

benefits available with **Meritain Health**, your third-party administrator



Meritain Health provides your group with efficient administrative services and support

Meritain Health, an independent subsidiary of Aetna, is one of the nation's largest administrators of health benefits. Meritain Health offers the resources of a national carrier combined with unmatched flexibility and plan options.

With Aetna's financial backing and 30-plus years of operational excellence, you can rest assured knowing Meritain Health has the experience and resources to keep your plan.

When you select a Meritain Health plan, you get:



Plan administration

Meritain Health handles your group's claims for you.



Customer service

Meritain Health handles your group members' customer service needs, helping them find plan information, check on the status of their claims, find in-network doctors, and more.



Broad network access

Your employees gain access to the Aetna Choice® POS II network.



Access to Teladoc® services

An affordable telehealth option that allows your employees to receive treatment anytime, anywhere, for many common, non-emergency conditions.

PRODUCT AVAILABILITY VARIES BY STATE. Not for use in Washington.

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

SEE REVERSE SIDE FOR PLAN BENEFITS

your health plan benefits available with Meritain Health

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 ¹	<ul style="list-style-type: none"> • \$6,500 • \$10,000 • \$15,000 	<ul style="list-style-type: none"> • \$20,000 • \$25,000 • \$30,000 	<ul style="list-style-type: none"> • \$40,000 • \$50,000 • \$100,000 			
Group member plan options	Deductible Options ¹ <i>Family deductible is two times the individual.</i>	<ul style="list-style-type: none"> • \$500 • \$1,000 • \$1,500² 	<ul style="list-style-type: none"> • \$2,000² • \$2,500² 	<ul style="list-style-type: none"> • \$2,750 • \$2,800² • \$3,000² 	<ul style="list-style-type: none"> • \$3,500² • \$5,000² 	<ul style="list-style-type: none"> • \$5,750³ • \$6,250³ • \$6,600⁴ 	<ul style="list-style-type: none"> • \$7,150⁴ • \$7,900⁴ • \$8,550⁴
	Coinsurance Options	<ul style="list-style-type: none"> • 100% • 90% / 10% 		<ul style="list-style-type: none"> • 80% / 20% • 70% / 30% 			
	Out-of-pocket Maximums ¹	\$1,000 to \$8,550 and \$1,000 to \$7,900 in CO (<i>this includes deductible, coinsurance, and copay amounts</i>)					
	Office Visits <i>(primary care physician / specialist / urgent care)</i>	<ul style="list-style-type: none"> • \$20 / \$35 / \$75 • \$35 / \$50 / \$75 • \$40 / \$60 / \$75 	<ul style="list-style-type: none"> • \$25 / Ded. and co-ins. / \$75 • \$35 / Ded. and coins. / \$75 • \$40 / Ded. and coins. / \$75 • \$50 / Ded. and coins. / \$75 	<ul style="list-style-type: none"> • Ded. then \$35 / \$50 / \$75⁵ • Ded. then \$50 / \$75 / \$100⁵ • Ded. then \$60 / \$100 / \$100⁵ 	<ul style="list-style-type: none"> • Ded. and coins. 		
	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 / Chiropractic Care	20 visits per plan year for chiropractic care Applies to deductible and coinsurance, limited to 30 visits per plan year					
	Acupuncture and Naturopathy <i>(optional benefit)</i>	<ul style="list-style-type: none"> • 12 visits per plan year for acupuncture • 12 visits per plan year for naturopathy • Applies to deductible and coinsurance • All visits apply towards the 30 visits per plan year for Outpatient Physical Medicine / Chiropractic Care 					
	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"> • \$250, \$350, or \$500 access fee, followed by deductible and coinsurance • \$250, \$350, or \$500 copay, no deductible or coinsurance (not allowed on HSA plan types) • Applies to deductible and coinsurance 						
Mental/Behavioral Health and Substance Abuse	Outpatient, groups 50 and under: <ul style="list-style-type: none"> • In-network: Applies to deductible and 50% coinsurance. Limited to 40 visits per plan year • Out-of-network: Applies to deductible and 30% coinsurance. Limited to 40 visits per plan year Outpatient, groups over 50: <ul style="list-style-type: none"> • Follows plan copay, deductible, and coinsurance options chosen. 			Inpatient, groups 50 and under: <ul style="list-style-type: none"> • In-network: Applies to deductible and 50% coinsurance. Limited to 30 days per plan year • Out-of-network: Applies to deductible and 30% coinsurance. Limited to 30 days per plan year Inpatient, groups over 50: <ul style="list-style-type: none"> • Follows plan deductible and coinsurance options chosen. 			
Prescription Drugs <i>(generic / preferred / non-preferred)</i>	Copay options: <ul style="list-style-type: none"> • \$0 / \$35 / \$50 • \$15 / \$45 / \$60 • \$20 / \$50 / \$75 	<ul style="list-style-type: none"> • \$5 / \$65 / \$100 • \$20 / \$65 / \$100 • Ded. then \$20 / \$50 / \$75³ 	Non-copay options: <ul style="list-style-type: none"> • Apply to deductible and coinsurance⁶ • 50% / 50% coinsurance option 				
Infertility Treatments	<ul style="list-style-type: none"> • 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"> • \$500 • \$1,000 						
TELADOC® <i>Optional for all plan designs</i>	Consultations at no additional cost to members.						

1 Availability varies by state.

2 Health Savings Account (HSA)-compatible options.

3 Available with HSA plans only.

4 Not available with \$6,500 specific deductible.

5 HSA plans only, One Ded & Ind/Fam Ded Accum Method, and all coinsurance options except 100%.

6 When you select this option, there is a 20% increase in the insured's coinsurance responsibility when

Non-Preferred Prescription Drugs are purchased. Applies to the following coinsurance options:

90% / 10%, 80% / 20%, 70% / 30%

Refer to your Summary Plan Description for full benefit details. Allstate is not available in AK.