



Allied Advocate

Take control of rising healthcare costs with proven mitigation strategies

Allied's proprietary claim management strategy, Allied Advocate, ensures that our members have access to quality care at an appropriate cost. By design, Allied Advocate works within a traditional PPO plan of benefits and is fully integrated with select plans through the Allstate Benefits self-funded program.

Allied Advocate combines clinical expertise with best-in-class technologies that translates into solutions with a profound impact on costs. Launched in 2005, Allied Advocate has over a decade of proven success in managing large claim expenses on behalf of its clients.

THE COST-CONTROL STRATEGY

On average, about 4% of total claimants account for nearly 50% of an employer's healthcare spend. Allied Advocate impacts:

- Ambulance charges exceeding \$2,500
- Inpatient hospital charges exceeding \$10,000
- Infusion therapy charges exceeding \$1,500
- Outpatient hospital charges exceeding \$2,500
- Outpatient ambulatory surgical center charges exceeding \$2,500
- Physician charges exceeding \$5,000
- Dialysis charges

MEMBER ADVOCACY MODEL

Throughout the negotiation process, members have complete access to Allied's Advocacy services. **Members will never be responsible for in-network provider balanced bills** for covered services above their deductible and out-of-pocket maximums.

Available with the PHCS Network in CO, ID, IL, KS, MA, MI, MN, OH, SC, TX, WI, WY.

The 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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HOW IT WORKS

- 1 Each day, the Advocate team identifies and reviews claims triggered.
- 2 Once a claim is identified, a letter is sent to the member introducing their Advocate and outlining the process.
- 3 The Advocate tracks each claim impacted by the program.
- 4 If the provider attempts to balance bill the member, the Advocate will safeguard the member and negotiate directly with the provider on the member's behalf.