

Allstate Benefits Secure Choice

a fully insured health plan
for small businesses



FOR USE IN TEXAS

Group health insurance plans offered by Allstate Benefits are underwritten by Integon National Insurance Company.
ABGH_1477

quality, coverage, and flexibility



Your employees are a vital part of your company's success. When you give your employees the coverage they need to take care of their health, you're protecting your company's future. A robust health benefits package can also help you attract and retain the best talent. That's why it's so important to choose the right group health benefits.

With Allstate Benefits Secure Choice you get:

- A fully insured PPO plan that pays benefits for both in-network and out-of-network health care providers. But remember – everyone saves the most when your members choose an in-network provider.
- **Flexibility.** It's easy to select a plan the best meets your company's needs and budget.
- **Claims auditing services.** These manual touchpoints help to ensure your members get the right treatment at the right time.
- **Quality coverage.** Our ACA-compliant plans include the 10 Essential Health Benefits*.
- **Exceptional service.** A knowledgeable, experienced, and trustworthy carrier that's easy to work with.
- **Guaranteed renewal.**

We're here for you. Our teams offer:



Group market expertise



Quick resolution of issues



Industry-leading solutions



Immediate access to support



Hands-on help at time of renewal

*<https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>

industry-leading support and resources



Managing your plan

Your Secure Choice plan offers online services that make it easy for you and your employees to access information about your plan at any time, from any device.

Pharmacy Benefits

Allstate Benefits partners with Cigna Pharmacy Management to provide your employees with pharmacy benefits that will help drive value and improved clinical outcomes. Cigna offers pricing transparency, clinical and specialty expertise, and comprehensive member support. With Cigna Pharmacy Management, your employees have access to myCigna.com where they can find information such as:

- **Medication Pricing** - Look up prescriptions to compare prices. The tool shows lower-cost alternatives like home delivery or generics.
- **Health Manager** - Access to articles, support groups, and other resources to help members get healthy and stay healthy.
- **Pharmacy home delivery** - Members can learn more about home delivery options and order refills of prescriptions.
- **Pharmacy search** - The wide range of filters will help members find the best in-network pharmacy location.

Cigna Pharmacy Benefit Management is offered through Cigna's contractual relationship with Allstate Benefits. Cigna is an independent company and not an affiliate of Allstate Benefits or Allied Benefit Systems.

plan design options



With many plan design options, you can find the best Secure Choice plan to meet the needs of your employees.

	HSA Compatible	Participating Provider Deductible Individual/Family	Participating Provider Coinsurance (Plan pays)	Participating Provider Total Max Out-of-Pocket Individual/Family	Office Visits PCP/ Specialist/ Urgent Care	ER Treatment, Diagnostic X-Ray and Lab, Outpatient Physical Medicine, Hospital and Surgery	30-day Retail Prescription Drugs Generic/ Preferred/ Non-preferred
Gold	No	\$1,000/\$2,000	70%	\$7,900/\$15,800	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$1,000/\$2,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$1,500/\$3,000	70%	\$7,900/\$15,800	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$1,500/\$3,000	80%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$2,000/\$4,000	80%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$2,400/\$4,800	80%	\$7,800/\$15,600	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	No	\$2,700/\$5,400	80%	\$7,200/\$14,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Gold	Yes	\$3,500/\$7,000	100%	\$3,500/\$7,000	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	No	\$3,000/\$6,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	Yes	\$3,000/\$6,000	80%	\$7,050/\$14,100	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	Yes	\$3,500/\$7,000	50%	\$6,750/\$13,500	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	Yes	\$3,500/\$7,000	70%	\$7,050/\$14,100	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	No	\$3,500/\$7,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	Yes	\$3,500/\$7,000	80%	\$7,050/\$14,100	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	No	\$3,500/\$7,000	80%	\$8,700/\$17,400	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	Yes	\$3,750/\$7,500	80%	\$7,050/\$14,100	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance

See next page for additional plan design options.

Network Options:

Allstate Benefits Secure Choice - Broad - available statewide

Infertility Option:

Infertility coverage is available with all plans. Ask your sales rep for more details.

plan design options

The higher the deductible you choose, the lower your monthly payment is. For example, choosing a bronze plan with a higher deductible will lower the monthly premium.

	HSA Compatible	Participating Provider Deductible Individual/Family	Participating Provider Coinsurance (Plan pays)	Participating Provider Total Max Out-of-Pocket Individual/Family	Office Visits PCP/ Specialist/ Urgent Care	ER Treatment, Diagnostic X-Ray and Lab, Outpatient Physical Medicine, Hospital and Surgery	30-day Retail Prescription Drugs Generic/ Preferred/ Non-preferred
Silver	No	\$3,750/\$7,500	80%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$4,000/\$8,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$4,500/\$9,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	Yes	\$5,000/\$10,000	100%	\$5,000/\$10,000	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Silver	No	\$5,000/\$10,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$5,000/\$10,000	80%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$6,000/\$12,000	70%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$6,500/\$13,000	80%	\$8,700/\$17,400	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Silver	No	\$7,900/\$15,800	100%	\$7,900/\$15,800	\$40/\$60/\$75	Deductible/ Coinsurance	\$20/\$50/\$75
Bronze	No	\$6,750/\$13,400	50%	\$8,700/\$17,400	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Bronze	No	\$7,000/\$14,000	70%	\$8,700/\$17,400	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Bronze	No	\$8,700/\$17,400	100%	\$8,700/\$17,400	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Expanded Bronze	Yes	\$7,050/\$14,100	100%	\$7,050/\$14,100	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Expanded Bronze	No	\$8,200/\$16,400	100%	\$8,200/\$16,400	Deductible/ Coinsurance	Deductible/ Coinsurance	\$20/\$50/\$75

Network Options:

Allstate Benefits Secure Choice - Broad - available statewide

Infertility Option:

Infertility coverage is available with all plans. Ask your sales rep for more details.

better benefits to keep your business healthy



When your employees are at their best, so is your company.

Allstate Benefits Secure Choice includes coverage for the 10 Essential Health Benefits¹ – the care your group members and your company need to thrive. This includes preventive and wellness services¹ such as vaccinations and screening tests – at no cost to your members!

Network Options

Allstate Benefits Secure Choice – Broad

A nationwide network that includes medical, pharmacy, and pediatric vision providers:

- Medical Network: Aetna Signature Administrators®
- Pediatric vision coverage is administered through VSP® Vision Care and uses the VSP Choice Network.
- Pharmacy coverage is administered through Cigna Pharmacy Management®. Plans will use the four-tier Cigna Legacy (Performance) Prescription Drug List.

To locate participating providers or to access to prescription formulary, please visit www.allstatebenefits.com.

Pediatric Vision Benefits:

Secure Choice plans provide vision essential health benefits for covered members aged 18 or younger. Pediatric vision benefits are offered through VSP® Vision Care. Your employees can access plan information, search for participating providers, and view claim information by visiting, <https://www.vsp.com/choiceonly>.

	Designated Eyewear Provider (Plan pays)	Non-Participating Provider (Plan pays)	Frequency
Routine Eye Exam	100%	50%	Every calendar year
<i>Eyewear limited to the covered persons choice of glasses or contacts</i>			
Lenses and Frames²	100%	50%	Every calendar year
Prescription Contact Lenses (instead of Glasses)	100%	50%	Every calendar year

Pediatric Dental Benefits

Secure Choice provides dental essential health benefits for covered members aged 18 and younger.

	Coverage (Plan Pays)
Class I: Preventive Dental Benefit	100%
Class II: Basic Dental Benefit	20% ³
Class III: Major Dental Benefit	50% ³
Class IV: Orthodontic Dental Benefit	50% ³

1 See <https://www.healthcare.gov/coverage/preventive-care-benefits/> for details. | 2 Frames from the Otis & Piper Eyewear Collection. 3 Benefits for participating and non-participating providers are subject to the medical plan in-network deductible and out-of-pocket.

plan details and exclusions

Family deductible accumulations

Individual/Family

Covered expenses for each family member accumulate toward his or her individual deductible and plan payments begin:

- For the family member — once his or her individual deductible is met.
- For all family members — once the combined amounts accumulated toward two or more individual deductibles reach the amount of the family deductible.

Out-of-pocket maximums

The family out-of-pocket maximum is the total dollar amount of covered charges that must be paid by employees and their covered dependents before we will consider any out-of-pocket maximum for all covered persons under the same family plan to be satisfied.

The individual out-of-pocket maximum is the dollar amount of covered charges that must be paid by each covered person before any out-of-pocket maximum is satisfied for that covered person.

Utilization review

When inpatient treatment is needed, the covered person is responsible for calling the number on the back of the ID card to receive authorization. If authorization is not received, a penalty could be applied. Authorization is not a guarantee of coverage.

Deductible credit

When coverage first begins, credit is given for any portion of a calendar-year deductible satisfied under the employer's prior medical plan during the same calendar year, except when the deductible credit is waived. No credit is given for prior years' deductibles. The deductible credit option can be waived.

Employment waiting period

The employment waiting is the number of consecutive days an employee must be working before he/she is eligible to be covered. The following choices are available: 0, 30, 60, or 90 days. If no waiting period is selected during the application process, we will default to a 30 day waiting period.

New hires

For groups with a 0-, 30-, or 60-day employment waiting period, new eligible employees and their dependents, upon satisfaction of the employment waiting period, are eligible for the following effective date:

- First day of the billing month following the expiration of the employment waiting period, when the enrollment request is received within 31 days of the effective date.

For groups with a 90-day employment waiting period, newly eligible employees and their dependents, upon satisfaction of the employment waiting period, are eligible for the following effective date:

- The first day following the expiration of the employment waiting period, when the enrollment request is received within 31 days of the expiration of the employment waiting period.

Summary of exclusions

The following services are excluded from coverage:

- Services by a medical provider who is an immediate family member or who resides with a covered person.
- Charges for services, supplies, or drugs provided by or through any employer of a Covered Person or of a Covered Person's family member.
- Treatment reimbursable by Medicare, Workers' Compensation, automobile carriers, or expenses for which other coverage is available.
- Vision therapy, surgery to correct vision, foot orthotics, or routine vision care and foot care unless part of the diabetic treatment.
- Charges for custodial care and private nursing.
- Charges for diagnosis and treatment of infertility except when the in vitro plan option is purchased.
- Charges for surrogate pregnancy or sterilization reversal.
- Charges for cosmetic services, including chemical peels, plastic surgery, and medications.
- Charges for umbilical cord storage, genetic testing, counseling, and services.
- Treatment of "quality of life" or "lifestyle" concerns including but not limited to obesity, hair loss, restoration or promotion of sexual function, cognitive enhancement, and educational testing or training.
- Over-the-counter drugs, (unless recommended by the United States Preventive Services Task Force and authorized by a health care provider), drugs not approved by the FDA, drugs obtained from sources outside the United States, and the difference in cost between a generic and brand name drug when the generic is available.
- Complications of an excluded service.
- Charges in excess of any stated benefit maximum.
- Treatment of an illness or injury caused by acts of war, felony, or influence of an illegal substance.
- Adult dental care not related to a dental injury.
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not pre authorized.
- Any correction of malocclusion, protrusion, hypoplasia, or hyperplasia of the jaws.
- Charges for cranial orthotic devices, except following cranial surgery.
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section.
- Charges for devices or supplies, except as described under a Prescription Order.
- Charges for prophylactic treatment.
- Charges related to health care practitioner-assisted suicide.
- Charges for growth hormone stimulation treatment to promote or delay growth.
- Charges for alternative medicine, including acupuncture and naturopathic medicine.
- Charges for chelation therapy except for laboratory proven toxic states as defined by peer-reviewed published studies.
- Charges for experimental or investigational services.

This brochure provides summary information for the health benefit plan templates. Please refer to the plan certificate for a complete listing of the benefits, terms, and exclusions. In the event that there are discrepancies with the information in this brochure, the terms and conditions of the plan certificate and other plan documents will govern.

about Allstate Benefits

Allstate Benefits is a leading provider of employee benefit solutions in the U.S. and Canada, protecting more than 8 million individuals with top-rated supplemental and self-funded insurance products. Allstate Benefits is proud to be part of The Allstate Corporation (NYSE: ALL), a Fortune 100 company and the nation's largest publicly held personal lines insurer. Allstate Benefits helps deliver the Good Hands® promise every day with the name that many know and trust. Learn more at www.allstatebenefits.com.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. Allstate Benefits is also a marketing name for products underwritten by Integon National Insurance Company. (Home Office, Milwaukee, WI). ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com



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Contact me for more information:

