



CoreValue

Health Plan

Employer Value. Employee Choice.
A unique **new** group health plan.

Right benefits. Right price.

Plan Administered By:



CELEBRATING 40 YEARS OF EXCELLENCE



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



High Deductible Health Plan

Affordability, Quality, Stability, Value

Flexibility, Simplicity, Choice, Freedom, Voluntary

Optional Supplemental Benefits



The **Allied™ CoreValue Health Plan** is a unique new group insurance plan for employers looking for value –

the right benefits at the right price.

the right benefits at the right price.

What is it?

The Allied CoreValue Health Plan is a simple new choice. It combines a High Deductible Health Plan with supplemental benefits to help employees manage their own health care costs. These plans are combined into one integrated package for simple administration - one plan, one bill, one claim source.

The optional supplemental benefits provide coverage for:

- Essential outpatient services and accidents. Outpatient benefits up to \$3,500 plus an additional \$1,000 of first dollar accident coverage. These benefits are payable until the insured has satisfied the annual major medical deductible.
- Hospitalizations – a daily indemnity benefit provides a cash payment up to \$1,000 a day to insured members admitted to the hospital. This cash benefit is paid even if the deductible has already been met for the year.

CoreValue provides a way for employers to stabilize their health insurance costs with affordable coverage and still provide true major medical protection. The supplemental benefits may be either employer paid or voluntary.

Who is it for?

The Allied CoreValue Health Plan is for employers looking for new ideas to help them control the costs of health insurance. By using a lower cost, high deductible plan as the core of the health insurance plan, costs can be lowered dramatically. Then, to close the deductible gap, varying levels of supplemental benefits may be purchased by the employer or the employee.





How does it work?

High Deductible Health Plan

Employers select a High Deductible Health Plan and a prescription drug plan that fits their benefit and price needs.

Supplemental Benefits – Two simple choices

Employers can purchase supplemental benefits for all employees or each employee can purchase them as voluntary benefits.

EMPLOYER PAY: If the employer pays for supplemental benefits, all employees covered under the high deductible plan receive supplemental benefits. Normal participation rules apply.

VOLUNTARY: If the employer pays only for the high deductible plan, supplemental benefits are available on a voluntary basis to each insured employee. The employer must pay for 100 percent of the employee's high deductible plan premium and 100 percent employee participation (after valid waivers) is required. An employee can then choose to purchase benefits based on their own health care consumption pattern. Voluntary supplemental benefits are guaranteed issue to any employee covered under the high deductible plan and are not subject to rate ups due to health.

CoreValue gives the employer value and affordability and gives employees a choice in how they spend their health care dollars.

High Deductible Health Plan:
Low cost major medical protection.

Supplemental Benefits:
Affordable benefits to bridge the deductible gap.

Two Simple Options, Employer Pay or Voluntary:
Supplemental benefits to fit every need.

*Affordability, Quality, Stability, Value,
Flexibility, Simplicity, Choice, Freedom, Voluntary*

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Employer Chooses Deductible	Options of \$3,500 to \$10,000 In-network Deductible
Plan Then Pays	100% of In-network Covered Expenses after the Deductible
Employer Chooses Prescription Drug Coverage	See available plan options below
<i>Family limit for in-network deductibles is two times the individual limit. Out-of-network individual deductible is two times the in-network deductible. There is NO family limit for out-of-network deductibles. Out-of-network coinsurance is 70% to \$6,000 maximum out-of-pocket. Family out-of-pocket maximum is two times the individual limit.</i>	

SUPPLEMENTAL BENEFIT OPTIONS

Outpatient + Accident

<p style="text-align: center;">Outpatient Benefits</p> <p><i>Covers office visit, physician, outpatient and outpatient facility charges</i></p> <p><i>Outpatient and Accident benefits paid until HDHP deductible is met.</i></p> <p><i>The HDHP deductible accrues for all covered charges, even while supplemental benefits are being paid.</i></p>	<p style="text-align: center;">\$25 Office Visit Copay per visit Plan pays 100% of Covered Office Visit charges after copay <i>(Out-of-network subject to copay and 80% coinsurance)</i></p> <p style="text-align: center;">Other Outpatient benefits begin after a \$250 deductible</p> <p style="text-align: center;">Plan pays 80% In-network <i>(50% Out-of-network)</i></p> <p style="text-align: center;">Total Outpatient Calendar Year Benefit of \$1,500, \$2,500 or \$3,500 (as selected by insured)</p>
<p style="text-align: center;">Accident Benefit included with Outpatient benefit option</p> <p><i>Doctor's office, urgent care clinic or emergency room charges</i></p>	<p style="text-align: center;">Plan pays 100% (deductible waived) up to an additional \$1,000 per Calendar Year</p>

Hospital Indemnity

<p style="text-align: center;">Hospital Indemnity Benefit</p> <p><i>Cash benefit paid to insured for inpatient confinement in a hospital</i></p> <p><i>Benefit paid even after HDHP deductible is met</i></p>	<p style="text-align: center;">\$2,500 per year (\$500 per day)</p>
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Prescription Drug Options

Employer selects a prescription drug option to meet their group's needs:

Generic Drug Only option – Low cost option with no benefit limits. Brand name drugs provided at discounted price.

Deductible Integrated Formulary Plan – No drug benefits until the high deductible health plan deductible is reached, then the standard Rx Formulary plan (described below) automatically activates.

Formulary plans – Standard copays as described below. The formulary plans are available with deductibles ranging from \$150 to \$500 for cost saving options.

Formulary Plan Copays		
Tier	Description	Patient Pays
0	Prescribed Over the Counter	\$3 Copay
1	Generic	\$10 Copay
2	Brand name Formulary	\$30 Copay
3	Brand name Non-Formulary	\$50 Copay
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 us online at: www.alliednational.com

Lab Card® Benefits

Wellness Horizons health plans extend your benefits by automatically enrolling you in the Lab Card® Program, which provides outpatient lab testing at no charge when done at a Quest Diagnostics facility or at a doctor's office that sends the tests to a Quest Diagnostics facility. It is a voluntary program, meaning that you can choose not to have your testing done using the Lab Card; however, you will be responsible for any deductible, coinsurance or copay for laboratory charges.

Wellness Benefit

The High Deductible Health Plan provides preventive benefits in accordance with the Patient Protection and Affordable Care Act of 2010. This includes all recommended preventive care services covered at 100 percent in-network. Out-of-network services covered under out-of-network benefits.

Participation Contribution Requirements and Eligibility EMPLOYER PAY

For the High Deductible Health Plan and Employer Pay supplemental benefits, the following participation requirements apply: A minimum of two insured employees is required at all times and a minimum employee participation of 75 percent of the eligible employees must be enrolled. Any employee who waives coverage because they have a qualifying existing coverage is not counted in the participation totals (unless the qualifying coverage is another plan with that same employer). However, at least 50 percent of the full-time employees (except in CA, GA and OK) must participate in the plan for the group to be considered eligible. The employer must contribute a minimum of 25 percent of each employee's premium costs. There are no minimum participation or employer contribution requirements for dependents.

VOLUNTARY

To qualify for Voluntary supplemental benefits, the employer must pay for 100 percent of the costs of the High Deductible Health Plan coverage and 100 percent employee participation (after valid waivers) is required in the High Deductible Health Plan. Each employee may then choose the level of supplemental benefits that meet their individual needs. There are no minimum participation requirements for Voluntary benefits, and the benefits are guaranteed issue to all High Deductible Health



Plan insured members.

My Health Assistant

You have access to the My Health Assistant program. My Health Assistant helps manage health care needs by giving you access to an array of cost effective services.

With the My Health Assistant membership, you receive:

- 24-Hour Nurse Hotline
- Online Physician Access
- 24-Hour Physician Telephone Consultation
- Patient Advocacy
- Online Health Information Library

The program is easy to use, and is provided at no additional cost.

This is a limited description of the Plan's benefits.

Please see the Wellness Horizons Plan Disclosure and the Certificate of Insurance for plan details including benefit limitations and exclusions.





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CELEBRATING 40 YEARS OF EXCELLENCE



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