

# maximize your **savings** with Allstate Benefits Advantage plans with Allied

Allstate Benefits Advantage lowers your health benefit costs by requiring employees to exclusively use network providers



Reduce your health benefit costs further with Allstate Benefits Advantage plans — plans that only pay benefits when your employees visit network providers. Make sure your employees find a network doctor to ensure they get the care they need for less.

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

## When you select an Allstate Benefits Advantage plan with Allied, 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 Cigna PPO and Cigna OAP Networks, Aetna<sup>®</sup> Signature Administrators network, and more local networks.



### Customer service

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

For use in Washington for January 1, 2021, and later effective dates.

SEE REVERSE SIDE FOR PLAN BENEFITS

## your health plan benefits available with the Allstate Benefits Advantage plan with Allied

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

Stop-loss 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 <sup>1</sup>	<ul style="list-style-type: none"><li>• \$6,500</li><li>• \$10,000</li><li>• \$15,000</li></ul>	<ul style="list-style-type: none"><li>• \$20,000</li><li>• \$25,000</li><li>• \$30,000</li></ul>	<ul style="list-style-type: none"><li>• \$40,000</li><li>• \$50,000</li><li>• \$100,000</li></ul>	
Group member plan options	Deductible Options <sup>1</sup> <i>Family deductible is two times the individual.</i>	<ul style="list-style-type: none"><li>• \$500</li><li>• \$1,000</li><li>• \$1,500<sup>1</sup></li></ul>	<ul style="list-style-type: none"><li>• \$2,000<sup>1</sup></li><li>• \$2,500<sup>1</sup></li><li>• \$2,750</li></ul>	<ul style="list-style-type: none"><li>• \$2,800<sup>1</sup></li><li>• \$3,000<sup>1</sup></li><li>• \$3,500<sup>1</sup></li></ul>	<ul style="list-style-type: none"><li>• \$5,000<sup>1</sup></li><li>• \$6,600<sup>2</sup></li><li>• \$7,150<sup>2</sup></li></ul>
	Coinsurance Options	<ul style="list-style-type: none"><li>• 100%</li><li>• 90% / 10%</li></ul>		<ul style="list-style-type: none"><li>• 80% / 20%</li><li>• 70% / 30%</li></ul>	<ul style="list-style-type: none"><li>• 50% / 50%<sup>3</sup></li></ul>
	Out-of-pocket Maximums <sup>1</sup>	\$1,000 to \$7,150 (these include deductible, coinsurance, and copay amounts)			
	Office Visits <i>(primary care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"><li>• \$20 / \$35 / \$75</li><li>• \$35 / \$50 / \$75</li><li>• \$40 / \$60 / \$75</li></ul>	<ul style="list-style-type: none"><li>• \$25 / ded. and coins. / \$75</li><li>• \$35 / ded. and coins. / \$75</li><li>• \$40 / ded. and coins. / \$75</li></ul>		<ul style="list-style-type: none"><li>• \$50 / ded. and coins. / \$75</li><li>• Ded. and coins.</li></ul>
	Hospital and Surgery Charges	Applies to deductible and coinsurance.			
	Diagnostic X-ray and Lab Benefit	<ul style="list-style-type: none"><li>• Applies to deductible and coinsurance</li><li>• 100% first-dollar benefit</li><li>• \$500 first-dollar benefit, followed by deductible and coinsurance</li></ul>			
	Outpatient Physical Medicine / Chiropractic Care	Applies to deductible and coinsurance, limited to 30 visits per plan year			
	Subacute Rehab & Nursing Facility	Applies to deductible and coinsurance, limited to 31 days per plan year			
	Home Health Care	Applies to deductible and coinsurance, limited to 30 visits per plan year			
	Emergency Room Visit <i>Note: Copay waived if admitted</i>	<ul style="list-style-type: none"><li>• Applies to deductible and coinsurance</li><li>• \$250 access fee, followed by deductible and coinsurance</li><li>• \$250 copay, no deductible or coinsurance (not allowed on HSA plan types)</li></ul>			
	Emergency Care	Covered charges will be handled as network services, no matter where the services are performed, subject to any applicable Maximum Allowable Amounts. When the facility is out-of-network, the plan will cover the member's transfer to an in-network facility once the member is stabilized. All follow-up visits after the condition has stabilized will be treated as non-emergency treatment and services under the plan.			
	Mental/Behavioral Health and Substance Abuse	Outpatient, groups 50 and under: <ul style="list-style-type: none"><li>• Applies to deductible and 50% coinsurance. Limited to 40 visits per plan year</li></ul> Outpatient, groups over 50: <ul style="list-style-type: none"><li>• Follows plan copay, deductible, and coinsurance options chosen.</li></ul>		Inpatient, groups 50 and under: <ul style="list-style-type: none"><li>• Applies to deductible and 50% coinsurance. Limited to 30 days per plan year</li></ul> Inpatient, groups over 50: <ul style="list-style-type: none"><li>• Follows plan deductible and coinsurance options chosen.</li></ul>	
	Prescription Drugs <i>(generic / preferred / non-preferred)</i>	Copay options: <ul style="list-style-type: none"><li>• \$15 / \$45 / \$60</li><li>• \$20 / \$50 / \$75</li><li>• \$0 / \$35 / \$50</li></ul>		Non-copay options: <ul style="list-style-type: none"><li>• Apply to deductible and coinsurance</li><li>• 50% / 50% coinsurance option</li></ul>	
Infertility Treatments	Groups with 50 total employees and under: Not covered Groups with more than 50 total employees: Covered up to a maximum of \$10,000 per plan year				
Accident Medical Expense <i>(optional benefit)</i>	<ul style="list-style-type: none"><li>• \$500</li><li>• \$1,000</li></ul>				

<sup>1</sup> Health Savings Account (HSA)-compatible options.

<sup>2</sup> Not available with \$6,500 specific deductible.

<sup>3</sup> Not available with all networks.

Refer to your Summary Plan Description for full benefit details.

Allstate Benefits Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Allstate Benefits Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

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