

Benefits available with Allied, your third-party administrator

Allied Benefits Systems, Inc. (Allied) provides your group with efficient administrative services and support

Your plan is managed and administered by our trusted third-party administrator, Allied Benefits Systems, Inc. Allied offers extensive online services and monthly reports that make it easy for you and your employees to access information about your plan.

With more than 30 years of experience in benefit management and administration services, you can rest assured knowing Allied is taking care of your group's claims payments, accounting, customer service needs, and more.

When you select an Allied plan, you get:



Plan administration

Allied handles your group's claims, customer service and claims reporting, leaving you to focus on your business



Broad network access

Your employees gain access to the Aetna® Signature Administrators PPO Network, the Cigna PPO Network, and more



Customer service

Allied has dedicated teams ready to help your group members get the most out of their plans

Your health plan benefits available with Allied

All employer-established health benefit plans meet the standards set by the Affordable Care Act.

Stop-loss options

Group-member plan options

AGGREGATE DEDUCTIBLE	Based on total expected claims, calculated based on the census of your group and other factors such as number of members, age, gender, etc.			
SPECIFIC DEDUCTIBLE	<ul style="list-style-type: none"> \$10,000 \$15,000 \$20,000 	<ul style="list-style-type: none"> \$25,000 \$30,000 \$35,000 	<ul style="list-style-type: none"> \$40,000 \$45,000 \$50,000 	<ul style="list-style-type: none"> \$100,000
DEDUCTIBLE OPTIONS <i>Family deductible is two times the individual. Out-of-network deductible is two times the in-network deductible</i>	<ul style="list-style-type: none"> \$500 \$1,000 \$1,500* 	<ul style="list-style-type: none"> \$2,500* \$2,750* \$3,000* 	<ul style="list-style-type: none"> \$3,500* \$5,000* \$6,600* 	
COINSURANCE OPTIONS	<ul style="list-style-type: none"> 100% 90% / 10% 	<ul style="list-style-type: none"> 80% / 20% 50% / 50% 		
OUT-OF-POCKET MAXIMUMS	\$1,000 to \$6,600 (this includes deductible, coinsurance and copay amounts)			
OFFICE VISITS <i>(Primary-care physician / specialist)</i>	<ul style="list-style-type: none"> \$20 / \$35 \$35 / \$50 \$40 / \$60 	<ul style="list-style-type: none"> \$25 / Ded. and coinsurance \$35 / Ded. and coinsurance \$40 / Ded. and coinsurance 	<ul style="list-style-type: none"> \$50 / Ded. and coinsurance Ded. and coinsurance 	
HOSPITAL AND SURGERY CHARGES	Applies to deductible and coinsurance			
DIAGNOSTIC X-RAY AND LAB BENEFIT	<ul style="list-style-type: none"> Applies to deductible and coinsurance 100% first-dollar benefit \$500 first-dollar benefit, followed by deductible and coinsurance 			
OUTPATIENT PHYSICAL MEDICINE	Applies to deductible and coinsurance, limited to 30 visits per calendar year			
SUBACUTE REHAB & NURSING FACILITY	Applies to deductible and coinsurance, limited to 31 days per calendar year			
HOME HEALTH CARE	Applies to deductible and coinsurance, limited to 30 visits per calendar year			
EMERGENCY ROOM VISIT <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"> \$250 access fee, followed by deductible and coinsurance \$250 co-pay, no deductible or coinsurance (not allowed on HSA plan types) Applies to deductible and coinsurance 			
URGENT CARE	<ul style="list-style-type: none"> \$75 copay, then 100% Applies to deductible and coinsurance 			
MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	<p>Outpatient, groups 50 and under:</p> <ul style="list-style-type: none"> In-network: Applies to deductible and 50% coinsurance. Limited to 40 visits per year Out-of-network: Applies to deductible and 30% coinsurance <p>Outpatient, groups over 50:</p> <ul style="list-style-type: none"> Follows plan copay, deductible and coinsurance options chosen 	<p>Inpatient, groups 50 and under:</p> <ul style="list-style-type: none"> In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per year Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per year <p>Inpatient, groups over 50:</p> <ul style="list-style-type: none"> Follows plan copay, deductible and coinsurance options chosen. Limited to 30 days per year 		
PRESCRIPTION DRUGS <i>(Generic/Preferred/Non-Preferred)</i>	<p>Copay options:</p> <ul style="list-style-type: none"> \$15/\$45/\$60 \$20/\$50/\$75 \$15/\$45/\$60 with \$300 brand-name deductible \$0/\$35/\$50 \$0/\$35/\$50 with \$300 brand-name deductible 	<p>Non-copay options:</p> <ul style="list-style-type: none"> Apply to deductible and coinsurance 50% / 50% coinsurance option (availability varies by state) 		
INFERTILITY TREATMENTS	<p>Groups with 50 total employees and under: Not covered</p> <p>Groups with more than 50 total employees: Covered up to a maximum of \$10,000</p>			
ACCIDENT MEDICAL EXPENSE (OPTIONAL BENEFIT)	<ul style="list-style-type: none"> \$500 \$1,000 			

Refer to your Summary Plan Description for full benefit details. Out-of-network provisions apply.