
  P.O. Box 29186
  Shawnee Mission, KS  66201-9186

Email: claims@alliednational.com
Fax: 913-945-4399

Underwriting
New employee, benefit changes, etc.
Underwriting & Administrative Services
Allied National
P.O. Box 29187
Shawnee Mission, KS  66201-9187

Email: underwriting@alliednational.com
Fax: 913-945-4397

Elite Experience Team
Assists Members who incorrectly receive a balance bill.
Elite Experience Team
Allied National
P.O. Box 29187
Shawnee Mission, KS  66201-9187

Email: balancebilling@alliednational.com
Fax: 866-332-1987

Covered individuals can access our Self-Service Site at www.alliednational.com to view their account online.