

Short Term Medical insurance



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Allstate[®]
HEALTH SOLUTIONS

Overview

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Why Short Term Medical?



Sell certainty with transparency

Short Term Medical is a great option for customers who:

- Want longer-term plan stability with renewable options
- Missed the Open Enrollment period
- Are between jobs or meeting a waiting period requirement
- Want coverage that includes office visits, preventive care, urgent care, prescriptions, and more
- Are looking to bridge the gap until Medicare

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



PPO plans

Highlights

Plan designs

General benefits

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Short Term Medical PPO highlights



- Office visits for everyone
- Deductible waived on urgent care visits
- Prescription drug options
- Flexible coverage periods
- Next day effective dates
- Multiple plan designs available
 - Choose the best plan and deductible to fit your customer's needs

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



Plan design Copay Enhanced PPO¹

Deductible	Coinsurance	Coinsurance OOP per member	Coverage period maximum
\$2,000	75% / 25%	\$7,500	\$5,000,000
\$4,000	75% / 25%	\$7,500	\$5,000,000
\$6,000	100%	\$0	\$5,000,000
\$8,000	100%	\$0	\$5,000,000

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ¹Plan availability varies by state.



Plan design Copay Enhanced PPO²

Benefits	Coverage
Office visit copay ³	\$40 primary care physician \$60 specialist
Pharmacy copay	\$10 generic drugs \$3,000 maximum benefit
Adult immunization	Applies toward deductible and coinsurance

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ²Plan availability varies by state. | ³If policy is 6 months or less, individuals will have one office visit copay and families will have three office visit copays per policy year. If policy is 7 months or greater, individuals will get two office visit copays and families will get four office visit copays per policy year. Any office visits beyond those amounts will apply to the deductible and coinsurance



Plan design Enhanced PPO

Deductible	Coinsurance	Coinsurance OOP per member	Coverage period maximum ⁴
\$2,500 ⁵	50% / 50%	\$5,000	\$1,000,000
	80% / 20%	\$5,000	
	100%	\$0	
\$5,000 ⁵	50% / 50%	\$5,000	\$1,000,000
	80% / 20%	\$5,000	
	100%	\$0	
\$7,500	80% / 20%	\$5,000	\$1,000,000
\$10,000	100%	\$0	\$1,000,000
\$25,000 ⁵	100%	\$0	\$1,000,000

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ⁴In Indiana, the coverage period maximum is \$2 million. | ⁵The \$2,500 and \$5,000 deductibles are **NOT** available in TN. The \$25,000 deductible is **NOT** available in Maryland.



Plan design Essentials PPO

Deductible	Coinsurance	Coinsurance OOP per member	Coverage period maximum ⁶
\$5,000 ⁷	60% / 40%	\$7,500	\$250,000
\$10,000	60% / 40%	\$7,500	\$250,000
\$25,000	60% / 40%	\$7,500	\$250,000

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ⁶In Indiana, the coverage period maximum is \$2 million. | ⁷The \$5,000 deductible is **NOT** available in TN.



Plan design Guaranteed Issue PPO⁸

Deductible	Coinsurance	Coinsurance OOP per member	Coverage period maximum
\$3,500	80% / 20%	\$6,500	\$100,000
\$5,000	90% / 10%	\$5,000	\$100,000

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ⁸Plan availability varies by state. Guaranteed-issue PPO plans cannot be longer than 12 months. Out-of-network deductible and coinsurance are double in-network amounts.



PPO plans out-of-network & family deductibles

All PPO plans

Out-of-network	Deductible and coinsurance are double in-network amounts Coinsurance percentages are the same
Family deductible	Capped at 3x the individual deductible Families of more than 3 members: all covered expenses accumulate towards family deductible; no individual will pay more than their individual deductible

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



PPO plans general benefits

Benefits ⁹	Coverage
Doctor visits	Applies to deductible and coinsurance Copay option with Copay Enhanced PPO
Urgent care	Unlimited visits \$50 access fee Deductible waived, remaining cost applies to coinsurance
Emergency room	Unlimited visits \$250 access fee, unless admitted Applies to deductible and coinsurance
Diagnostic and lab	Applies to deductible and coinsurance Both tests and readings/interpretations covered

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ⁹Eligibility for sickness benefits after seven days. The seven-day wait on sickness benefits is waived if the application date is more than seven days from effective date.



PPO plans general benefits

Benefits¹⁰

Coverage

Inpatient services

Applies to deductible and coinsurance
Includes hospitalization

Outpatient services

Applies to deductible and coinsurance
No limit, except on Essentials PPO (\$15,000 limit)
Includes: surgeon; anesthesia; office visits; preventive; urgent care; diagnostic and labs

Child immunizations

First-dollar benefit
Up to age of 18

Adult screenings

Applies to deductible and coinsurance

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ¹⁰Eligibility for sickness benefits after seven days. The seven-day wait on sickness benefits is waived if the application date is more than seven days from effective date.



PPO plans network options



Aetna Open Choice® PPO

- 850,000 medical providers¹¹
- 6,900 hospitals¹¹

¹¹**Source:** <https://healthdepotassociation.com/benefits/aetna-open-choice-ppo-network>



Cigna® Shared Administration PPO

- 1,000,000 medical providers¹²
- 6,300 hospitals¹²

¹²**Source:** Cigna analysis of actual number of doctors in the PPO network as of September 1, 2018. Data is subject to change.



PPO plans network options

Network option available in Phoenix, Mesa, and Tucson

- Cigna LocalPlus[®] national network
 - 254,014 medical providers¹³
 - 1,225 hospitals¹³
- Local-based solution that can provide Allstate Health Solutions' STM PPO customers with 61% average network discount¹⁴
 - Narrow network of local doctors and hospitals helps drive affordability and value



When away from home, customers:

- See a LocalPlus[®] provider if they are traveling in a LocalPlus[®] service area
- See a provider in Cigna's Away-from-Home[®] network to receive the in-network rate

¹³**Source:** Cigna analysis of actual number of doctors in the LocalPlus[®] network for shared administration nationwide as of July 1, 2019. Data is subject to change. | ¹⁴Average discount based on actual paid claims for the period 1/1/18–12/31/18. Cigna analysis conducted November 2019. Actual results may vary based on utilization, plan design, and geography. | **Note:** The Cigna LocalPlus network refers to the network of providers (doctors, hospitals, and specialists) contracted as part of the Cigna LocalPlus network. Cigna is an independent company and not an affiliate of Allstate. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. The Cigna LocalPlus network is offered through Cigna's contractual relationship with Allstate.



PPO plans state availability

State	Aetna network available	Cigna network available	Policy duration ¹⁵	Consecutive available	Renewable available
Alabama	✓	✓	12 months	✓	✓
Arizona	✓	✓	12 months	✓	✓
Arkansas	✓	✓	12 months	✓	✓
Florida	✓	✓	12 months	✓	✓
Georgia	✓	✓	12 months	✓	✓
Idaho	✓	✓	6 months ¹⁶		
Indiana	✓	✓	12 months	✓	✓
Iowa	✓	✓	12 months	✓	✓
Kansas	✓		12 months ¹⁷	✓	✓
Kentucky	✓	✓	12 months	✓	✓
Louisiana	✓	✓	12 months	✓	✓
Michigan	✓		6 months ¹⁸		
Mississippi	✓	✓	12 months	✓	✓
Missouri	✓	✓	12 months	✓	✓
Montana	✓		4 months		

ALL DETAILS SUBJECT TO CHANGE.

¹⁵On all 12-month policies, coverage is equal to no more than the duration minus one day.

¹⁶Idaho rewrite limits: Requires 63-day gap in coverage from an Allstate Health STM plan in order to obtain another Allstate Health STM plan.

¹⁷Kansas rewrite limits: Limited to 1 rewrite. Offers durations of 6 months or 12 months minus 1 day. Consecutive and Renewal plans are considered two STM policies and fulfills the limit to 1 rewrite. Requires a 30-day gap in coverage once the allowable amount of STM rewrites are met.

¹⁸Michigan rewrite limits: Limited to 185 days of STM coverage with us in any 365-day period. 185 days of coverage does not need to be consecutive.



PPO plans state availability

State	Aetna network available	Cigna network available	Policy duration ¹⁹	Consecutive available	Renewable available
Nebraska	✓	✓	364 days ²⁰	✓	✓
Nevada	✓	✓	6 months ²¹		
North Carolina ²²	✓		4 months		
North Dakota	✓		6 months ²³		✓
Ohio	✓	✓	12 months	✓	
Oklahoma	✓	✓	12 months	✓	✓
South Carolina	✓	✓	11 months	✓	✓
Tennessee	✓		12 months	✓	✓
Texas ²²	✓		4 months ²⁴	✓	
Utah	✓	✓	12 months	✓	✓
West Virginia	✓	✓	12 months	✓	✓
Wisconsin	✓	✓	12 months ²⁵		✓
Wyoming	✓	✓	12 months	✓	✓

ALL DETAILS SUBJECT TO CHANGE.

¹⁹On all 12-month policies, coverage is equal to no more than the duration minus one day.

²⁰Nebraska plans have a maximum duration of 364 days. No rewrite restrictions

²¹Nevada rewrite limits: Limited to 185 days of STM coverage with us in any 365-day period. 185 days of coverage does not need to be consecutive.

²²In North Carolina and Texas, members get access to network discounts, but no cost-sharing differential applies if a member uses an out-of-network provider.

²³North Dakota rewrite limits: Requires at least a one-day gap after two six-month Allstate Health Short Term Medical plans.

²⁴Texas rewrite limits: Limited to a total of 4 months of Short Term Medical Coverage with the same issuer within a 12-month period. This includes any STM renewals, extensions, and rewrites.

²⁵Wisconsin rewrite limits: Aggregate duration may not exceed 18 months. Renewal option 6 months only. Requires 63-day gap in coverage from an Allstate Health STM plan in order to obtain another Allstate Health STM plan.

Note: In TX, a 4x3 short-term medical insurance offering is underwritten by three independently licensed insurance carriers: 1. National Health Insurance Company (NHIC); 2. BEST Life and Health Insurance Company (BEST Life); 3. Pennsylvania Manufacturer’s Association Insurance Company (PMAIC).



HSA-compatible plans

Highlights

Plan designs

General benefits

Network

State availability



Allstate STM HSA-compatible plans



Help your customers maximize their health care dollars by giving them an avenue to extra tax savings

Four available plan designs

- All meet IRS rules and regulations for high-deductible health plans (HDHPs) and qualify as a health savings account (HSA) compatible plan
 - Customers can pay deductibles, coinsurance, and other qualified health expenses with pretax dollars that they contribute into a personal HSA account

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



Allstate STM HSA-compatible plans



Customers who already have an HSA account:

- Continue to deposit money into their account and use it to pay for qualified health care expenses

Customers who do not yet have an HSA account:

- Contact their bank or financial institution, which can help them open an account

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



Allstate STM HSA-compatible plans highlights



- Coverage for doctor visits and hospital stays
- Child immunizations with first-dollar coverage
- Adult preventive screenings and immunizations with first-dollar coverage
- No access fees for emergency room and urgent care visits
- Flexible coverage periods²⁶
- Next day effective dates²⁷

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ²⁶Plan durations vary by state. STM continuous coverage options and availability vary by state. | ²⁷Eligibility for sickness benefits after seven days. The seven-day wait on sickness benefits is waived if the application date is more than seven days from effective date.



Plan design HSA-compatible

Deductible	Coinsurance	Coinsurance OOP per member	Coverage period maximum
\$6,000	70% / 30%	\$1,500	\$1,000,000
\$6,000	90% / 10%	\$1,500	\$1,000,000
\$6,000	100%	\$0	\$1,000,000
\$7,500 ²⁸	100%	\$0	\$1,000,000

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ²⁸The \$7,500 deductible is **NOT** available in SC.



HSA-compatible plans out-of-network & family deductibles

All HSA-compatible plans

Out-of-network	Deductible and coinsurance are double in-network amounts Coinsurance percentages are the same
Family deductible	Capped at 2x the individual deductible Families of more than 2 members: all covered expenses accumulate towards family deductible; no individual will pay more than their individual deductible

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations.



HSA-compatible plans general benefits

Benefits ²⁹	Coverage
Doctor visits	Applies to deductible and coinsurance
Urgent care	Unlimited visits Applies to deductible/coinsurance
Emergency room	Unlimited visits Applies to deductible and coinsurance
Diagnostic and lab	Applies to deductible and coinsurance Both tests and readings/interpretations covered

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ²⁹Eligibility for sickness benefits after seven days. The seven-day wait on sickness benefits is waived if the application date is more than seven days from effective date.



HSA-compatible plans general benefits

Benefits³⁰

Coverage

Inpatient services

Applies to deductible and coinsurance
Includes hospitalization

Outpatient services

Applies to deductible and coinsurance
No limit
Includes: surgeon, anesthesia, office visits, preventive, urgent care, diagnostic and labs

Child immunizations

First-dollar benefit
Up to age of 18

Adult preventive screenings and immunizations³¹

First-dollar benefit

Note: PLANS PROVIDE LIMITED BENEFITS. All plans are subject to pre-existing limitations. | ³⁰Eligibility for sickness benefits after seven days. The seven-day wait on sickness benefits is waived if the application date is more than seven days from effective date. | ³¹Refer to the policy contract for a comprehensive list of covered adult preventive screenings and immunizations.



HSA-compatible plans network



aetna[®]

Aetna Open Choice[®] PPO network

- 850,000 medical providers³²
- 6,900 hospitals³²

³²Source: <https://healthdepotassociation.com/benefits/aetna-open-choice-ppo-network>



HSA-compatible plans state availability

State	Aetna network available	Policy duration ³³	Consecutive available	Renewable available
Alabama	✓	12 months	✓	✓
Arizona	✓	12 months	✓	✓
Arkansas	✓	12 months	✓	✓
Florida	✓	12 months	✓	✓
Kentucky	✓	12 months	✓	✓
South Carolina	✓	12 months	✓	✓
Wisconsin	✓	12 months	✓	✓

ALL DETAILS SUBJECT TO CHANGE.

³³On all 12-month policies, coverage is equal to no more than the duration minus one day.



Recuro Health

Prescription benefit

Virtual urgent care benefit

Virtual behavioral health
benefit



Recuro Health



Customers can save even more money by adding **new** optional Recuro Health services to their Short Term Medical plan

Provides customers with:

- Prescription benefit
- Virtual urgent care benefit
- Virtual behavioral health benefit

Note: Recuro Health services are **NOT** insurance. Recuro does not accept child-only policies.



Recuro Health prescription benefit



- \$0 copay for chronic conditions and urgent care medications³⁴
- National pharmacy network accepted at over 65,000 retail pharmacy locations across U.S.
- Extensive list of prescriptions
 - Includes 95% of the top 800 most prescribed maintenance medications
- Easy-to-use member portal
 - Access digital prescription benefit card
 - Request medication delivery

Note: Recuro Health services are **NOT** insurance. | ³⁴\$50 maximum benefit per prescription fill; customer is responsible for paying difference of any prescription over \$50.



Recuro Health virtual urgent care



- \$0 out-of-pocket costs
- Unlimited 24/7 urgent care access via mobile device or computer
 - Phone and live video options available
- Board-certified doctors equipped to treat many common medical concerns
 - Seamless coordination with primary care doctors

Note: Recuro Health services are **NOT** insurance. Recuro services are for non-emergency conditions only. Recuro services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV), and Recuro does not guarantee that a prescription will be written. For full disclosures, please visit www.recurohealth.com.



Recuro Health virtual behavioral health



- Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management
 - Treats a variety of conditions, including ADHD, anxiety, depression, and more.
- Most virtual behavioral health visits:
 - Are available within 48 hours³⁵
 - Have a \$0 copay³⁶

Note: Recuro Health services are **NOT** insurance. | ³⁵Subject to provider listed availability. | ³⁶Psychiatry 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.



Plan details

Eligibility

Preferred rates

Coverage solutions

LIFE Association

Limitations & exclusions

Enrollment & payment



Eligibility age



Primary applicant

- Ages 60 days through 64 years and 10 months
- Children up to age 25 on parent's plan

Child-only applications

- 60 days up to 18 years of age



Eligibility health



Height, weight, and health history are collected at time of application

Ineligible for the simplified issue if over:

- 300 lbs. if male
- 250 lbs. if female
- Guaranteed Issue PPO plans are still an option

Customers must answer all underwriting questions honestly

- Any false, inaccurate, or misrepresentative statements on the enrollment form may result in claim denial, premium changes, or contract rescission



Eligibility health history questionnaire

Is any applicant now:

- Pregnant, an expectant parent, in the process of adopting, in the process of a surrogate pregnancy, or undergoing infertility treatment?

Within the last 5 years, has any applicant:

- Received medical or surgical treatment, consulted a health care professional, tested positive, or had medication prescribed or recommended for acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV)?

In the last 12 months, has any applicant:

- Been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?
- Consulted a health care professional for signs and symptoms of a medical condition for which a diagnosis has not been determined or a final diagnosis has not been communicated or determined?



Eligibility health history questionnaire

Within the last 5 years, has any applicant received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for the following:

- Systemic lupus erythematosus or multiple sclerosis (MS)
- Emphysema or chronic obstructive pulmonary disease (COPD)
- Alcoholism, alcohol/chemical dependency, or drug/alcohol abuse
- Coronary artery disease (CAD), heart attack, or a heart procedure
- Stroke, transient ischemic attack (TIA), or carotid artery disease
- Crohn's disease or ulcerative colitis
- Neck/back disorder or joint replacement
- Diabetes or prediabetes
- Bipolar disorder or schizophrenia
- Kidney disorders
- Heart disorder
- Cancer, tumor, lump, or mass
- Liver disorders

Note: Some states may require more questions.



Preferred rates



In addition to already low standard rates, Allstate Health Solutions offers even **lower preferred rates** to new Short Term Medical customers

Preferred rates are designed to:

- Help customers get the most out of every dollar
- Help Allstate Health Solutions introduce even more competitive rates



Preferred rates qualifications

Customers are eligible to receive preferred rates if they:

- Have had insurance coverage for 9 out of the last 12 months
- Have **NOT** used tobacco/nicotine products within the last 12 months
- Have **NOT** had a DUI/DWI or more than 1 moving violation within the past 2 years
- Do **NOT** own a motorcycle
- Have **NOT** been treated or prescribed medication for high blood pressure, high cholesterol, anxiety, or depression within the last 5 years
- Weigh:
 - 240 lbs. or less if male
 - 190 lbs. or less if female
- Pass standard UW questions



Preferred rates eligibility



Primary applicants and spouses (ages 18 - 64) can receive preferred rates

- Dependents or child-only applicants receive standard rates

Customers who have had prior medical coverage but do not qualify for preferred rates may still be eligible to receive a prior coverage discount



Coverage solutions

Renewable plans

- Can choose 2 or 3 years
- Coverage period maximum **does not reset**
- Rate-guarantee option available

Consecutive plans

- 2 years available
- Coverage period maximum **resets** with each new term
- Rate shown at time of purchase, may vary with each policy term

Renewable & consecutive plans

- Eligible expenses for pre-existing conditions are covered after 12 months of coverage
- Deductible and coinsurance **reset** with each new policy term

Note: Availability of renewable and/or consecutive plans varies by state.



LIFE Association membership³⁷

TeleMed for LIFE

- Connect to a physician via phone or video 24/7
- Unlimited consultations at no extra cost

Active & Fit Direct[®]

- Choose from 12,200+ fitness centers for just \$28/month³⁸
- 9,300+ on-demand workout videos for home or on-the-go

Other discounts and services include:

- Hospital and diagnostic facility negotiation services³⁹
- Discounts on DirectLabs and Life Line Screening[®] services
- Financial Empowerment[™] platform
- Allstate Identity ProtectionSM
- Auto discounts
- Entertainment discounts and more

Note: LIFE Association membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. The agent and Allstate Health Solutions may receive financial compensation in connection with membership fees. | ³⁷A LIFE ASSOCIATION member offering in AL, AR, FL, GA, IN, KY, LA, MS, ND, OH, TN, SC, and WV. Customers must be a LIFE Association member prior to applying for a Short Term Medical plan. | ³⁸Plus enrollment fee and applicable taxes. Costs for premium exercise studios exceed \$28/mo. | ³⁹Negotiations 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.



Limitations & exclusions



Examples of limitations and exclusions include:

- Charges resulting directly or indirectly from a pre-existing condition or a complication resulting from a pre-existing condition⁴⁰
- Expenses incurred outside the United States, its possessions, or Canada
- Maternity
- Cosmetic services
- Hazardous activities or hazardous occupations
- Mental illness or substance abuse
- Worker's compensation; employer's liability
- Eyeglasses, contact lenses, and eye exams
- Weight control

Note: This is **NOT** a comprehensive list of exclusions. Please refer to the product brochure for a more comprehensive list. Always refer to the policy contract for a complete listing. | ⁴⁰A pre-existing condition is any condition for which medical advice, diagnosis, care, or treatment was received or recommended during the 1-year period immediately prior to the Covered Person's Effective Date or a pregnancy that exists on the day before the Covered Person's Effective Date.



Enrollment & payment



Enrollment

Any date between the 1st and the 31st
Can be as soon as the next day



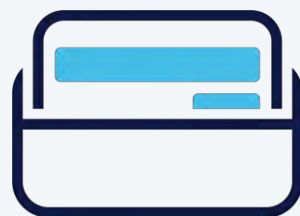
Payment options

Choose a single in-full premium payment or monthly recurring payments



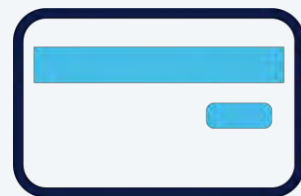
Initial payment

Any date between time of application and before effective date



Recurring payments

Can occur between the 1st and 28th of the month



Form of payment

EFT
Visa, MasterCard, or Discover



Resources

Agents
Members



Resources



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Join our community of 50,000+ broker partners and start building your portfolio



[Marketing Materials](#)

The one stop spot for plan brochures, flyers & trifold. Leverage these tools to build your book of business

of 50,000+

broker partners

whether you spe
Solutions is here

get appointed

IndividualsBusinesses





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get a quote

[Find doctors and facilities for your plan](#)

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existing customers

finding the affordable option now that you're on the winding road. But we're going.

Individuals & SeniorsBusinesses / Groups



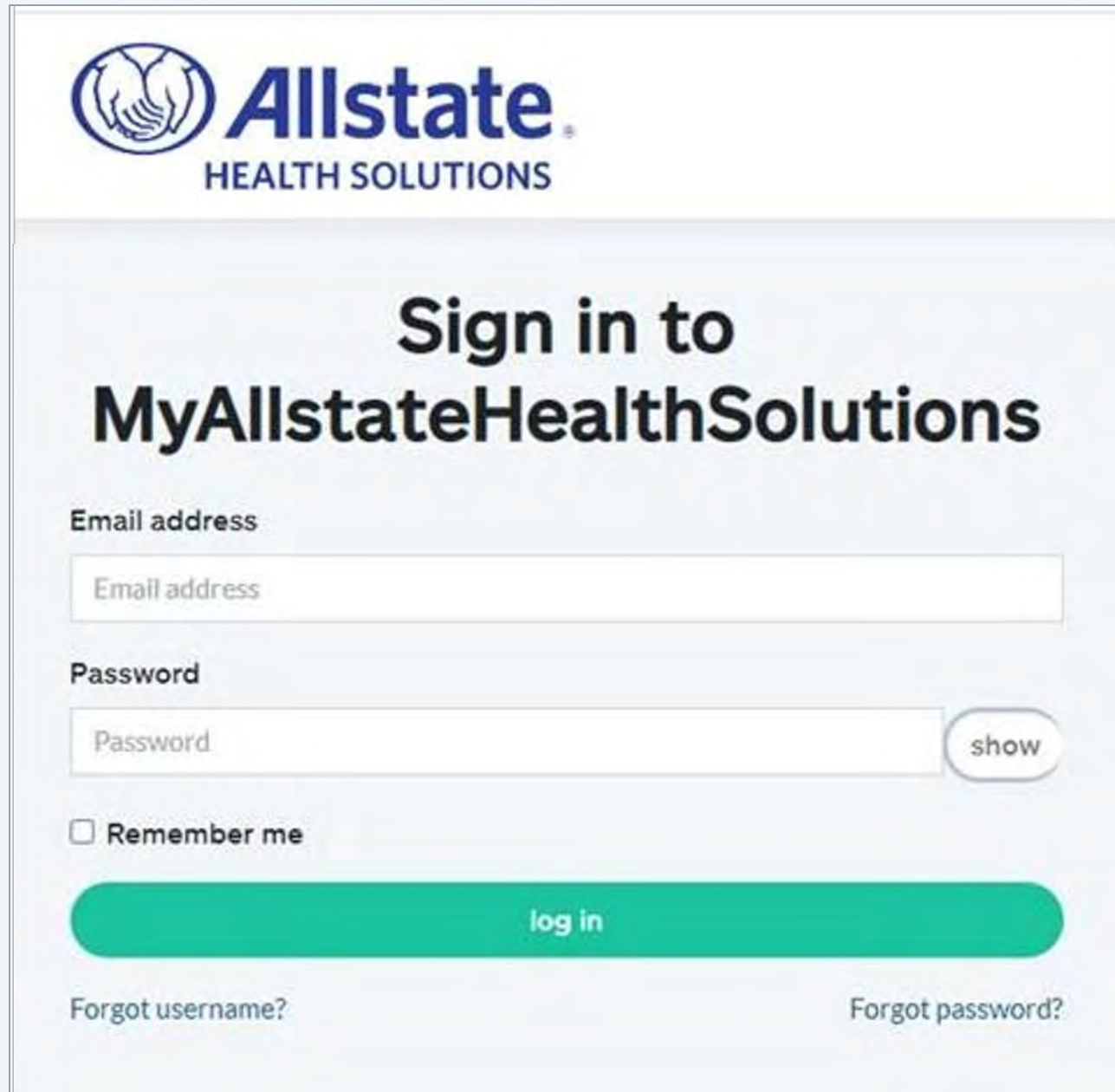
Resources member portal

Access using following link:

- MyAllstateHealthSolutions.com

Members sign in to:

- View policy documents
- Check current and past payments
- Check current payment method
- Download temporary ID cards



The screenshot shows the Allstate Health Solutions member portal sign-in page. At the top left is the Allstate Health Solutions logo. The main heading is "Sign in to MyAllstateHealthSolutions". Below this are two input fields: "Email address" and "Password". The "Password" field has a "show" button next to it. Below the input fields is a checkbox labeled "Remember me". A large green "log in" button is positioned below the checkbox. At the bottom of the form, there are two links: "Forgot username?" and "Forgot password?".



Combine with supplemental plans

Coverage for out-of-pocket expenses

We have many coverage options to choose from:

- Plan Enhancer: AME with CHS & SH riders⁴¹
- TrioMED: AME + Critical Illness + AD&D
- Allstate Health Access: fixed-benefit plan
- Hospital Expense Protection Plus
- Cancer and Heart/Stroke
- Critical Illness – Term Life or Term Life only
- Select Dental or Dental Indemnity plans also make great add-ons

⁴¹Rider availability varies by state.



Oscar colon cancer



Oscar went in for a routine check up and found out he has colon cancer.

He has an Allstate STM Enhanced PPO plan with a \$5,000 deductible and 100% co-insurance paired with a \$50,000 Cancer and Heart/Stroke plan:

Treatment cost ⁴²	\$29,196
Short Term Medical PPO paid	\$24,196
Oscar’s max. out-of-pocket	(\$5,000)
Cancer and Heart/Stroke paid	\$50,000
Remaining cash benefits	\$45,000

Note: Not an actual case. Presented for illustration only. Cost of services will vary. | ⁴²*Source:* <https://healthmatch.io/colon-cancer/colon-cancer-costs#how-costs-differ-depending-on-the-type-of-colon-cancer-you-have>



Recap Short Term Medical insurance



Aetna Open Choice[®] PPO or Cigna[®] Shared Administration PPO networks



Rate-guarantee with our rate transparency



Multiple plan designs available, including Copay or HSA-compatible options



\$50 access fee⁴³ to urgent care with unlimited visits, subject to coinsurance



3 years back-to-back renewable coverage



As young as 60 days

⁴³Access fees do not apply to HSA-compatible plans.



Remember, the following must be clear to customers

This coverage is not required to comply with federal market requirements for health insurance, principally those contained in the Affordable Care Act (ACA). Be sure customers check their policy carefully to make sure they are aware of any exclusions or limitations regarding coverage of pre-existing conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). If this coverage expires or they lose eligibility for this coverage, they might have to wait until an open enrollment period to get other health insurance coverage.

Short Term Medical plans do not provide the same benefits and coverage term options as ACA major medical plans and should not be sold as ACA plans.



Why Allstate Health Solutions?



- Roots back to 1939
- Given an A+ rating by AM Best
- Specialist in both Short Term Medical and supplemental insurance plans



Questions?

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