

benefits available with **Allied**, your third-party administrator

Allied Benefit Systems, LLC (Allied) provides your group with efficient administrative services and support.



Your plan is managed and administered by our trusted third-party administrator, Allied Benefit Systems, LLC. 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..



Customer service

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



Excellent network access

Your employees gain access to the Aetna® Signature Administrators PPO Network and First Choice Network.

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

SEE REVERSE SIDE FOR PLAN BENEFITS



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	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"> • \$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 <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 • \$1,500¹ 	<ul style="list-style-type: none"> • \$2,000¹ • \$2,500¹ 	<ul style="list-style-type: none"> • \$2,750 • \$2,800¹ • \$3,000¹ 	<ul style="list-style-type: none"> • \$3,500¹ • \$5,000¹ • \$6,600² • \$7,150²
	Coinsurance Options	<ul style="list-style-type: none"> • 100% 		<ul style="list-style-type: none"> • 90% / 10% • 80% / 20% • 70% / 30% 	<ul style="list-style-type: none"> • 70% / 30% • 50% / 50%²
	Out-of-pocket Maximums	\$1,000 to \$7,150 (<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 	<ul style="list-style-type: none"> • \$40 / Ded. and coins. / \$75 • \$50 / Ded. and coins. / \$75 	<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	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"> • \$250 access fee, followed by deductible and coinsurance • \$250 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"> • \$15 / \$45 / \$60 • \$20 / \$50 / \$75 • \$0 / \$35 / \$50 		Non-copay options: <ul style="list-style-type: none"> • Apply to deductible and coinsurance • 50% / 50% coinsurance option 		
Accident Medical Expense <i>(Optional Benefit)</i>	<ul style="list-style-type: none"> • \$500 • \$1,000 				

¹ Health Savings Account (HSA)-compatible options.

² Not available with Aetna® Signature Administrators PPO Network.

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

PRODUCT AVAILABILITY VARIES BY STATE.

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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