Allstate®
HEALTH SOLUTIONS

Allstate Health Access

Fixed-benefit plans that offer an easy, affordable way to pay for everyday health care.

A LIFE Association member offering.

life is full of what ifs...

But when it comes to health care, questions like, "What if I get sick or injured?" and "What if I have unexpected costs?" can leave us wondering if we have the right amount of coverage.

In today's fast-paced world, managing healthcare costs can be overwhelming. A fixed benefit medical plan simplifies this process by providing a predetermined payout for various healthcare services, ensuring you can access essential medical care without the burden of exorbitant expenses.

Whether it's routine check-ups, specialist visits, or urgent care, these plans offer peace of mind, allowing you to focus on your health rather than worrying about unexpected bills. With a fixed benefit plan, you have the flexibility to tailor your healthcare choices, making it an ideal solution for everyday healthcare needs.

LIFE Association benefit[1]

The LIFE Association, Inc. is a not-for-profit association, established in 1990 for the purpose of improving the personal, professional, and financial lives of our members. LIFE's industry leading educational, lifestyle and health resources are second to none. Various association membership plans include educational training, healthcare, identity theft protection, wellness savings, travel services, retail savings, family programs, and quarterly newsletters.

As a valued member, you will have access to a large variety of upgraded healthcare benefits offered through the association group insurance contracts with major insurers. These health plans are designed with cost in mind, so there is an array of excellent choices to meet each member's budget.

NOTE: In the state of California, South Dakota, and Virginia this policy must be purchased as a supplement to other health insurance coverage.

Notice: This plan does not meet the definition of Minimum Essential Coverage under the Affordable Care Act.

[1] See page 11 for more details.

health care without the hassle

Benefits in every plan

Predictable, set payments and premium rates	You know exactly what your plan will pay for office visits, lab tests, hospitalization and more. Plus, your rates are guaranteed for three years on all plans.
Short waiting periods[2]	Immediate benefits for injury and sickness; 90 days for preventative care.
Adult and child options	Coverage eligibility for all ages, up to 65; child-only plans available.[3]
Flexibility and renewability	Apply anytime; plans auto-renew and some benefits increase each year.
No maximums	There are no annual or lifetime maximum caps.

First Health Network

Access to 5,300 hospitals, 100,000 ancillary facilities, and 695,000 doctors and health care providers, with discounts for covered services from network providers.

Find a First Health provider at: www.firsthealthlbp.com

[2] No waiting period for injury and sickness benefits. The waiting period for preventive care services is 90 days from effective date. In California, the waiting period preventive care is 30 days. [3] Child-only plans are not available in MO, OH and PA.

add benefits with optional services from Recuro Health

Recuro Health prescription benefit[4]

Recuro's prescription benefit includes $0 copay for chronic conditions and urgent care medications. It is accepted at over 65,000 retail pharmacy locations across the U.S.

- Prescription benefit card
- Medication delivery
- Extensive list of prescriptions
- National pharmacy network
- Easy-to-use member portal

Learn more at: recurohealth.com/prescription-benefit/

Recuro Health virtual care[4]

Access to virtual urgent care that provides unlimited 24/7 access with $0 copay for you and your family, ensuring that you get quality care when you need it, all from the convenience of your mobile device or computer.

Learn more at: recurohealth.com/offering-primarycare/

Recuro Health virtual behavioral health

Recuro Health virtual behavioral health services features a $0 copay and combines comprehensive care with the comfort and convenience of home. It treats a variety of conditions, including ADHD, anxiety, depression, PTSD, bipolar disorder, sleep disorders, and more. Most health visits are available within 48 hours[5], giving you flexibility in getting the care you need when you need it. Virtual behavioral health services include:

- Psychiatry[6]
- Therapy and counseling
- Depression screening
- Risk scoring
- Primary care coordination

Learn more at: recurohealth.com/offering-behavioralhealth/

For more information on Recuro Health, scan the QR code below:

RECURO HEALTH

[4] The Recuro Health virtual care and prescription benefit are optional benefits, and not insurance. The prescription benefit has a $50 maximum benefit per prescription fill. Recuro does not accept child only plans. [5] Subject to provider listed availability. [6] Psychiatry requires copay of $260 for initial visit and $140 on follow up visit. These copays are separate from insurance and do not accumulate towards any out-of-pocket costs.

pick the right plan for you

Plan pays per covered person.

	Metal gap	Core	Plus
Inpatient hospitalization			
Hospital admission	$6,000; 1 per year	$2,000; 2 per year	$2,000; 3 per year
Confinement (sickness)	$100 per day	$3,000; per day	$4,000; per day
Confinement (injury)[7]	$100 per day	$4,000; $6,000; $8,000; per day	$6,000; $9,000; $12,000; per day
ICU (sickness)	$100 per day; 60 days	$5,000 per day; 60 days	$6,000 per day; 60 days
ICU (injury)	$100 per day; 60 days	$5,000 per day; 60 days	$6,000 per day; 60 days
Health care practitioner visit	$100 per visit; 5 per year	$100 per visit; 10 per year	$150 per visit; 10 per year
Surgery			
Surgeon (tier 1)[8]	$8,000 per surgery; 2 per year	$9,000 per surgery; 3 per year	$10,000 per surgery; 4 per year
Surgeon (tier 2)	$3,000 per surgery; 2 per year	$4,000 per surgery; 3 per year	$5,000 per surgery; 4 per year
Surgeon (outpatient)	$3,000 per surgery; 2 per year	$4,000 per surgery; 2 per year	$5,000 per surgery; 3 per year
Assistant surgeon (tier 1)[8]	$2,500 per surgery; 2 per year	$4,500 per surgery; 3 per year	$5,000 per surgery; 4 per year
Assistant surgeon (tier 2)	$1,000 per surgery; 2 per year	$2,000 per surgery; 3 per year	$3,000 per surgery; 4 per year
Assistant surgeon (outpatient)	$1,000 per surgery; 2 per year	$1,500 per surgery; 2 per year	$2,000 per surgery; 3 per year
Anesthesia (tier 1)[8]	$1,000 per surgery; 2 per year	$1,500 per surgery; 3 per year	$2,000 per surgery; 4 per year
Anesthesia (tier 2 inpatient)	$500 per surgery; 2 per year	$750 per surgery; 3 per year	$1,000 per surgery; 4 per year
Anesthesia (tier 2 outpatient)	$250 per surgery; 2 per year	$500 per surgery; 2 per year	$1,000 per surgery; 3 per year
Outpatient surgical facility	$500 per surgery; 2 per year	$500 per surgery; 2 per year	$500 per surgery; 3 per year

[7] This benefit increases in your second and third consecutive year with the plan. The first number is your year-one benefit amount; the second number is your year-two benefit amount; and the third number is your year-three benefit amount. After year three, this benefit then stays at that amount for all future years. [8] Tier 1 surgeries include the following: amputation, excluding fingers, thumbs, and toes; carotid endarterectomy; coronary artery bypass grafting (CABG); cesarean section (c-section) due to complications of pregnancy; heart valve repair/replacement; hip replacement; spinal fusion; prostatectomy; splenectomy; and surgery for intracranial (brain) aneurysm.

Plan pays per covered person.

	Metal gap	Core	Plus
Outpatient			
Office visit	$100 per visit; 4 per year	$150 per visit; 7 per year	$175 per visit; 10 per year
Preventive care office visit	N/A	$150 per visit; 2 per year	$200 per visit; 2 per year
Urgent care visit	$200 per visit; 2 per year	$150 per visit; 3 per year	$200 per visit; 4 per year
Testing, radiology and laboratory services			
Radiology	N/A	$100 per test; 5 per year	$125 per test; 5 per year
Laboratory	N/A	$35 per test; 7 per year	$35 per test; 10 per year
Outpatient chemotherapy and radiation therapy	N/A	$3,000 per month	$4,000 per month
Observation unit			
Observation unit	$1,500 per day; 1 per year	$1,500 per day; 1 per year	$1,500 per day; 2 per year
Emergency services			
Ambulance (ground)	$1,000 per trip; 1 per year	$1,000 per trip; 2 per year	$1,000 per trip; 3 per year
Ambulance (air)	$25,000 per trip; 1 per year	$25,000 per trip; 1 per year	$25,000 per trip; 1 per year
Emergency room	$250 per visit; 1 per year	$300 per visit; 2 per year	$300 per visit; 3 per year

guaranteed issue plan

	Guaranteed issue
Inpatient hospitalization	
Hospital admission	$500; 1 per year
Confinement (sickness)[7]	$1,000; $1,250; $1,500; per day; 90 days
Confinement (injury)[7]	$2,000; $2,500; $3,000; per day; 90 days
ICU (sickness)	$2,000 per day; 60 days
ICU (injury)	$4,000 per day; 60 days
Health care practitioner visit	$50 per visit; 1 per year
Surgery	
Surgeon (tier 1)[8]	$5,000 per surgery
Surgeon (tier 2 inpatient and outpatient)	$1,000 per surgery
Outpatient	
Office visit	$75 per visit; 2 per year
Laboratory services	
Radiology	$200 per test; 1 per year
Laboratory	$75 per test; 1 per year
Emergency services	
Ambulance (ground)	$500 per trip; 1 per year
Ambulance (air)	$1,000 per trip; 1 per year

[7] This benefit increases in your second and third consecutive year with the plan. The first number is your year-one benefit amount; the second number is your year-two benefit amount; and the third number is your year-three benefit amount. After year three, this benefit then stays at that amount for all future years. [8] Tier 1 surgeries include the following: amputation, excluding fingers, thumbs, and toes; carotid endarterectomy; coronary artery bypass grafting (CABG); cesarean section (c-section) due to complications of pregnancy; heart valve repair/replacement; hip replacement; spinal fusion; prostatectomy; splenectomy; and surgery for intracranial (brain) aneurysm.

how the plan works

Access plans pay set benefits for covered services, regardless of what your provider charges:

Preventative office visit[9]

Description	Amount
Preventative office visit	$330.00
Lipid panel laboratory test	$96.00
Total	**$426.00**
Network discount	-$158.00
Total after network discount	**$268.00**

Access plans	Core	Plus
Preventative office visit benefit	$150.00	$200.00
Laboratory test benefit	$35.00	$35.00
Total benefit	**$185.00**	**$235.00**
Your balance	**$83.00**	**$33.00**

Rotator cuff surgery[10]

Description	Amount
Rotator cuff surgery cost	$19,500.00
Network discount	-$10,140.00
Total after network discount	**$9,360.00**

Access plans	Core	Plus
Surgery benefit	$4,000.00	$5,000.00
Assistant surgeon benefit	$1,500.00	$2,000.00
Anesthesia benefit	$500.00	$1,000.00
Ambulatory surgical center benefit	$500.00	$500.00
Total benefit	**$6,500.00**	**$8.500.00**
Your balance	**$2,860.00**	**$860.00**

Pneumonia inpatient hospitalization[9]

Description	Amount
Inpatient hospitalization cost	$30,000.00
Network discount	-$12,000.00
Total after network discount	**$18,000.00**

Access plans	Core	Plus
Hospital admission benefit	$2,000.00	$2,000.00
Confinement sickness benefit	$9,000.00	$12,000.00
Radiology benefit	$100.00	$125.00
Laboratory benefit	$105.00	$105.00
Inpatient physician visit benefit	$300.00	$450.00
Total benefit	**$11,505.00**	**$14,680.00**
Your balance	**$6,495.00**	**$3,320.00**

[9] Financial data derived from historical claim data and First Health Network reports. | [10] www.workrightnw.com/the-cost-of-injury-the-shoulder/

frequently asked questions

Is this plan an Affordable Care Act (ACA) plan?

No, this plan is not an ACA-compliant plan. Allstate Health Access is a limited medical plan that pays set-dollar amounts when a member receives particular services, no matter what the provider charges. Members are responsible for any remaining costs not covered by the plan benefits. Limited medical plans are not major medical insurance and do not meet the standards set by the ACA.

Do I need to complete an application to qualify for coverage?

Yes. To obtain an Allstate Health Access plan, you must complete a short application which includes questions regarding your health. Your answers will determine whether or not you are eligible for the coverage.

Do your plans have network requirements?

With your Allstate Health Access plan, you have access to First Health Network providers that may offer you a discount on services, saving you money up front. There are no penalties for seeing a doctor that is not in the network. The plan pays the same dollar amount no matter which provider you see. You are responsible for all remaning costs.

How do I find network providers?

Your new policy information packet and ID cards will include this link to help you find providers in your network: www.firsthealthlbp.com

Does this plan cover pre-existing conditions?

No, this plan does not cover treatment for pre-existing conditions in the first 12 months of coverage.

See the Limitations and Exclusions page for more information about pre-existing conditions.

What are first-dollar benefits?

"First-dollar" benefits are benefits paid without any deductibles or copays to satisfy first. Please note that this pays a set fixed-benefit so any costs that exceed the benefit amount are the customer's responsibility.

Is there a waiting period?

Yes, there is a 90-day waiting period for preventive services. There is no waiting period for other services.

If I have other health insurance that covers an expense, will I still get benefits from my Allstate Health Access plan?

Yes, you will receive your fixed-benefit amount for your covered service. You get paid regardless if other coverage has also paid for the same benefit.

What if I want more coverage?

We have smart solutions that can help. Add more levels of cost protection with our supplemental accident and critical illness plans. They help you get affordable coverage for the things in life you can't see coming.

Ask your agent for more information.

limitations and exclusions

Pre-existing condition limitation

There is no coverage for a pre-existing condition for a continuous period of 12 months following the policy effective date of a covered person.

Pre-existing condition means a sickness, injury, or condition, including any related or resulting complications:

- For which medical advice, consultation, diagnosis, care, or treatment (includes receipt of services, supplies, or diagnostic tests) was received or recommended from a provider or prescription drugs were prescribed during the one years period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
- That produced signs or symptoms during the one year period immediately prior to the covered person's effective date.

The signs or symptoms were significant enough to establish manifestation or onset by one of the following:

- The signs or symptoms reasonably should have allowed or would have allowed a medical provider to diagnose the condition; or
- The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek medical advice, consultation, diagnosis, care, or treatment.
- A pregnancy that exists on the day before the covered person's effective date will be considered a pre-existing condition.

Additional items not covered

Unless set forth as a benefit in the benefits section, this policy does not cover charges for:

- Treatment, services or supplies that are: 1) received before the effective date or after the termination date; 2) not specifically listed in the benefits section; 3) provided at no cost to the covered person; 4) are in excess of the maximum allowable amount or maximum benefit stated.
- Complications of non-covered treatment, services, or supplies.
- Treatment, services or supplies that are: 1) experimental or investigational services; 2) provided while participating in a clinical trial; 3) preventive services except as otherwise covered in the benefits section; 4) prophylactic; 5) for the personal comfort or convenience of the covered person, the covered person's family, a health care practitioner or a provider; 6) incurred outside of the United States or its possessions or Canada.
- Suicide or attempted suicide, health care practitioner assisted suicide, or intentionally self-inflicted injury.
- War or any act of war; participation in the military service of any country.
- A covered person's voluntary attempt to commit, participation in, or commission of a felony, whether or not charged.
- An injury resulting from or related to a covered person being under the influence of illegal narcotics, non-prescribed controlled substances, or alcohol (such that the covered person is intoxicated per state law).
- Eye exams, eyeglasses, contact lenses and eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.
- Routine hearing exams, cochlear implants, auditory prosthesis or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- Snoring, sleep disorders, the treatment or prevention for hair loss, change in skin pigmentation, or cognitive enhancement.
- Gastric bypass surgery for weight control, obesity or morbid obesity, including but not limited to any type of gastric bypass or other weight loss surgery, suction lipectomy.
- Cosmetic services, capsular contraction, augmentation or reduction mammoplasty, except reconstructive surgery.
- Mental illness or substance abuse.
- Any hazardous activity, whether or not compensation is received including, but not limited to: parachute jumping, hang-gliding, bungee jumping, rodeo activities, racing any motorized vehicle or conveyance, rock or mountain climbing, skydiving or parkour.

limitations and exclusions

- Any injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in any hazardous occupation or other activity for which compensation is received including, but not limited to racing any non-motorized vehicle or conveyance and professional or semi-professional contact sports.
- An injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
- Chronic pain disorders.
- Foot conditions.
- Dental treatment, orthodontic treatment, or care for supporting structures of the teeth; temporomandibular or craniomandibular joint dysfunction; maxillary or mandibular hypoplasia; malocclusion; mandibular protrusion or recession; maxillary or mandibular hyperplasia.
- Sclerotherapy, varicose veins or spider veins.
- End stage kidney or end stage renal disease.
- Congenital conditions, except when provided to a newborn or newly adopted child who is a covered person.
- Growth hormone therapy; allergies and allergy testing.
- Pregnancy, except for complications of pregnancy; including but not limited to: childbirth; fetal reduction surgery; abortion; infertility diagnosis and treatment; cryopreservation of sperm or eggs; surrogate pregnancy; umbilical cord stem cell or other blood component harvest; sterilization, drugs or devices used directly or indirectly to promote or prevent conception; and sexual treatment regardless of underlying causes.
- Treatment, services, or supplies related to transplants and organ donation.
- Herbal or homeopathic medicines or products; minerals; vitamins; health and beauty aids; batteries; appetite suppressants; dietary or nutritional substances or dietary supplements; nutraceuticals; tube feeding formulas and infant formulas; medical foods; devices or supplies including, but not limited to, support garments, bandages and non-medical items regardless of intended use.
- Treatment, services or supplies 1) provided by or through any employer of a covered person or the employer of a covered person's immediate family member; or 2) provided by the covered person's immediate family member or any entity in which a covered person or their immediate family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity.

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Allstate Health Solutions business operations in this state; and/or you have not moved to a state where this plan is not offered. Allstate Health Solutions has the right to change premium rates upon providing appropriate notice.

Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

All benefits are subject to your plan's terms and limitations.

Allstate Health Access plans are fixed-indemnity insurance plans that pay limited benefits. Allstate Health Access plans do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.

This is not major medical insurance. This plan provides fixed indemnity benefits for hospital confinement and specified medical and surgical covered services. Fixed indemnity benefits are paid in the amount show in the benefit schedule for the covered services without regard to the cost of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's bill.

Empowered Members, Informed Choices

About the LIFE Association

The LIFE Association is a not-for-profit, members-only association. Memberships provide access to Allstate Health Solutions plus many other lifestyle-related benefits and discounts on everyday services and needs.

Telemed for LIFE

Telemedicine is a modern, easy-to-use solution for non-emergency illnesses like colds, the flu, rashes, and more. Doctors are available 24 hours a day, 365 days a year.

Travel

Whether you're flying home for the holidays, planning a romantic getaway, or just need tickets to a sold-out Broadway show, LIFE Association has benefits and savings you're going to love.

ID Protection

LIFE Association will monitor thousands of databases and millions of records to keep your identity safe. Should you become a victim of identity theft, recovery specialists will help you restore your pre-theft status.

Wellness

Get access to the lowest rates at over 14,000 high quality fitness facilities and take the first step towards a healthier lifestyle.

Diagnostic Facility and Hospital Negotiations*

Members in need of a diagnostic radiology procedure (MRI, MRA, CT scan, PET scan, etc.) may save 5%-60% through the savings program. Members facing hospitalization may also use the LIFE Association negotiation services, which may significantly reduce costs.

Learn more at: **lifeassociation.org**

LIFE Association memberships are made available through AHCP, LIFE's exclusive Member & Agent Support.

For questions call 800-557-5024, or email benefits@LIFEAssociation.org.

Ask your agent for a life membership book for details.

LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. Your agent and Allstate Health Solutions may receive financial compensation in connection with membership fees.

* Negotiations are not available for services that have been paid for, are already in collections, have already been negotiated, or are older than 60 days. Other restrictions may apply. Negotiations may not be applicable if services have already been discounted through other networks and benefits provided by this plan.

LIFE Associtation membership is not required in NV, PA, SD, WY.

Allstate®
HEALTH SOLUTIONS

about

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals and associations. Allstate Health Solutions is the marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation. These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. Each underwriting company is responsible for its respective products. National Health Insurance Company underwrites policies in AL, AR, AZ, CA, DC, DE, FL, GA, IL, KY, LA, MI, MO, MS, NC, NE, NV, OH, OK, PA, SC, SD, TN, TX, VA, WV, WY.

allstatehealth.com

Allstate Health Access plans are fixed-benefit medical plans that help pay for out-of-pocket costs for covered services. This plan is available to you through a LIFE Association membership.

For use in: AL, AR, AZ, CA, DC, DE, FL, GA, IL, KY, LA, MI, MO, MS, NC, NE, NV, OH, OK, PA, SC, SD, TN, TX, VA, WV, WY

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