Allstate®
HEALTH SOLUTIONS

plan enhancer

Coverage to help you pay out-of-pocket costs after an accident, critical illness or hospitalization.

allstatehealth.com

build a better plan for unexpected medical costs

Life can be unpredictable. And when it comes to our health, it's important to have the right plan to keep you covered financially if the unpredictable happens.

With Plan Enhancer from Allstate Health Solutions, you design an affordable plan that's just right for you and your family. You can add levels of coverage to help protect you from the out-of-pocket costs that often come with accidental injury, illness, and hospital stays.[1]

The plan is guaranteed issue. That means you are eligible right away and there is no health questionnaire to fill out.

Plan Enhancer starts with Accident Medical Expense coverage. Then, you can add optional Cancer and Heart/Stroke[2] and Sickness Hospitalization riders[3] — depending on your needs and availability in your state.

If the unexpected happens, the plan pays cash benefits, regardless of other medical coverage. So you can cover what you need, when you need it most.

Coverage to fit your needs and budget

With benefit levels from $2,500 to $35,000.

- Start your plan with Accident Medical Expense coverage to pay accident-related health care costs and other expenses.
- Add a Cancer and Heart/Stroke rider to receive lump-sum, cash benefits for a covered, first-ever cancer diagnosis and a covered heart attack or stroke.
- Add a Sickness Hospitalization rider to get lump-sum benefits for the first covered day of hospital admission due to a sickness.

This plan provides limited benefits.

[1] Restrictions apply: Some plan combinations are not available with all benefit level options. Contact your agent for availability. [2] Non-ST elevation myocardial infarctions (NSTEMI) are not covered. [3] Cancer & Heart/Stroke and Sickness Hospitalization riders cannot be purchased on their own.

coverage details
Accident Medical Expense

Accident Medical Expense*

- No deductible.
- Ground ambulance benefits of $900.
- Durable medical equipment benefit of $200.
- Includes accidental death and dismemberment benefits.
- Acceptance is guaranteed.
- Pays covered expenses up to the selected benefit amount regardless of other coverage.
- No network restrictions.
- No waiting period.
- Applicants must be 74 years of age or younger.
- Accident Medical Expense plan can be purchased on its own.

How it works

Let's say you fall, and end up with a broken hand. Your primary medical insurance has a $3,000 deductible and the bill to fix your hand is $4,500. Your Plan Enhancer AME plan has a $5,000 benefit level, with a $0 deductible. Here's how AME would help.

Medical charges	($4,500)
Primary plan deductible	$3,000
Accident Medical Expense benefit	$4,500
Your remaining cash benefits	**$1,500**

After paying your primary plan deductible, you have $1,500 left to cover other medical or household expenses.

* Availability and benefits vary by state.

coverage details
Cancer and Heart/Stroke

Cancer and Heart/Stroke*

- Pays full benefit regardless of other coverage.
- Percentage of benefit payout varies by covered condition.
- Waiting periods apply (90 days for cancer and 30 days for heart/stroke).[4]
- Pre-existing conditions limitation applies.
- Primary policyholder must be age 18-64.
  - Coverage for dependents available from birth to age 25.
- No health questions to answer — acceptance is guaranteed.

How it works

Let's say, following a routine colonoscopy, you find out you have colon cancer. You chose Plan Enhancer with a Cancer and Heart/Stroke rider with a $5,000 benefit level. Medical bills start adding up when you start treatment. And time away from work made it hard to keep up with other expenses.

Total cost for cancer treatment	($14,019)
Primary plan paid	$9,019
Cancer and Heart/Stroke benefit	$5,000
Your remaining out-of-pocket costs	**$0**

* Availability and benefits vary by state.

[4] In AL, waiting period is 60 days for cancer and 30 days for heart/stroke. The waiting period is 30 days for cancer and 30 days for heart/stroke in AR, DE, IL, NC, SC, UT, WV and WY. [5] Hospitalization must last more than 24 hours to qualify for a payable benefit.

coverage details
Sickness Hospitalization

Sickness Hospitalization*

- No deductible.
- Pays full benefit regardless of other coverage.
- No network restrictions.
- Lump-sum benefit paid on first covered day of hospital admission.[5]
- One benefit per year, per person and two benefits per year, per family.
- 30-day waiting period.
- Pre-existing conditions limitation applies.
- Primary policyholder must be age 18-64.
  - Coverage for dependents available from birth to age 25.
- No health questions to answer — acceptance is guaranteed.

How it works

Let's say you're admitted to the hospital with pneumonia. Your primary medical insurance has a $5,000 out-of-pocket limit. Your Plan Enhancer with Sickness Hospitalization rider has a $5,000 benefit level. Here's how it would help.

Medical charges	($9,300)
Primary plan paid	$4,300
Sickness Hospitalization benefit	$5,000
Your remaining out-of-pocket costs	**$0**

* Availability and benefits vary by state.

[5] Hospitalization must last more than 24 hours to qualify for a payable benefit.

limitations and exclusions

Accident Medical Expense

This policy does not pay any benefits for claims resulting from or related to sickness, except when such sickness is the direct result of an accidental injury or accidental dismemberment covered under this policy.

We will not pay benefits for charges resulting from, whether directly or indirectly, any of the following:

- Medical event, treatment, services or supplies for which benefits equal to or in excess of such charges are received under any other benefits.
- Charges in excess of the maximum allowable amount.
- Treatment, services or supplies that:
  - Are not included in the covered treatment definition.
  - Are due to complications of a non-covered service.
  - Are incurred before the covered person's effective date or after the termination date of coverage.
- Dental treatment except as otherwise covered for a dental injury.
- Tendonitis, tenosynovitis, bursitis, overuse, strains, repetitive motions or stress, repetitive or cumulative traumas including, but not limited to, carpal tunnel syndrome, tennis elbow, and thoracic outlet syndrome.
- Hernia or heat exhaustion.
- Treatment of mental or emotional disorders, alcoholism, substance abuse and drug addiction, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for inpatient or outpatient treatment of such disorders or abuse.
- Cosmetic service; treatment that is not medically necessary; treatment, services and supplies for experimental or investigational services.
- Treatment, services, and supplies provided for or by:
  - A masseur, masseuse or massage therapist, a rolfer; massage therapy;
  - Meditation or relaxation therapy; aromatherapy; holistic therapies.
  - Acupuncture, biofeedback, neurotherapy, and electrical stimulation.
- Services ordered, directed or performed by a health care practitioner or supplies purchased from a medical supply provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person.
- Any amount in excess of the maximum lifetime benefit or any other maximum benefit limitation for covered benefits.
- Treatment incurred outside of the United States, its possessions, or Canada.
- All prescription and over-the-counter products, drugs or medicines.

We will not pay benefits for accidental injury, accidental dismemberment or accidental death resulting from or related to, whether directly or indirectly, any of the following:

- An accident that occurred before the covered person's effective date or after the termination date of coverage.
- Participation in the military service of any country or international organization, including non-military units supporting such forces.
- Benefits in excess of any applicable maximum benefit limitation and accidental death and dismemberment maximum benefit limitation.
- War or any act of war, whether declared or undeclared; foreign or domestic acts of terrorism.
- Voluntarily taking, absorbing, or inhaling any gas, poison or drugs, except when administered in accordance with the advice of the covered person's health care practitioner.
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner, including accidents that occur while the covered person is under the influence of alcohol or drugs.
- The covered person's voluntary attempt to commit or participation in an assault or commission of a felony, whether or not charged, resisting or fleeing from arrest, or as a consequence of the covered person being under the influence of any illegal or non-prescribed controlled substance.

limitations and exclusions

- Any hazardous activity including, but not limited to: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, air or space travel in any vehicle other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, including a pit crew, rock or mountain climbing, mountaineering, spelunking and cave exploration, parkour, intercollegiate sports and extreme sports. Also excluded are treatment and services required due to accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, such as, but not limited to: operating a taxi or delivery service; participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment an and services required due to accidental injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Suicide or attempted suicide.
- Intentionally self-inflicted injury.

Cancer And Heart/Stroke Rider

Pre-Existing Condition definition

A specified disease:

1. For which medical advice, consultation, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 24-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 24-month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
   - » The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
   - » The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

Pre-Existing Conditions Limitation

A pre-existing condition is not eligible for benefits unless the first-ever diagnosis occurs after the pre-existing condition limitation period has expired. We will not pay benefits for specified diseases that are, result from, or are related to a pre-existing condition that is diagnosed within the first 12 months this rider is in force.

Exclusions

This rider provides benefits only for specified diseases identified in the benefit schedule.

We will not pay benefits for claims resulting, whether directly or indirectly, from specified diseases that are related to, or are resulting from any of the following:

- Any disease if the covered person was previously diagnosed anytime prior to his or her effective date under this rider.
- Any disease first diagnosed within the applicable benefit waiting period, as shown in the benefit schedule, immediately following the rider effective date.
- Any disease first diagnosed within the pre-existing conditions limitation.
- Arrhythmia resulting in heart attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the covered person's health care practitioner.
- Any amount in excess of any maximum benefit for covered scheduled benefits.
- Diseases or conditions that do not meet the definition of a specified disease in this rider.
- Suicide or attempted suicide.
- Self-inflicted sickness.
- The exclusions section in the accident medical expense insurance policy is not applicable to this rider's specified disease benefits.

limitations and exclusions

Sickness Hospitalization Rider

Pre-existing condition definition

A sickness and related complications:

1. For which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed during the 12-month period immediately prior to the covered person's effective date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed; or
2. That produced signs or symptoms during the 12–month period immediately prior to the covered person's effective date, which were significant enough to establish manifestation or onset by one of the following tests:
   - The signs or symptoms reasonably should have allowed or would have allowed one learned in medicine to diagnose the condition; or
   - The signs or symptoms reasonably should have caused or would have caused an ordinarily prudent person to seek diagnosis or treatment

A pregnancy that exists on the day before the covered person's effective date will be considered a pre-existing condition.

Pre-existing conditions limitation

We will not pay benefits for hospitalizations that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this rider for 12 months. After this period, benefits will be available for hospitalizations resulting from or related to a pre-existing condition, or its complications, provided that the covered hospitalization occurs while this rider is in force.

Exclusions

This rider provides benefits only for hospitalizations identified in the Hospital Confinement Fixed Indemnity Benefits section.

We will not pay benefits for claims resulting, whether directly or indirectly, from Hospitalizations or losses that are related to, or are resulting from any of the following:

- Any treatment or services for behavioral health or substance abuse.
- Any treatment or services whether medical or surgical, for purposes of controlling the covered person's weight or related to obesity or morbid obesity, whether or not weight reduction is medically necessary or appropriate or regardless of potential benefits for co-morbid conditions; weight reduction or weight control surgery, treatment or programs; any type of gastric bypass surgery; suction lipectomy.
- Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a medically necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
- Outpatient or inpatient confinement in an emergency room or a facility other than a hospital.
- Outpatient or inpatient confinement primarily for rehabilitation or custodial care.
- Prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Treatment or services related to the following conditions, regardless of underlying causes: sex transformation; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; treatment to enhance, restore or improve sexual energy, performance or desire.
- Treatment or services related to: infertility; maternity; pregnancy (including complications of pregnancy); routine well newborn care at birth including nursery care; abortion; surrogate pregnancy; fetal surgery, treatment or services.
- Hospitalizations ordered or directed by a health care practitioner or provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person.
- Hospitalization that does not meet the definition of a covered hospitalization in this rider including, but not limited to, hospitalization that is not medically necessary or is for experimental or investigational services.

limitations and exclusions

- War or any act of war, whether declared or undeclared; foreign or domestic acts of terrorism that result in a nationwide epidemic; participation in the military service of any country or international organization, including non-military units supporting such forces.
- Cosmetic services, including but not limited to, reconstructive or plastic surgery that does not alleviate a functional impairment.
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner; voluntarily taking, absorbing, or inhaling any gas, poison or drugs, except when administered in accordance with the advice of the covered person's health care practitioner.
- Any amount in excess of the maximum calendar year benefits shown on the benefit schedule.
- Hospitalization incurred outside of the United States, its possessions, or Canada.
- Suicide or attempted suicide.
- Self-inflicted sickness.
- A hospitalization when the confinement period began before the covered person's effective date, after the termination date of coverage, or during the benefit waiting period.
- A hospitalization when the confinement period begins during the pre-existing condition limitation.
- A hospitalization resulting from, whether directly or indirectly, an accident.

The exclusions section in the accident medical expense insurance policy is not applicable to this rider's inpatient hospitalization for sickness benefits.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 75 for the accident medical expense coverage and to age 65 for the cancer and heart/stroke rider and the sickness hospitalization rider provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Allstate Health Solutions' business operations in the state; and/or the insured has not moved to a state where this plan is not offered. Allstate Healh Solutions has the right to change premium rates upon providing appropriate notice.

Supplemental coverage plans provide limited benefits and do not satisfy the government's requirements for minimum essential coverage.

This is not a Medicare supplement insurance plan.

Cancer and heart/stroke rider not available in IA.

Sickness hospitalization rider not available in: MT.

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 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 AK, AL, AR, AZ, DE, IA, IL, LA, MT, NC, NE, NV, OK, OR, SC, TX, UT, WI, WV, WY. Products in FL are underwritten by Integon Indemnity Corporation.

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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 use in: AK, AL, AR, AZ, DE, FL, IA, IL, LA, MT, NC, NE, NV, OK, OR, SC, TX, UT, WI, WV, WY

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