Allstate®
HEALTH SOLUTIONS

medical expense shield

Flexible short term coverage bundled with fixed-benefit protection.

A LIFE Association member offering.
PPO network provided by Aetna®

coverage for the everyday and the unexpected

When life's in flux, you want health insurance that keeps pace with the changes.

Cover everyday health care and unexpected medical costs with Medical Expense Shield from Allstate Health, a plan that bundles short term health insurance with fixed-benefit protection.

As health care costs continue to climb, you need coverage that weathers whatever comes next.

Medical Expense Shield offers flexibility and choice, working together to give you more coverage, broader protection, and added peace of mind.

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.

Notice: This plan does not meet the definition of Minimum Essential Coverage under the Affordable Care Act. Note: These Short Term Medical and fixed-benefit products are also available for standalone purchase.

[1] See page 19 for more details.

your shield against high medical costs

Medical Expense Shield bundles (MES) two types of coverage: short term health insurance and a supplemental fixed-benefit plan. Together, these plans help you save on medical costs – planned or not – while giving you access to the care you need.

How it works

Medical Expense Shield – Fixed-Benefit pays first-dollar benefits on covered care from day one. That means you get cash benefits paid to you[2] right from the start, based on the plan you choose. The fixed-benefit portion of your coverage has no deductible to meet.

And as you get care, every dollar you spend out of pocket works towards the deductible for your Medical Expense Shield – Short Term Medical. Once you hit that deductible, the plan pays for 100% of most covered services for the rest of the term. Your fixed-benefit plan will keep paying benefits as well.

These two policies work individually and together, strengthening your protection against both common and unexpected medical costs, including doctor visits, urgent care, emergency services, and more.

Highlights

Plan terms	MES – Short Term Medical is available in terms of 12/24/36 months[3]
Deductibles	Two deductible levels $25,000 or $35,000 Your MES – Fixed-Benefit plan pays benefits to you directly, which you can use to offset the out-of-pocket costs under your MES – Short Term Medical plan until you meet that plan's deductible. No separate deductible for MES – Fixed-Benefit.
Network access	Aetna Open Choice® PPO Network[4]
Pre-existing conditions	Pre-existing conditions limitations are based on the start date of your policy.

[2] When MES – Short Term Medical plan is active, fixed-benefit payments are made directly to covered beneficiary. If the MES – Short Term Medical plan is expired (inactive), beneficiary can choose to receive fixed-benefit payments directly or assign them to providers. [3] Plan durations vary by state; maximum allowable policy period in SC is 11/22/33 months. MES – Short Term Medical expires at the end of selected term. Fixed-benefit portion will continue active for as long as premiums are paid. Members may purchase another MES – Short Term Medical plan. Pre-existing conditions limitations start over for new MES – Short Term Medical policy only. [4] Open Choice network available when MES – Short Term Medical is active. If MES – Short Term Medical expires and another MES – Short Term Medical is not purchased, network will switch to First Health Network for fixed-benefit coverage.

predictable benefits
to enhance your protection

Fixed-Benefit coverage

Health insurance covers your medical costs, but it's not always easy to predict those costs. Medical Expense Shield – Fixed-Benefit offers control and predictability, working alongside your medical coverage for better peace of mind.

With Medical Expense Shield – Fixed-Benefit you'll always know what your plan pays for covered care.

Highlights

- **Predictable payments**
  Fixed cash benefits paid directly to you, regardless of other coverage and based on the service, not the cost.

- **Low or no waiting periods**
  Immediate benefits for illness and injury, with a 90-day waiting period for preventive care.

- **Flexible and renewable**
  Covered Core and Covered Plus plans available. Plans auto-renew based on eligibility[5] and some benefits increase each year.

- **No maximums[6]**
  No annual or lifetime caps on coverage.

[5] Renewable up to age 65. [6] Limits apply on covered services per plan year.

pick the right plan for you

Fixed-Benefit

	Fixed-Benefit - Core	Fixed-Benefit - Plus
Inpatient hospitalization		
Hospital admission	$2,000; 2 per year	$2,000; 3 per year
Confinement (sickness)	$3,000 per day	$4,000 per day
Confinement (injury)	$4,000/day in year 1 $6,000/day in year 2 $8,000/day in year 3+	$6,000/day in year 1 $9,000/day in year 2 $12,000/day in year 3+
ICU (sickness)	$5,000 per day (60 days)	$6,000 per day (60 days)
ICU (injury)	$5,000 per day (60 days)	$6,000 per day (60 days)
Inpatient health care practitioner visits	$100 per visit (10 visits)	$150 per visit (10 visits)
Surgery		
Surgeon (tier 1)	$9,000 per surgery (3 per year)	$10,000 per surgery (4 per year)
Surgeon (tier 2)	$4,000 per surgery (3 per year)	$5,000 per surgery (4 per year)
Surgeon (outpatient)	$4,000 per surgery (2 per year)	$5,000 per surgery (3 per year)
Assistant surgeon (tier 1)	$4,500 per surgery (3 per year)	$5,000 per surgery (4 per year)
Assistant surgeon (tier ²)	$2,000 per surgery (3 per year)	$3,000 per surgery (4 per year)
Assistant surgeon (outpatient)	$1,500 per surgery (2 per year)	$2,000 per surgery (3 per year)
Anesthesia		
Tier 1	$1,500 per surgery (3 per year)	$2,000 per surgery (4 per year)
Tier 2	$750 per surgery (3 per year)	$1,000 per surgery (4 per year)
Outpatient	$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 (3 per year)

pick the right plan for you

Fixed-Benefit

	Fixed-Benefit - Core	Fixed-Benefit - Plus
Outpatient		
Office visit	$150 per visit (7 per year)	$175 per visit (10 per year)
Preventive care office visit	$150 per visit (2 per year)	$200 per visit (2 per year)
Urgent care facility visit	$150 per visit (3 per year)	$200 per visit (4 per year)
Testing, radiology & laboratory services		
Radiology	$100 per test (5 per year)	$125 per test (5/year)
Laboratory	$35 per test (7 per year)	$35 per test (10 per year)
Outpatient chemotherapy & radiation therapy	$3,000 (per month)	$4,000 (per month)
Observation unit		
Observation unit	$1,500 per day (1 per year)	$1,500 per day (2 per year)
Emergency		
Ambulance (ground)	$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)
Emergency room	$300 per trip (2 per year)	$300 per trip (3 per year)

medical coverage on your terms

Short Term Medical coverage

Medical Expense Shield – Short Term Medical from Allstate Health gives you flexibility and control. Get protection for the time you need it, with short term coverage offering robust benefits.

Highlights

- Two deductible levels: $25,000 or $35,000
- Plan pays 100% of costs for most covered services after deductible[7]
- Countrywide access to providers through Aetna
- Coverage starts as soon as the next day[8]

Access to Aetna

Choose from more than 2 million primary care doctors and specialists across 38,600 hospitals in the Aetna Open Choice® PPO Network.[9]

Find a provider at: myallstatehealthsolutions.com/aetnaopenchoiceppo

[7] Coinsurance, copays, and access fees may apply. See coverage breakdown for details. [8] Waiting period of 7 calendar days applies for sickness benefits, unless the effective date is more than 7 days from the application date. [9] Source: Aetna analysis of actual number of total hospital facilities and total network providers in the Open Choice PPO network as of January 1, 2026. Data is subject to change.

pick the right plan for you

Short Term Medical

	Short Term Medical - $25,000	Short Term Medical - $35,000
Cost sharing[10]		
Deductible — individual	$25,000	$35,000
Deductible — family 2x individual deductible	$50,000	$70,000
Coinsurance amount you pay after deductible	0%	0%
Policy maximum	$5,000,000	$5,000,000
Emergency services		
Emergency room	$250 access fee[11] after deductible	$250 access fee[11] after deductible
Ambulance (ground only)[12]	deductible	deductible
Inpatient services		
Inpatient hospital	deductible	deductible
Inpatient rehab	$150 per day (30 days max) + deductible	$150 per day (30 days max) + deductible
Outpatient services		
Surgeon	deductible	deductible
Assistant surgeon	Up to 20% surgeon's benefit deductible	Up to 20% surgeon's benefit deductible
Anesthesia	Up to 20% surgeon's benefit deductible	Up to 20% surgeon's benefit deductible
Outpatient procedures	deductible	deductible
Organ transplant and marrow reconstitution		
Procedure	deductible $100,000 max	deductible $100,000 max
Donor	$10,000	$10,000

[10] Cost-sharing amounts are for in-network care. Out-of-network deductible is capped at 2x the in-network deductible for both plan tiers. Out-of-pocket costs may be higher from non-network providers. [11] Waived if admitted to hospital. [12] STM does not cover air ambulance.

	Short Term Medical - $25,000	Short Term Medical - $35,000
Health care practitioner services		
Office visits	deductible	deductible
Urgent care	deductible	deductible
Diagnostics and lab	deductible	deductible
Outpatient physical medicine	deductible (30 visits max)	deductible (30 visits max)
Joint, neck, and spine	deductible up to $5,000	deductible up to $5,000
Dental injury	deductible	deductible
Telehealth and telemedicine	deductible	deductible
Other services		
Home health	Max $50 per visit (30 visits)	Max $50 per visit (30 visits)
Durable medical equipment and supplies	deductible	deductible
Radiation/chemotherapy	deductible	deductible
Dialysis	deductible	deductible
Preventive care		
Adult & child preventive screenings[13]	deductible	deductible
Adult immunizations	None	None
Child immunizations[14]	deductible	deductible

[13] Limited for specific screenings. [14] This benefit is First Dollar in Mississippi.

when Short Term Medical expires

Medical Expense Shield bundles two plans into one – Short Term Medical and fixed-benefit coverage – maximizing your protection against the high cost of health care.

But it's important to note that these two products have different term limitations. Here's what you need to know about when your Medical Expense Shield – Short Term Medical plan expires.

- **Medical Expense Shield – Short Term Medical expires when the term ends.**

  This varies by the plan you've chosen and state limitations. You'll know ahead of time when this portion of your coverage expires.

- **Your Medical Expense Shield – Fixed-Benefit plan is still in place.**

  This portion of your coverage remains in effect until you choose to cancel or update your coverage.

Once the Short Term Medical portion expires, you can enroll in another (different) Short Term Medical plan with Allstate Health.

If you do:

- ☑ Provider network remains the same.
- ☑ You'll get a new ID card with your new plan information.
- ☑ Pre-existing conditions limitations will start over.
  (Only for the Short Term Medical portion; does not apply to fixed-benefit coverage.)

If you choose not to enroll in a new Medical Expense Shield – Short Term Medical plan, your fixed-benefit coverage remains in effect on its own. However, you will get a new, separate ID card for this plan. The network for your Medical Expense Shield – Fixed-Benefit plan will change to First Health Network.

Note: These Short Term Medical and fixed-benefit products are also available for standalone purchase.

boost your protection with optional benefits from Recuro

Recuro Health prescription benefit[15]

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[15]

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[16], giving you flexibility in getting the care you need when you need it. Virtual behavioral health services include:

- Psychiatry[17]
- Therapy and counseling
- Depression screening
- Risk scoring
- Primary care coordination

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

[15] 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. [16] Subject to provider listed availability. [17] 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.

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

RECURO HEALTH

Knee surgery

Let's say an unexpected injury results in the need for outpatient knee surgery. Here's how the two portions of your Medical Expense Shield plan work together to help you cover the costs.

Because the Medical Expense Shield – Short Term Medical deductible hasn't been met, you're responsible for the cost of your care. But the fixed-benefit portion of your coverage pays from the start, putting money back in your pocket as you work towards that deductible.

In this example, the Medical Expense Shield – Fixed-Benefit plan pays you $8,810 for your covered care, leaving you with a total of $1,990 out of pocket for your knee surgery. **But the entire cost** ($10,800) counts towards your deductible, getting you one step closer to the Short Term Medical portion of your plan taking over and paying for covered care at 100%.

Outpatient surgery to repair a knee injury

Treatment Costs:	$18,000
Estimated Network Discounts:	- $7,200
New Total:	**$10,800**

Medical Expense Shield – Short Term Medical Deductible:	$25,000

Medical Expense Shield - Fixed-Benefit Covered Plus

Cash payments directly to you:

Ambulance to hospital	$1,000
Emergency room	$300
Outpatient surgery	$5,000
Outpatient surgery center	$500
Anesthesia	$1,000
Office visits with provider (2 visits)	$350
Radiology (5 visits, max)	$625
Lab work (5 tests)	$35
Total reimbursement to you:	**$8,810**

Total treatment cost:	**$10,800**
Medical Expense Shield - Fixed-Benefit reimbursements:	- $8,810
Total amount you owe:	**$1,990**

Note: Not an actual case. Presented for illustration only. Cost of services will vary. Financial data used in example was derived from historical claim data.

Heart attack

Now, let's say you experience a major medical event, such as a heart attack, and you need surgery to correct the problem. Here's how Medical Expense Shield would work in this case.

Your Medical Expense Shield – Short Term Medical plan has a $25,000 deductible, which sounds impossible to meet. But it's working alongside the fixed-benefit portion of your coverage at the same time. And that fixed-benefit portion pays you directly, helping to offset any amounts you're paying until you meet that deductible. Then, the Short Term Medical portion kicks in and pays for covered care at 100%.

In this example, you were left with a total of $3,375 out of pocket for a medical bill that started out at $86,700 before network discounts.

Medical Expense Shield offers added financial protection during worst-case scenarios.

Coronary artery bypass

Treatment Costs:	$86,700
Estimated Network Discounts:	- $14,500
Total owed:	**$72,200**

Medical Expense Shield – Short Term Medical Deductible:	$25,000

Medical Expense Shield - Fixed-Benefit Covered Core

Cash payments directly to you:

Ambulance to hospital	$1,000
Emergency room	$300
Surgeon (tier 2)	$4,000
Assistant surgeon (tier 2)	$2,000
Anesthesia	$750
Hospital admission	$2,000
ICU confinement (1 day)	$5,000
Hospital confinement (2 days)	$6,000
Inpatient provider visits (4 visits)	$400
Lab work (5 tests)	$175

Total reimbursement to you:	**$21,625**

Total treatment cost:	**$72,200**
Medical Expense Shield – Short Term Medical Deductible:	$25,000
Medical Expense Shield – Fixed-Benefit reimbursements to you:	-$21,625
Difference between deductible and fixed-benefit payments:	-$3,375
Amount paid by Medical Expense Shield – Short Term Medical (after deductible):	-$47,200

Consider a Cancer and Heart/Stroke policy with cash benefits for covered conditions to help manage additional out-of-pocket costs in situations like this.

Note: Not an actual case. Presented for illustration only. Cost of services will vary. Financial data used in example was derived from historical claim data.

limitations and exclusions

Medical Expense Shield – Short Term Medical

Pre-existing condition limitation

This Plan does not cover any charges related to certificate benefits resulting directly or indirectly from a pre-existing condition or a complication resulting therefrom.

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 year 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. This does not apply in TN.

Organ transplant or marrow reconstitution

Both organ transplant and marrow reconstitution services are covered under the plan pursuant to applicable terms and limitations. Benefits are subject to deductible and coinsurance.

- Maximum benefit of $100,000 per certificate.
- Donor expense maximum benefit of $10,000 per certificate.

Additional charges not covered by this certificate

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

- Treatment, services or supplies that are: 1) received before the effective date or after the termination date; 2) provided at no cost to the covered person; 3) not specifically listed in the benefits section; 4) are in excess of the maximum allowable amount or maximum benefit stated.
- Complications resulting or related to treatment, services or supplies that are not covered.
- Treatment, services or supplies that are: 1) experimental or investigational services; 2) preventive; 3) prophylactic;
- 4) not medically necessary; 5) received in a clinical trial; 6) for the personal comfort or convenience of the
- covered person, the covered person's family, a health care practitioner or a provider; 7) incurred outside of the United States or its possessions or Canada.
- Suicide or attempted suicide, health care practitioner assisted suicide, and intentionally self-inflicted injury; war or any act of war or participation in the military service of any country.
- Treatment, services or supplies paid by Medicare or any other government law or program except Medicaid
- (Medi-Cal in California), motor vehicle insurance, no fault insurance or worker's compensation insurance.
- Treatment, services or supplies incurred while a covered person is committing or participating in a felony.
- 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).
- Eyeglasses, contact lenses, eye exams, eye refraction, eye surgery, vision therapy.
- Artificial hearing devices, batteries, cochlear implants, auditory prostheses or other mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
- Smoking cessation; snoring; sleep disorders; treatment of hair loss; change in skin pigmentation; cognitive enhancement.

limitations and exclusions

- Gastric bypass surgery.
- Weight reduction or weight control programs or treatment, surgery for weight control, obesity or morbid obesity, suction lipectomy, physical fitness programs, exercise equipment, exercise therapy, health club or gym membership fees, nutritional and dietary counseling.
- Family and/or marriage counseling; hypnotherapy; custodial care, respite care; rest care; supportive care; homemaker services; private duty nursing services rendered during hospital confinement; standby health care practitioners; hospice care.
- Adjustments; manipulations; acupuncture; rolfing; cupping therapy; massage; biofeedback; neurotherapy; electrical stimulation; aversion therapy; non-medical items; self-care or self-help programs; stress management; aromatherapy; meditation or relaxation therapy; naturopathic medicine; homeopathic medicine; acne.
- Cosmetic services, capsular contraction, augmentation or reduction mammoplasty, except reconstructive surgery.
- Sales tax or gross receipt tax; provider administrative expenses; missed appointments; non-medical items.
- Learning disorders or disabilities or developmental delays; educational services; wilderness therapy programs; or, education-based residential treatment programs.
- Mental illness or substance abuse; applied behavior therapy or applied behavior analysis, except as covered in the autism spectrum disorder (ASD) benefit.
- 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 or non-motorized vehicle or conveyance, rock or mountain climbing, skydiving or parkour.
- Any hazardous occupation or other activity for which compensation is received including, but not limited to: skiing, horse riding, or racing any non-motorized vehicle or conveyance.
- An injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
- Chronic pain disorders.
- Surgery for: ear tubes, tonsils, adenoids, hernia, sinuses, or deviated septum.
- Joint replacement, unless related to an Injury.
- End stage kidney or end stage renal disease.
- Foot conditions.
- Cranial orthotic devices.
- Genetic testing, genetic counseling or reproductive treatment; growth hormone therapy; allergies and allergy testing.
- Pregnancy, except for complications of pregnancy; including but not limited to: childbirth; fetal reduction surgery; routine well baby care, including hospital nursery charges at birth; 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 resulting from or related to any congenital condition, except when provided to a newborn or adopted child added who is a covered dependent.
- 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. This does not apply in FL. Limitations against temporomandibular do not apply in KY.
- Sclerotherapy, varicose veins or spider veins.
- Herbal or homeopathic medicines or products; minerals; vitamins; appetite suppressants; dietary or nutritional substances or dietary supplements; nutraceuticals; tube feeding formulas and infant formulas; medical foods.
- Over-the-counter products or drugs; Inpatient drugs prescribed for treatment of a sickness or an injury that is not covered; outpatient prescription drugs, except as otherwise covered.
- 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. Prescription drug exclusions and limitations

limitations and exclusions

Short Term Medical is nonrenewable.

This short term medical plan is nonrenewable. Termination of this plan is not considered a qualifying life event for the purposes of enrolling in an ACA-compliant major medical plan.

If you choose to purchase a new subsequent short term medical plan, you must submit a new application. Any sickness or condition developed during under a previous plan will be considered a pre-existing condition, regardless of whether the sickness or condition was covered under your previous plan, and will not be covered by subsequent short term medical plans. Re-application may not be available in all states.

If you purchased a Renewability rider at the time you initially enrolled in your short term medical plan, then your plan will be renewable up to 36 months so long as you maintain compliance with the plan provisions.

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.

For a full list of limitations and exclusions go to:
allstatehealth.com/claims-help.php

limitations and exclusions

Medical Expense Shield – Fixed-Benefit

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 charges 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.
- 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.

limitations and exclusions

- 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.

Medical Expense Shield – Fixed Benefit plans are fixed-indemnity insurance plans that pay limited benefits. Medical Expense Shield – Fixed Benefit 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.

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, FL, GA, KY, LA, MS, NE, OH, OK, SC, TN, WV, WY.

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