



# Benefits For Your Health and Well-Being

## 2024 Open Enrollment Guide

Choose Your 2024 Benefits  
November 28<sup>th</sup> – December 15<sup>th</sup>



# Health Coverage Terms to Know

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When choosing a health plan, you may run across terms and phrases that are unfamiliar to you. Understanding these common health coverage terms can help as you decide on coverage for the coming year.

## 1. Premium

Your premium, also known as your employee contribution, is the amount you pay for health care coverage, and is deducted from your paycheck.

## 2. Deductible

Your deductible is what you pay up-front for care and is a set amount for the year. For most services, you will have to pay the full cost until you hit your deductible amount. After that, your health plan kicks in and shares costs for the rest of the year.

## 3. Copay

A copay is a fixed amount that you pay when you receive care.

**How this works with your deductible:** Typically, you don't need to meet your deductible for the copay amount to apply, and the money you spend on copays doesn't count toward your deductible.

**For example:** If your plan has a \$20 copay for every in-network specialist visit, you will owe \$20 when you go in for your visit.

## 4. Coinsurance

Coinsurance is a varying amount that you pay when you receive care and is calculated as a percentage of the allowed amount for a service.

**How this works with your deductible:** Typically, coinsurance doesn't kick in until you've met your deductible.

**For example:** You've met your deductible of \$1,000. If your plan has a 10% coinsurance for every in-network specialist visit, and your recent visit is \$100, you will owe \$10.

## 5. Out-Of-Pocket Maximum

The out-of-pocket maximum is the most you'll pay for care during your plan year before your health insurance begins to pay 100 percent of any allowed amounts.

**It's important to note** that this amount does NOT include your premium, balance-billed charges, or healthcare services your plan doesn't cover



# Your Health Plan Administrator



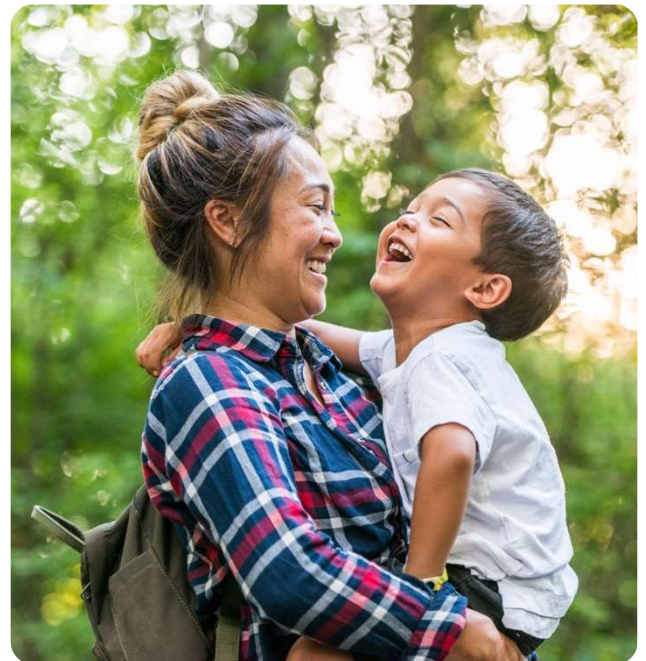
Life is unexpected, but your health care coverage shouldn't be.

Allied is committed to helping you and your family make the most of your benefits all year round. With access to on-demand tools and one-on-one customer service support, Allied makes it easy to manage your benefits and stay on track towards a healthier you.

## Manage your benefits at-home or on-the-go

Allied's member portal allows you to manage your benefits at any time from any device. Simply download the **My Allied Portal** mobile app or log in at [alliedbenefit.com](http://alliedbenefit.com) to get started.

- Access your digital ID card
- Look up claims and deductible progress
- Review your benefits, copays and coinsurance amounts
- Find in-network providers plus cost estimates for medical procedures and treatments



## Expert advice, just a phone call away

When you need help, **Allied's Member Services** team is ready to answer any questions, including:

- Help submitting claims, or understanding your medical bills
- Verify your benefits and coverage details directly with your providers
- Find in-network providers
- Navigate your benefits and tools through your online member portal

**Call 866-455-8727**

Monday-Thursday, 7:30 am to 7:00 pm CT

Friday 8:00 am to 5:00 pm CT

Saturday 9:00 am to 12:00 pm CT

# Medical Plan Options

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Your Employer offers a choice of medical plans designed to help you and your family maintain good health and financial well-being. Deciding which plan is best for you depends on your specific health care needs, preferences, budget, and lifestyle.

For this year, you have two plan options to choose from:

1. **5000 HDHP Plan**
2. **ACP 16 Plan**

When you enroll in any one of the Allied medical plans, you and your family will have:

- **Comprehensive coverage** for major medical services (unless noted otherwise).
- **Free Preventive Care.** Your plan pays 100% for certain in-network preventive care services with no out-of-pocket costs to you. Preventive benefits are determined by national guidelines (incl. USPSTF, HRSA, and the CDC) and may differ from what your doctor recommends. Make sure to check your Summary Plan Description for a complete list of covered services.
- **Prescription drug benefits** through your plan's selected pharmacy partner.
- **24/7 access** to Allied's member portal, so you can manage your benefits at any time from any device.
- **Dedicated support.** When you have a question or need assistance, Allied's Customer Service team is ready to help.



# HDHP Plan

Please note, the following chart presents only the highlights of your medical plan. More detailed information can be found in the Summary Plan Description.

<b>Plan Highlights</b>	<b>In-Network – Aetna</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$6,750	\$13,500
Family	\$13,500	\$20,000
<b>Amounts below are what YOU would pay</b>	<b>You Pay</b>	<b>You Pay</b>
Preventive Care Services	\$0	\$0
Primary Care Doctor Office Visit	20% after deductible	60% after deductible
Specialist Doctor Office Visit	20% after deductible	60% after deductible
Chiropractor	20% after deductible	60% after deductible
Lab Diagnostics and X-Rays	20% after deductible	60% after deductible
Complex Imaging Services (MRI, PET, and CT scans)	20% after deductible	60% after deductible
Urgent Care	20% after deductible	60% after deductible
Emergency Room	20% after deductible	Same as in-network
Hospitalization	20% after deductible	60% after deductible
Outpatient Surgery	20% after deductible	60% after deductible

The chart below provides a brief cost and coverage overview of this plan. More details can be found in the Summary Plan Description.

### Plan Highlights

### No Network\*

\*This plan does not utilize a PPO Network. Cost of services are based on the Medicare Reimbursement Rate

#### Calendar Year Deductible

Individual	\$2,000
Family	\$4,000

#### Calendar Year Out-of-Pocket Maximum

Individual	\$6,450
Family	\$12,900

#### Top Benefits

#### What Your Plan Covers

Preventive Care Services	100% of Medicare rate, deductible waived
Virtual Doctor Visit through Teladoc®	100%, deductible waived
Doctor Office Visits	100% of Medicare rate, deductible waived
In-Office Diagnostic Tests, X-Rays, and Imaging Services	100% of Medicare rate, deductible waived
Emergency Room	90% of Medicare rate, after deductible
Hospital Services (inpatient and outpatient)	90% of Medicare rate, after deductible
Urgent Care	90% of Medicare rate, after deductible
Outpatient Diagnostic Tests, X-Rays, and Imaging Services	90% of Medicare rate, after deductible

# How the ACP Works



The Affordable Care Plan (ACP) offered by Allied provides you and your family with the same covered benefits as would most traditional PPO plans, but with significantly lower out-of-pocket costs and no provider network. While the cost savings can be rewarding, it is important to carefully understand how this plan works as it may be different from other plans you have experienced. We have outlined some key information here so when you do need care, you will know what to do.

## What is the Affordable Care Plan (ACP)?

The Affordable Care Plan, or ACP, is a reference-based pricing plan, meaning it determines the cost of covered medical services you receive based on the Medicare reimbursement rate (or another derived equivalent), regardless of the amount charged by the provider. This type of plan aims to reduce the amount you spend on healthcare while still providing the same quality benefits that you and your family expect.

The primary advantages of enrolling in the ACP is transparency and cost savings. By using a provider who accepts this plan, you can be certain that you are paying a reasonable cost for the services you need and will often have a better understanding of how much treatment will cost you up-front.

## How does the Affordable Care Plan work with providers?

The ACP does not utilize a preferred provider network, so you can go to any provider of your choosing. Medical professionals and facilities are paid based on pricing set by the federal government, known as the **Medicare Fee Schedule**. Although this pricing is nationally recognized, all healthcare professionals have the right to decide whether or not to accept the ACP payment in full. As a result, you may be subject to a balance bill.

## How do I find a provider?

Although the ACP does not utilize a PPO network, the Allied Concierge Team is ready to help guide you to providers that have a track record of accepting Medicare fee schedule payments. However, a provider is still not obligated to accept the ACP payment as payment in full. Call the Allied Concierge Team at 855-442-3477.

## What information do I need to give my provider to confirm coverage?

Make sure to present your Allied subscriber ID card at every visit. If your provider has questions, have them call the Allied Customer Service number on the back of your ID card.

## What happens if the provider will not accept payment directly from the Affordable Care Plan?

The provider may require you to make a payment at the time of service. If this is the case, complete a [medical claim form](#), attach the provider itemized bill showing the amount paid, and submit it directly to the address listed on your subscriber ID card.

## What if I am unable to pay the amount billed to me that is not covered by The Affordable Care Plan?

Your Allied Patient Advocate can help you understand your plan and out of pocket expenses. Contact your Allied Patient Advocate at 855-442-3477 if you receive a medical balance bill over \$750.00.

# Prescription Drug Coverage



All Allied medical plans include prescription drug coverage through CVS Caremark. Your prescription drug coverage depends on the medical coverage level you choose.

	HDHP	ACP 16
<b>Rx Deductible</b>		
Individual	Combined with medical deductible	Combined with medical deductible
Family	Combined with medical deductible	Combined with medical deductible
<b>Rx Out-of-Pocket Maximum</b>		
Individual	Combined with medical out of pocket	Combined with medical out of pocket
Family	Combined with medical out of pocket	Combined with medical out of pocket
<b>30-day supply at retail</b>		
Generic	You pay 20% after medical deductible	You pay 10% after medical deductible
Preferred Brand	You pay 20% after medical deductible	You pay 10% after medical deductible
Non-Preferred Brand	Not covered	Not covered
<b>90-day supply via Mail Service</b>		
Generic	You pay 20% after medical deductible	You pay 10% after medical deductible
Preferred Brand	You pay 20% after medical deductible	You pay 10% after medical deductible
Non-Preferred Brand	Not covered	Not covered





## CVS Caremark is your pharmacy benefit manager and mail service provider.

When you enroll in a medical plan administered by Allied, you automatically receive prescription drug coverage through CVS Caremark. The CVS Caremark pharmacy network has more than 68,000+ retail pharmacies nationwide, including 9,900 CVS pharmacies plus many national and independent retail pharmacies, providing you with convenient access to fill prescriptions throughout the U.S.

### Through CVS Caremark, you can:



Manage your prescriptions, including your family's prescriptions



Order transfer and refills, and request new prescriptions from your doctors



Find a pharmacy. Go to Caremark.com and click "Locate Nearby Pharmacy" at the top of the page



Set-up 90-day prescription delivery by mail for maintenance medications

### Ways you can save on your prescriptions:

#### **Ask your doctor or pharmacist about generics versus brand name drugs**

Generics are the number one way your doctor or pharmacist can help save you money. By choosing generic medicines you can take more control of your health care costs and start saving. Generic medicine is high quality medicine that costs up to 80 to 85 percent less than its brand-name counterpart. The FDA requires that generic medicines have the same active ingredients, strength and dosage as their brand-name counterparts, which means they have the same quality and performance. And today nearly eight in 10 prescriptions filled in the U.S. are for generic medicine.

#### **Use the CVS Caremark Mail Service or Retail-90 pharmacy for your long-term medications**

Medications that you fill on an ongoing basis could cost you less by filling them through the CVS Caremark Mail Service or at a participating Retail-90 pharmacy. Plus, some medications that are filled in a 90-day supply have even lower copays or coinsurance compared to a 30-day supply. This includes certain medications for high blood pressure, coronary artery disease, congestive heart failure, asthma/COPD, depression, diabetes, statins for high cholesterol, and in 2021 some osteoporosis medications.

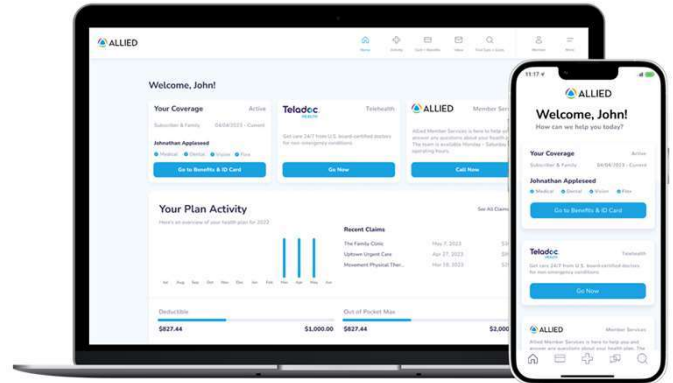
# My Allied Portal



**Beginning January 1, 2024**, you will have access to the new [My Allied Portal](#). My Allied Portal allows you to navigate your benefits and proactively manage your healthcare at any time from the mobile app or web browser.

## With My Allied Portal, you can:

- Find care and compare costs for providers and services in your network
- View what's covered under your plan and explore your unique benefit programs
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office



## How to Get Started:

1. On **January 1, 2024**, go to your device's app store and download the **My Allied Portal** app, or navigate to [alliedbenefit.com](#).
2. Once you have the app or website open, click "Sign Up."
3. Enter in your email address, desired password, first and last name, then click "Sign Up" to continue.
4. Next, verify your information by entering your date of birth, member ID, and group number, then click "Continue". Note, your member ID and group number can be found on your ID card.
5. You're all set! Start exploring your benefits and programs in the portal.

Active your account at [alliedbenefit.com](#) on **January 1<sup>st</sup>**.

Group number: A17112



Coming Soon - January 1, 2024

# My Allied Portal App



## Accessing your health plan just got easier

We're excited to introduce our brand-new My Allied Portal app, designed exclusively for you. With digital tools to keep you connected, your health plan will always be with you when you need it.

### Get ready to unlock your benefits:



#### Simplified Access

With the My Allied Portal app, your health plan information is always at your fingertips, making it simpler than ever to navigate your healthcare plan.



#### Find Providers and Compare Costs

Search for in-network providers and get personalized cost estimates for thousands of covered medical procedures.



#### Explore Your Care Programs

Understand what's covered under your health plan and discover enhanced care programs available to you and your family.



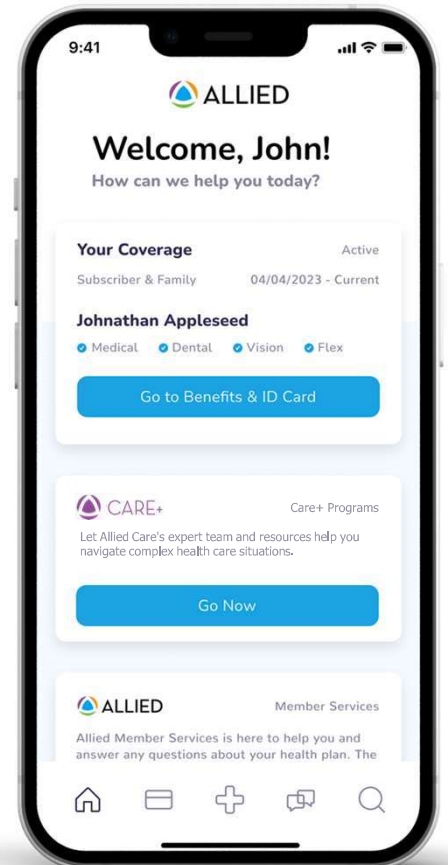
#### Track Your Plan Activity

Keep tabs on your claims, benefits, and progress toward your deductible with on-the-go access and real-time notifications



#### Get Your ID Card On-The-Go

View and share your health plan ID card with your doctor's office directly from your app.



## Activate your new portal on January 1, 2024

### STEP 1

On January 1st, go to [alliedbenefit.com](http://alliedbenefit.com) or head to your device's app store to download the My Allied Portal app

### STEP 2

Use your member ID and group number to log in. If you need assistance, our support team is just a call away.

### STEP 3

Start exploring the app's features and make the most of your healthcare benefits!

# How to set up your Allied Member Account

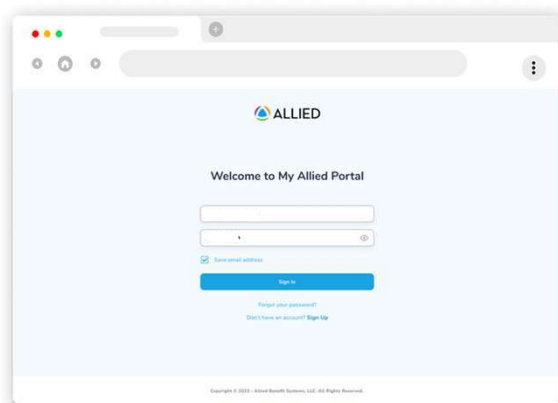


On **January 1<sup>st</sup>**, visit the Allied website and follow the steps below.

## STEP 1

### Navigate to Allied's website

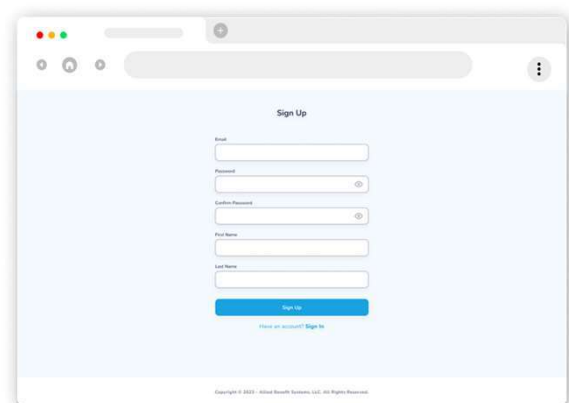
Go to [alliedbenefit.com/Members](http://alliedbenefit.com/Members) and click "Sign In or Create an Account." Then click "Sign Up" on the login page.



## STEP 2

### Create your account

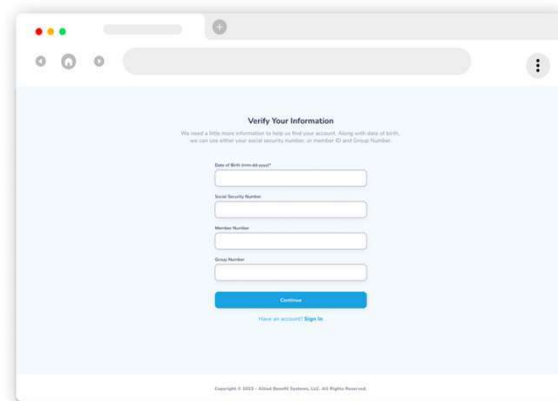
Enter your name, email address, and create a password. Note, your email address will be used for your login.



## STEP 3

### Verify your information

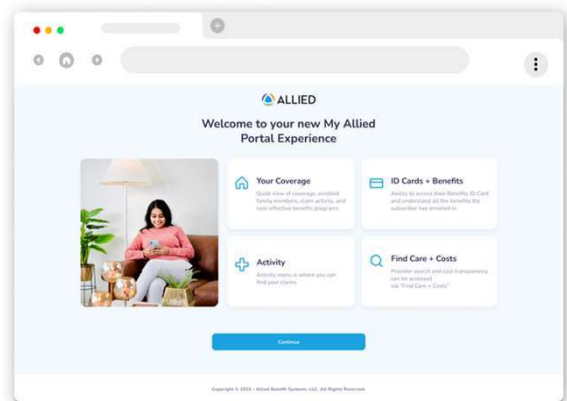
Enter your Date of Birth, followed by your Social Security Number (SSN), OR your Member ID and Group Number. Then click "Continue."



## STEP 4

### Complete your account

Last, confirm your EOB delivery preference, accept terms and conditions, and you're all set! Begin accessing your benefits right away.



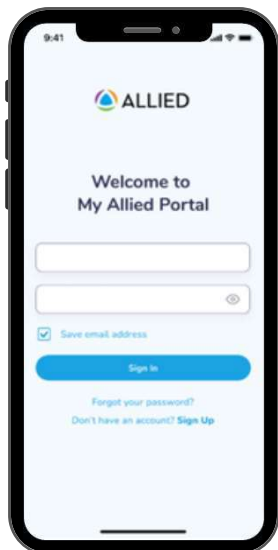
Active your member account at [alliedbenefit.com/Members](http://alliedbenefit.com/Members) on **January 1<sup>st</sup>**.

Group number: A17112

# How to set up your My Allied Portal mobile app

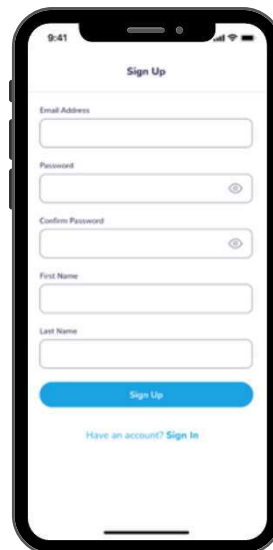


On **January 1<sup>st</sup>**, visit the Allied website and follow the steps below.



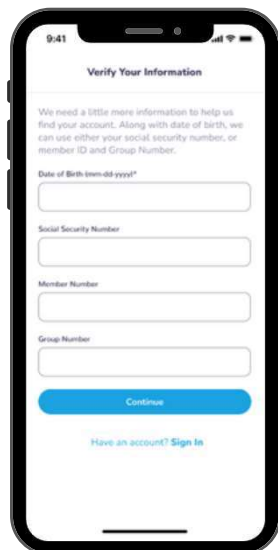
## STEP 1 Open the My Allied Portal app

Open the app from your mobile device and click “Sign Up.”



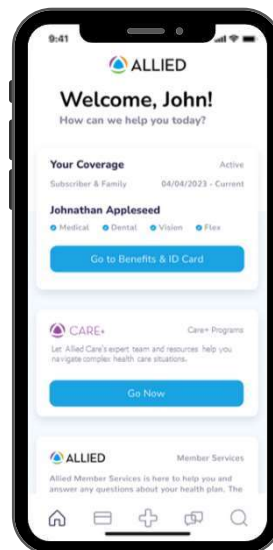
## STEP 2 Create your account

Enter your email address, desired password, and your name. Note, your email address will be used for your login.



## STEP 3 Verify your information

Enter in your Date of Birth, followed by your Social Security Number (SSN), OR your Member ID and Group Number. Then click “Continue.”



## STEP 4 Complete your account

Last, confirm your EOB delivery preference, accept terms and conditions, and you're all set! Begin accessing your benefits right away.

Active your member account at [alliedbenefit.com/Members](https://alliedbenefit.com/Members) on **January 1<sup>st</sup>**.

Group number: A17112

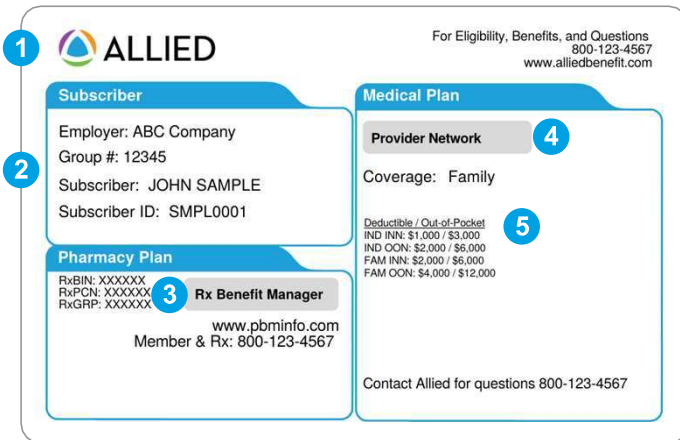


# Your Member ID Card



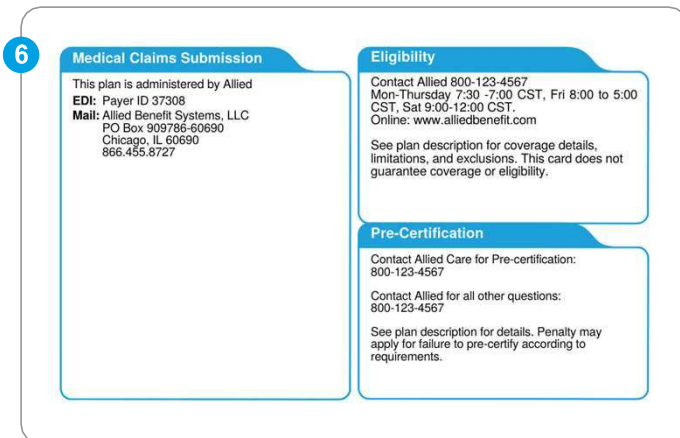
Your health plan ID card contains key information about you and your coverage. Keep your card with you at all times, so it is easily and readily accessible. Anytime you visit your doctor, hospital, or other health care provider, remember to show them this card so they know how to bill for the services they are providing you.

## Front of card



- 1. Allied** – Your contact for member services, eligibility, and benefit-related questions. Call the number listed here if you have questions about your plan or go to [alliedbenefit.com](http://alliedbenefit.com) to access your account online.
- 2. Group # and Subscriber ID** – These numbers identify you and the plan you are enrolled in. You will need these when registering on [alliedbenefit.com](http://alliedbenefit.com), calling Allied member services, or seeking care with providers.
- 3. Pharmacy Plan** – This confirms your pharmacy benefit information when you need to fill a prescription. Call this number if you have prescription related questions.

## Back of card



- 4. Provider Network** – This is the network of providers and hospitals that you have access to with your health plan. It's important that you visit healthcare providers who are in your network to maximize your plan benefits.
- 5. Coverage** – This confirms your coverage level, deductible, and out-of-pocket maximum amounts for your medical plan.
- 6. The back of your card** has important information for your provider on how to submit claims, verify eligibility and coverage, and contact to pre-certify applicable procedures.

Example only. Information on your ID card may vary.

## Accessing Your ID Card and More

Once you are enrolled in the health plan, you will receive two (2) physical ID cards in the mail. ID cards will arrive to your home before your plan's start date.

### For a digital copy of your ID card:

- Go to [alliedbenefit.com](http://alliedbenefit.com) to activate your member account.
- Follow the steps using the information shown on the front of your card.
- From your Allied member portal, you can print a temporary ID card, request a new ID card sent to you in the mail, or save a digital copy to keep on your phone for instant access.



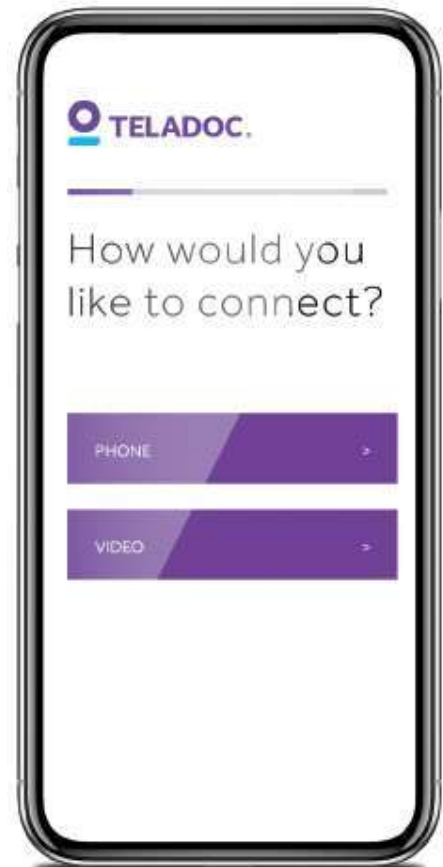
If you are enrolled in any one of the Allied medical plans, you have access to Teladoc. Your Teladoc benefit provides you and your covered family members access to virtual care services from anywhere you are.

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 by phone, video, web or app. Teladoc doctors can:

- Provide a diagnosis, treatment and prescription if needed.
- Treat bronchitis, flu, rashes, sinus infections, sore throats, and more.
- Help you avoid the high cost and long waits of the ER or urgent care.

Talk to a doctor for free

Call 1-800-TELADOC (835-2362) | Visit [Teladoc.com](https://www.teladoc.com)



\*Available to employees enrolled in an Allied medical plan

# Preventive Care Services for Adults and Children

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Preventive care is an important part of staying healthy, and to avoid potentially serious health conditions by obtaining an early diagnosis and treatment plan. This includes:



Check-ups (i.e., annual physical, pediatric well-visits, gynecology well-visits)



Cancer and other health screenings



Immunizations

Your plan pays 100% of certain preventive care services with no out-of-pocket costs to you. Preventive care is routine health care that includes screenings, checkups and patient counseling to help prevent illnesses, disease or other health problems. There may be some exceptions, so it's important to know what qualifies as preventive care and what questions to ask your doctor to avoid extra costs.



# Covered Preventive Services

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Preventive care is covered at 100% when 1) it is provided by an in-network doctor, 2) the claim is filed as a preventive visit, and 3) services are identified as preventive care under the Affordable Care Act (ACA). This list is not complete, so make sure you check the full list of services and any limitations in your employer's summary plan description available on your Allied Member Portal at [alliedbenefit.com](http://alliedbenefit.com).

## MEN



### Adult screening tests:

- Abdominal aortic aneurysm
- Blood pressure
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer

### Other services:

- Immunizations, including flu shot
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

## WOMEN



### Adult screening tests:

- Blood pressure
- Breast cancer counseling for genetic testing
- Cervical cancer screening (Pap test and/or HPV)
- Chlamydia and gonorrhea
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer
- Mammogram (breast cancer)
- Osteoporosis

### Other services:

- Contraception
- Immunizations, including flu shot
- Intimate partner violence
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

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## PREGNANT WOMEN

### Pregnancy-related screening tests:

- Bacteria in urine
- Gestational diabetes
- Hepatitis B
- Iron deficiency anemia
- Postpartum depression

### Pregnancy-related services:

- Breastfeeding support, supplies and counseling
- Folic acid supplementation

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## INFANTS, CHILDREN, AND TEENS



### Routine services and screening tests:

- Developmental and behavioral
- Fluoride dental varnish and oral health check
- Hearing/vision test
- Immunizations, including flu shot
- Newborn and infant screenings
- Well-baby/well-childcare

### Other services:

- Depression screening
- Lead exposure test
- Obesity counseling
- Sexually transmitted infection (STI) screening and counseling
- Tobacco and alcohol use counseling