

Specified Care

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Allstate[®]
HEALTH SOLUTIONS

Overview

Specified Care

Plan options

Plan details

Resources



Specified Care



A **new** straightforward, easy-to-use plan that can help customers with out-of-pocket costs associated with first-ever covered critical medical conditions

Only sold with our fixed-benefit plans:

- Allstate Health Access
- Foundation Health
- Foundation Health Enhanced



Specified Care highlights



Offers coverage for many first-ever critical medical events and any subsequent diagnoses of the same critical condition

Four deductible options:

- \$30,000, \$60,000, \$75,000, and \$100,000

Uses episodic deductibles, so customers don't have to worry about their deductible resetting at the beginning of the year

Access to same great network coverage of paired fixed-benefit plan¹

Note: THIS PLAN PROVIDES LIMITED BENEFITS. | ¹Network benefits only remain as long as customers maintain their fixed-benefit plan. If customers choose to terminate their fixed-benefit plan, their Specified Care plan will also lose its network benefits.



Plan options

Plan design

Covered events

How to use the plan

Prescription discount card

LIFE Association
membership



Plan design how it works



1. Start with a fixed-benefit plan:

- Either Allstate Health Access, Foundation Health, or Foundation Health Enhanced depending on state availability

Fixed-benefit plans:

- Pay set dollar amounts for covered health care services, on top of any other medical insurance customers may have
- Have no deductibles or copays
- Provide network discounts²

2. Next, add a Specified Care plan to help cover specific critical medical conditions

Note: THIS PLAN PROVIDES LIMITED BENEFITS. | ²Network benefits only remain as long as customers maintain their fixed-benefit plan. If they choose to terminate their fixed-benefit plan, their Specified Care plan will also lose its network benefits.



Plan design how it works



Pre-set cash benefits from fixed-benefit plan count toward Specified Care deductible

Episodic deductible is tied to covered event date instead of annual calendar

- Resets after a specific period of time following a covered episode, unlike most policies with an annual deductible
- Captures 90 days before and 270 days after the date of a covered first-time event
 - **Example:** If a customer is diagnosed with a covered medical event on August 1st, their deductible will not reset until April 28th (270 days later)

Note: THIS PLAN PROVIDES LIMITED BENEFITS.



Plan design how it works



After deductible, Specified Care plan covers health care services

- Up to maximum allowed amount
- For first-ever medical event

Plan pays:

- Negotiated network discount amount
- If no negotiated rate, plan uses Medicare reimbursement rate

Note: THIS PLAN PROVIDES LIMITED BENEFITS.



Plan design

	Plan 1	Plan 2	Plan 3	Plan 4
Deductible per episode ³	\$30,000	\$60,000	\$75,000	\$100,000
Episode ³ maximum	\$250,000	\$250,000	\$250,000	\$250,000
Plan maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000

Note: THIS PLAN PROVIDES LIMITED BENEFITS. | ³Services received 90 days before the date of Diagnosis up to the last day of care for that Critical Condition, or related Critical Conditions, not to exceed 270 days from the date of Diagnosis. Charges received more than 270 days from the date of Diagnosis for the same Critical Condition are considered a new Episode and will be subject to a new Deductible.



Covered critical medical conditions⁴

Amputation

Amyotrophic lateral sclerosis (ALS)

Angioplasty

Blindness

Burns/severe burns

Cancer

Coma

Coronary artery bypass surgery

Deafness

End-stage renal disease

Heart attack⁵

Heart valve surgery

Joint replacement

Major organ transplant

Pacemaker/cardiac defibrillator implant

Paralysis

Ruptured aneurysm

Stroke

Note: THIS PLAN PROVIDES LIMITED BENEFITS. | ⁴Each critical medical condition has a waiting period before a Covered Person is eligible for coverage. Please refer to the Benefit Schedule for your customer's state. | ⁵Non-ST elevation myocardial infarctions (NSTEMI) are not covered. Plan pays heart/stroke benefits for a first-ever diagnosis of the following: coronary artery disease or cardiac arrhythmia resulting in heart attack, coronary artery disease or cardiac arrhythmia resulting in coronary artery bypass, coronary artery disease resulting in coronary angioplasty, and cerebrovascular disease resulting in stroke.



How to use the plan



1. Members should present their fixed-benefit plan ID card at time of service
 - No need to file any forms; health care provider will let us know which services members received
2. Fixed-benefit plan pays the provider directly⁶
 - If services cost more than benefit amount, member is responsible for remaining costs
3. If a member is diagnosed with first-ever covered major medical event, Specified Care episodic deductible kicks in
4. Once episodic deductible is met, Specified Care plan covers health care services for first-ever medical event

Note: THIS PLAN PROVIDES LIMITED BENEFITS. | ⁶Requires members to agree to assign benefits to the provider.



Prescription discount card



Specified Care plans include a prescription discount card⁷ that provides members with discounts on thousands of prescriptions, including oral chemotherapy

To use, members should:

- Present discount card at pharmacy
- Complete Specified Care prescription drug claim form located on our website
 - <https://allstatehealth.com/claims-help/>
- Submit claim form with a copy of detailed prescription receipt for reimbursement
 - A generic cash-register receipt is **not** acceptable

Note: THIS PLAN PROVIDES LIMITED BENEFITS. Discounts are **NOT** insured benefits. | ⁷Availability varies by state.



LIFE Association membership⁸

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/month⁹
- 9,300+ on-demand workout videos for home or on-the-go

Other discounts and services include:

- Hospital and diagnostic facility negotiation services¹⁰
- 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. | ⁸LIFE Association membership is **NOT** available in IA and WI. | ⁹Plus enrollment fee and applicable taxes. Costs for premium exercise studios exceed \$28/mo. | ¹⁰Negotiations 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.



Mike coronary artery bypass surgery



On December 6th, Mike experiences severe chest pain and goes to the Emergency Room.

- A series of lab tests reveal that Mike needs coronary artery bypass surgery, a Tier 1 surgery.
- After surgery, Mike stays in the ICU for 2 days and the hospital for 3 additional days.
- Once discharged, Mike must have 4 follow-up office visits with his doctor over the course of the next 6 months to make sure he is healing properly.

Mike has an Allstate Health Access Plus plan paired with a Specified Care Plan 2 and a \$30,000 Cancer and Heart/Stroke plan.

Note: Not an actual case. Presented for illustration only.



Mike coronary artery bypass surgery



Mike’s total treatment cost is \$123,000.¹¹ He receives a 35% in-network discount of \$43,050 from his Health Access Plus plan, bringing his total treatment cost to \$79,950.¹²

Tier 1 surgeon	\$10,000
Tier 1 assistant surgeon	\$5,000
Tier 1 anesthesia	\$2,000
Hospital admission	\$2,000
Daily confinement – ICU sickness (2 days)	\$12,000
Daily confinement (3 days)	\$12,000
Health care practitioner visit (5 visits)	\$750
Office visit (4 visits)	\$700
Lab tests (7 tests)	\$245
Health Access Plus fixed-benefits paid:	\$44,695

Note: Not an actual case. Presented for illustration only. | ¹¹<https://www.debt.org/medical/hospital-surgery-costs/> | ¹²Based on 35% discount applied from First Health Network of paired Allstate Health Access policy. Assumes all doctors and hospitals are in network.



Mike coronary artery bypass surgery



Before Mike’s Specified Care plan kicks in, he must first meet its \$60,000 deductible.

Specified Care Plan 2 deductible	\$60,000
Health Access Plus benefits pay	\$44,695
Cancer and Heart/Stroke benefit pays ¹³	\$7,500
Mike’s total out-of-pocket costs (applied toward Specified Care deductible)	\$7,805

Now that Mike has met his deductible, **Specified Care covers the \$19,950** remaining of his \$79,950 total treatment cost.

Note: Not an actual case. Presented for illustration only. | ¹³CHS policy pays 25% of selected benefit amount upon the first-ever diagnosis of coronary artery disease.



Plan details

Eligibility

State availability

Discount rates

Terms & conditions

Limitations & exclusions

Enrollment & payment



Eligibility



Primary applicant

- Through 64 at time of application
- Dependent children up to age 26 on parent's plan

Child-only policies available

Renewable as long as premiums are paid



Eligibility health



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

- Guaranteed-issue policies **not** available

Applicants are ineligible for coverage if over:

- 300 lbs. if male
- 250 lbs. if female

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

Applicants are ineligible for coverage if they answer “Yes” to any of the following questions:

- Has any applicant ever been diagnosed with a malignant condition or cancer, excluding basal cell skin cancer?
- Is any applicant currently hospitalized; bedridden; or confined in any medical facility?
- Has any person to be insured been treated for or had any symptoms of coma, concussion, loss of balance, loss of consciousness, loss of sensation or speech?
- Has any proposed insured's natural parents, brothers or sisters, either living or deceased, been diagnosed prior to age 60 with any of the following conditions: Alzheimer's disease, aneurysm, cancer, diabetes, heart disease, Huntington's disease, or stroke?



Eligibility health history questionnaire

Has any applicant ever received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for the following:

- Heart disorder, excluding mitral valve prolapse (MVP) or surgically corrected or closed atrial septal defect (ASD) / ventricular septal defect (VSD)
- Coronary artery disease (CAD), heart attack, or a heart procedure (including stent or by-pass)
- Heart rhythm disorders, atrial fibrillation, cardiomyopathy, or heart arrhythmia
- Stroke, transient ischemic attack (TIA), or carotid artery disease
- Lou Gehrig's disease, amyotrophic lateral sclerosis (ALS), other motor neuron disease, or progressive nervous system disease
- Kidney disorders
- Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)
- Crohn's disease, ulcerative colitis, or inflammatory bowel disease
- Liver disorders or hepatitis B or C, excluding fully recovered hepatitis A
- Emphysema, chronic obstructive pulmonary disease (COPD), fibrotic lung disease, or primary pulmonary hypertension
- Alzheimer's disease, Parkinson's disease, or dementia
- Diabetes or prediabetes
- Alcoholism, alcohol or chemical dependency, or drug or alcohol abuse
- Joint replacement
- Paraplegia or quadriplegia
- Systemic lupus erythematosus, cystic fibrosis, or multiple sclerosis (MS)
- Muscular dystrophy
- Osteoarthritis or rheumatoid arthritis in the knees, hips, or shoulders
- Down syndrome
- Any symptoms of blindness, permanent or temporary loss of vision in either eye, glaucoma, macular degeneration, diabetic retinopathy, or optic neuritis?
- Any symptoms of deafness, impaired hearing, or Meniere's disease?

Note: Questions may vary by state. Some states may require more questions.



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

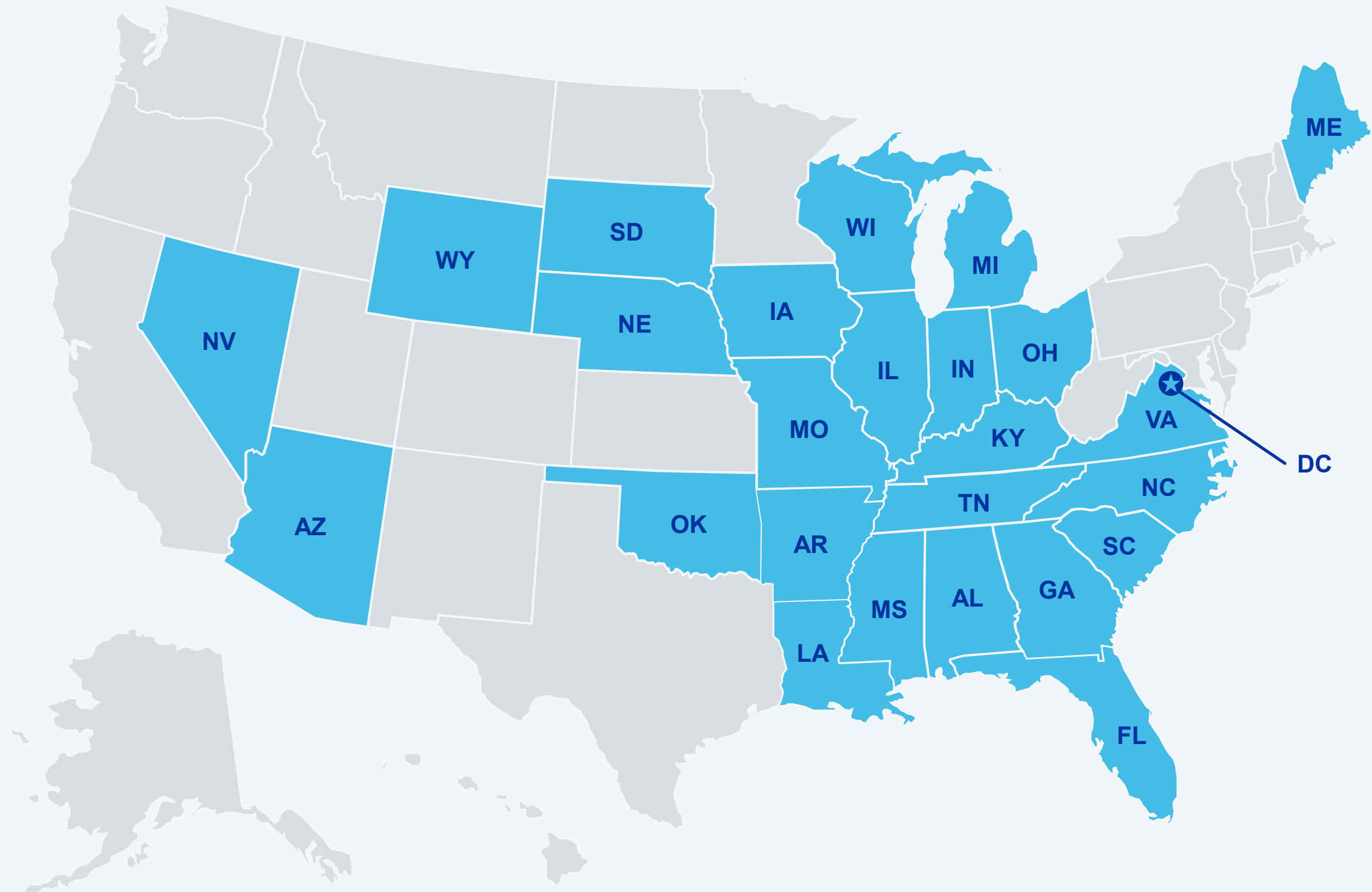
Within the last 12 months, has any applicant:

- 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?



Specified Care

State availability



Discount rates



Family discount rates are offered to customers:¹⁴

- If two or more people are on the Specified Care policy

Provides customers with an 8% discount

¹⁴Availability varies by state.



Terms & conditions



Specified Care can **only** be sold packaged with one of the following fixed-benefit policies:

- Allstate Health Access
- Foundation Health
- Foundation Health Enhanced

Both policies must have the **same insureds** and the **same effective dates**



Terms & conditions



Critical Illness – Term Life (CITL) or Cancer and Heart/Stroke (CHS) plans can be added to fixed-benefit with Specified Care package

Added plans benefit amounts **must be less than** Specified Care deductible

- For example, for a Specified Care plan with a \$30,000 deductible, a customer would be able to purchase a \$25,000 CITL or CHS policy



Limitations & exclusions



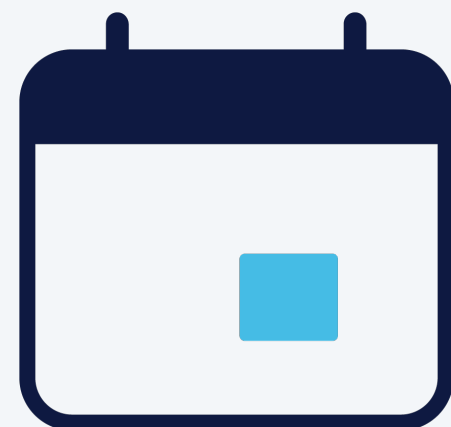
Some limitations and exclusions include:¹⁵

- Conditions diagnosed or resulting from an injury that occurred prior to plan effective date
- Procedures before effective date or after termination date of coverage
- Treatments covered by Medicare, worker's compensation, or any other government law or program
- Experimental, cosmetic, or investigative treatments
- Intentionally self-inflicted injuries/loss
- Injuries/loss resulting from illegal acts or hazardous activities

¹⁵This 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.



Enrollment & payment



Enrollment

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



Initial payment

Any date between time of application and before effective date



Recurring payment

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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finding the affordable way to stay on the right road. But now that you're here, it's time to get going.



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Individuals & SeniorsBusinesses / Government



[View your policy on myallstatehealthsolutions.com](#)

The Allstate logo, featuring two hands shaking inside a circle.

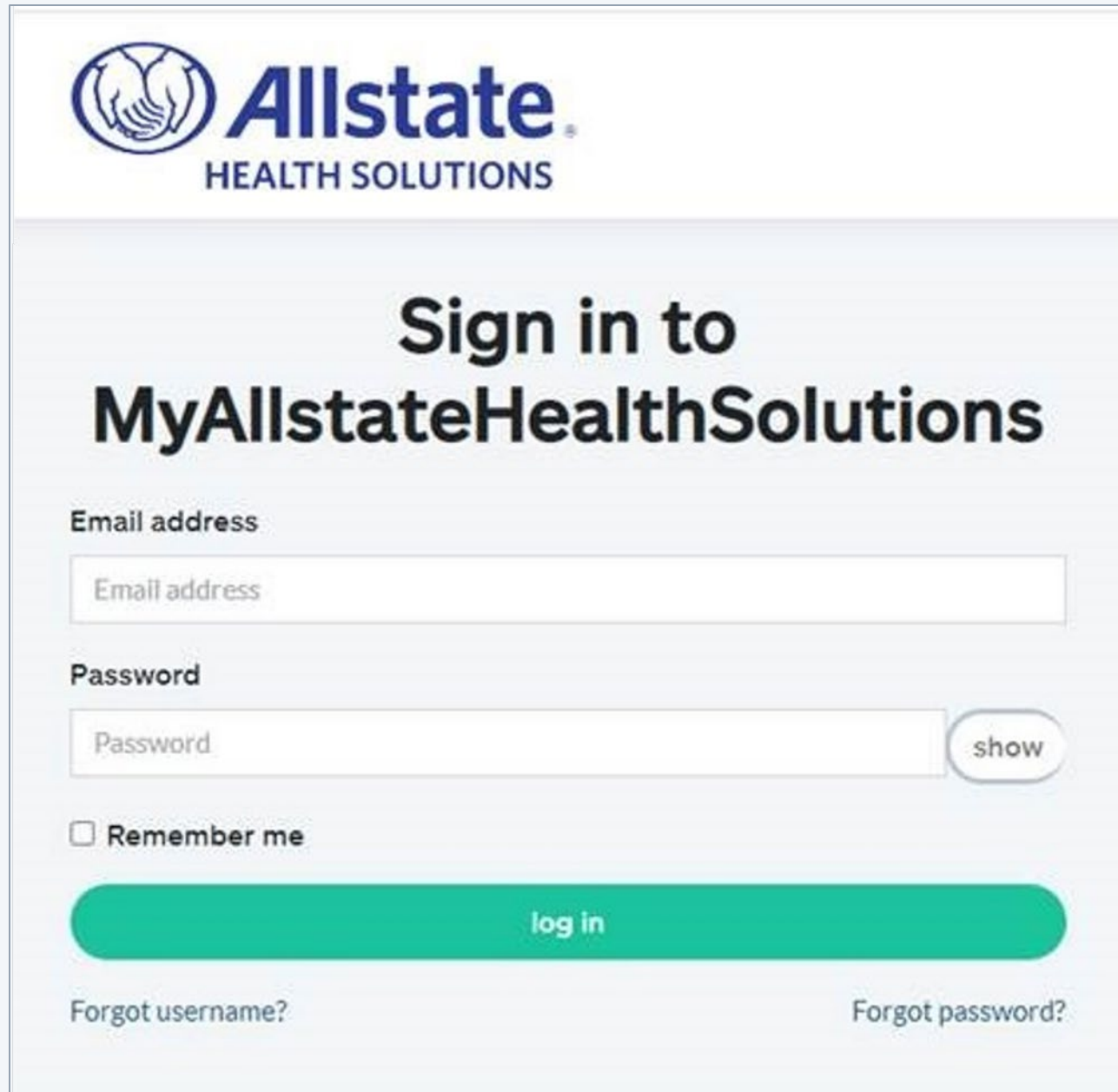
Resources member portal

Access using following link:

- MyAllstateHealthSolutions.com

Members sign in to:

- View policy documents
- Check current and past payments
- Check current payment method

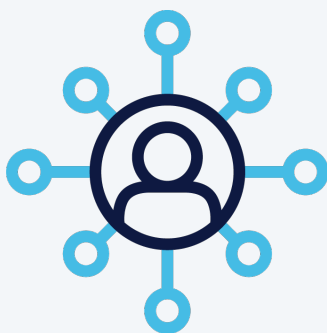


The screenshot shows the sign-in interface for the Allstate Health Solutions member portal. At the top left is the Allstate Health Solutions logo, featuring a blue circular icon with two hands shaking and the text "Allstate HEALTH SOLUTIONS". Below the logo, the heading "Sign in to MyAllstateHealthSolutions" is displayed in bold black text. The sign-in form includes an "Email address" label above a text input field, a "Password" label above a password input field with a "show" button to its right, and a "Remember me" checkbox. A large green "log in" button is positioned below the password field. At the bottom of the form, there are two links: "Forgot username?" on the left and "Forgot password?" on the right.

Recap Specified Care



Benefits for first-ever diagnosis of covered condition



Network coverage when paired with fixed-benefit plan



Coverage for 18 first-ever major medical events



Dependent children coverage and child-only policies available



Multiple plan designs from which to choose



LIFE Association membership benefits¹⁶

¹⁶LIFE Association membership availability varies by state.



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?

Email:

NGAHTraining@NGIC.com

