

Cost Saver Benefits

Deductible	\$250 or \$500 per person per year as selected by the employer (waived for office visits)
Coinsurance	Office visits 100% in-network and 80% out-of-network
	All other physician and outpatient services except office visits 80% in-network and 50% out-of-network

Outpatient and Physician Benefits*		Maximum Benefit
Benefit Category	Copay	Plan 1000 Standard
Office Visits	\$20 copay per visit	\$4,000 per calendar year
All other physician, outpatient and outpatient facility services	\$50 copay per bill except outpatient surgical center \$250 surgical center copay (per surgery)	

Inpatient Facility Benefit* (Not subject to deductible and coinsurance)		Daily Benefit
Critical Care		\$1,000
Intermediate or Step-Down Care		\$750
Standard Care		\$500
Skilled Nursing or Rehab		\$250
Maximum Inpatient benefit in any 12 consecutive months is the lesser of 75 days or		\$75,000

Accident Benefit*	Maximum Benefit
Doctor's office, urgent care clinic or emergency room charges paid at 100% (deductible and coinsurance waived) for accidental injury	\$1,000 per calendar year

*Please refer to the exclusions and limitations in the plan disclosure for additional information.

Outpatient Prescription Drug Options

Generic Only Option

Generic prescription drugs (Brand name provided at Allied's contracted discount)	\$15 copay per prescription	\$1,000 Annual Limit
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Formulary Plan Options

Formulary Plan Options			Formulary \$75/\$500		Formulary \$150/\$1,500	
Tier	Description	Copay	Deductible	Maximum Benefit	Deductible	Maximum Benefit
0	Prescribed over the counter (Claritin, Zyrtec and Prilosec)	\$3	\$0	\$500 per calendar year	\$0	No Limit
1	Generic	\$10				
2	Brand-name Formulary	\$30	\$75	\$500 per calendar year	\$150	\$1,500 per calendar year
3	Brand-name Non-Formulary	\$50				
4	Specialty Pharmacy**	50% coinsurance				

**Specialty Pharmacy includes, but is not limited to, select drugs for treating enzyme deficiency, hemophilia and multiple sclerosis, as well as select types of drugs like blood modifiers (e.g. Epogen, Procrit), growth hormones, IGIV and Interferons. For more formulary information, visit www.alliednational.com.

Underwritten by:
American Alternative Insurance Corporation
Rated "A+" (Superior) by A.M. Best Co.

Administered by:



www.alliednational.com

This is a brief overview of the plan of benefits. For complete details including Covered Expenses, Exclusions and Limitations, please refer to the Certificate of Insurance issued to each insured employee.