

Allstate
HEALTH SOLUTIONS

hospital expense protection plus

Fixed-benefit plans to help cover hospital stays, ambulances, and other emergency and outpatient services.

A LIFE Association member offering.



coverage that stays with you

When you need an ambulance or hospitalization, you should be worried about one thing — you. Not whether or not you can afford the care.

Allstate Health Solutions designed Hospital Expense Protection Plus to help cover these unexpected costs, wherever you are, when you need it most. Choose from a basic plan to a max plan that also cover things like doctor's visits and lab services.

Benefits in every plan

- Ambulance, hospital admission, daily confinement and observation unit coverages.
- Fixed cash benefits let you know exactly what your plan will pay for services.
- No waiting periods so benefits are available day one.
- Benefits are paid in addition to any other medical coverage you have.
- No network restrictions, with your choice of hospital or provider.

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.

THIS PLAN PROVIDES LIMITED BENEFITS.

[1] See page 6 for more details.

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

pick the right plan for you

All plans pay set dollar amount for specific health care services, with benefits available day one. Choose the plan that fits your needs and budget to get started.

	Base plans *For those looking to offset the cost of hospital stays.*			Max plans *Benefits for hospital stays, along with more common needs like office and urgent care visits.*		
	Plan A	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**
Inpatient hospitalization						
Hospital admission	$1,500; 1 per year	$3,000; 1 per year	$5,000; 1 per year	$500; 1 per year	$1,500; 1 per year	$3,000; 1 per year
Confinement (sickness)	$150/day; 31 days	$150/day; 31 days	$150/day; 10 days	$150/day; 31 days	$150/day; 31 days	$150/day; 31 days
Confinement (injury)	$150/day; 31 days	$150/day; 31 days	$150/day; 10 days	$150/day; 31 days	$150/day; 31 days	$150/day; 31 days
ICU (sickness)	N/A	N/A	N/A	N/A	N/A	$1,000/day; 1 day
ICU (injury)						$1,000/day; 1 day
Outpatient services						
Office visit	N/A	N/A	N/A	$75/visit; 2 per year	$75/visit; 2 per year	$75/visit; 2 per year
Urgent care visit				$75/visit; 2 per year	$75/visit; 2 per year	N/A
Observation unit	$750/visit; 1 per year	$1,500/visit; 1 per year	$2,500/visit; 1 per year	$250/visit; 1 per year	$750/visit; 1 per year	$1,500/visit; 1 per year
Emergency services						
Ambulance (ground)	$250/trip; 1 per year	$250/trip; 1 per year	$250/trip; 1 per year	$250/trip; 1 per year	$250/trip; 1 per year	$250/trip; 1 per year
Ambulance (air)	$25,000/trip; 1 per year	$25,000/trip; 1 per year	$25,000/trip; 1 per year	$25,000/trip; 1 per year	$25,000/trip; 1 per year	$25,000/trip; 1 per year
Emergency room	N/A	N/A	N/A	N/A	N/A	$250/visit; 4 per year
Laboratory services						
Radiology	N/A	N/A	N/A	$50/test; 2 per year	$50/test; 2 per year	$50/test; 2 per year
Laboratory				$50/test; 2 per year	$50/test; 2 per year	$50/test; 2 per year

Any costs that exceed the benefit amount are the customer's responsibility.

limitations and exclusions

Pre-Existing condition exclusion

This plan provides benefits only for covered services identified in the benefits section.

We will not pay benefits for claims resulting from, or relating to, any of the following:

» Sickness and injury resulting directly or indirectly from a pre-existing condition or a complication resulting therefrom for the first 12 months following the covered person's effective date.

» 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 1 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 1 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.

» Treatment, services, or supplies received before the effective date or after this certificate terminates in accordance with the termination provision.

» Treatment, services, or supplies not specifically listed as a covered services in the benefits section.

» Complications of non-covered treatment, services, or supplies.

» Treatment, services, or supplies that are experimental or investigational services.

» Treatment, services, or supplies provided while participating in a clinical trial.

» Charges for preventive services except as otherwise covered in the benefits section.

» Prophylactic services, including prophylactic surgery or other procedures performed to prevent a disease process from becoming evident in the organ or tissue at a later date.

» 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.

» Injury resulting from or related to being under the influence of:
  - Illegal narcotics or non-prescribed controlled substances.
  - Alcohol such that the covered person is intoxicated (where the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the injury took place).

» Charges for routine eye exams, eyeglasses, and contact lenses.

» Eye surgery for cataracts, nearsightedness, farsightedness, or astigmatism.

» Charges for routine hearing exams.

» Cochlear implant, 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.

» Custodial care, respite care, rest care, supportive care, homemaker services, personal comfort or convenience of the covered person, the covered person's family, a health care practitioner or a provider.

» Cosmetic services, including but not limited to cosmetic or plastic surgery, except for reconstructive surgery.

» Capsular contraction, augmentation or reduction mammoplasty, except for reconstructive surgery.

» Mental illness or substance abuse.

» An injury sustained while participating in, instructing, demonstrating, guiding or accompanying others in 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, parkour.

limitations and exclusions

- An 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.
  - Professional or semi-professional contact sports.
- Injury sustained while participating in any inter-collegiate sport, contest or competition for any such sport, contest or competition.
- Treatment, services, or supplies received outside of the United States or its possessions or Canada. Drugs or medications obtained from pharmacy provider sources outside the United States.
- Treatment, services, or supplies resulting from or related to chronic pain disorders.
- Foot conditions including, but not limited to, flat foot conditions, bunion, corns.
- Reproductive or contraceptive treatment, services, or supplies including, but not limited to:
  - Pregnancy, except for complications of pregnancy, childbirth, fetal reduction surgery, 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, abortion.
- Treatment, services, or supplies, regardless of underlying causes, including, but not limited to:
  - Sex transformation, gender dysphoric disorder, gender reassignment, sexual function, dysfunction or inadequacy.
- Dental treatment, services, or supplies.
- Orthodontic treatment, services or supplies, including, but not limited to, dental braces and dental appliances.
- Care for supporting structures of the teeth.
- Temporomandibular or craniomandibular joint dysfunction.
- Maxillary or mandibular hypoplasia.
- Malocclusion or mandibular protrusion or recession.
- Maxillary or mandibular hyperplasia.
- Sclerotherapy or other treatment, services, or supplies resulting from or related to varicose veins or spider veins.
- Growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
- Allergies (including allergy testing, allergy shots, and allergy immunotherapy), except for emergency treatment of allergic reactions.
- Services provided by or through any employer of a covered person or the employer of a covered person's immediate family member.
- Services provided by or through any 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.
- End stage kidney or end stage renal disease.
- Treatment, services, or supplies related to transplants and organ donation.
- Congenital conditions, except when provided to a newborn or newly adopted child who is a covered person.
- Products, drugs or medicines in the following categories, whether or not prescribed by a health care practitioner:
  - Herbal or homeopathic medicines or products, minerals and 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.
- Outpatient prescription drugs.

Renewability

Guaranteed renewable except for stated reasons: this certificate is guaranteed renewable until attainment of age 65 years except for stated reasons. This certificate automatically renews except as stated in the effective date and termination date provision section.

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.

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.

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 9,000 high quality fitness facilities and take the first step towards a healthier lifestyle.

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.

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, MS, NC, NE, NV, OH, OK, SC, TN, TX, VA, WV, and WY.

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