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:
ALLIED NATIONAL
A 90 Degree Benefits Company
www.alliednational.com
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.
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.
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

<table>
<thead>
<tr>
<th>DEDUCTIBLE</th>
<th>$250 per person per year (waived for Office and Urgent Care Visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COINSURANCE</td>
<td>100% for all benefits after deductible and any applicable copays to a maximum out of pocket of $2,500 per person in network.*</td>
</tr>
</tbody>
</table>

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

### Outpatient and Physician Benefits

<table>
<thead>
<tr>
<th>Benefit Categories</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$40 Copay per visit</td>
<td>$35 Copay per visit</td>
<td>$30 Copay per visit</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60 Copay per visit</td>
<td>$55 Copay per visit</td>
<td>$50 Copay per visit</td>
</tr>
<tr>
<td>Other Physician, Lab and X-rays <em>(done outside the physician’s office)</em></td>
<td>$50 Copay</td>
<td>$50 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$250 Copay</td>
<td>$250 Copay</td>
<td>$250 Copay</td>
</tr>
<tr>
<td>Outpatient Complex Imaging <em>(MRI, CT, PET)</em></td>
<td>$300 Copay</td>
<td>$300 Copay</td>
<td>$300 Copay</td>
</tr>
<tr>
<td>Physician Inpatient &amp; Outpatient Surgery</td>
<td>$500 Copay</td>
<td>$500 Copay</td>
<td>$500 Copay</td>
</tr>
<tr>
<td><strong>MAXIMUM BENEFIT</strong></td>
<td><strong>UNLIMITED</strong></td>
<td><strong>UNLIMITED</strong></td>
<td><strong>UNLIMITED</strong></td>
</tr>
</tbody>
</table>

### Facility Indemnity Benefits

<table>
<thead>
<tr>
<th>Benefit Categories</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery Facility <em>(limit 3 per year)</em></td>
<td>$1,000</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Inpatient Surgery Facility <em>(limit 2 per year)</em></td>
<td>$1,000</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Inpatient Daily Benefit - Standard Room**</td>
<td>$500</td>
<td>$750</td>
<td>$1,000</td>
</tr>
<tr>
<td>Inpatient Daily Benefit - ICU**</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>MAXIMUM ANNUAL BENEFIT</strong> <em>(for all facility indemnity payments)</em></td>
<td>$35,000</td>
<td>$52,500</td>
<td>$70,000</td>
</tr>
</tbody>
</table>

**Limited to 30 days of combined total inpatient days per year**

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