

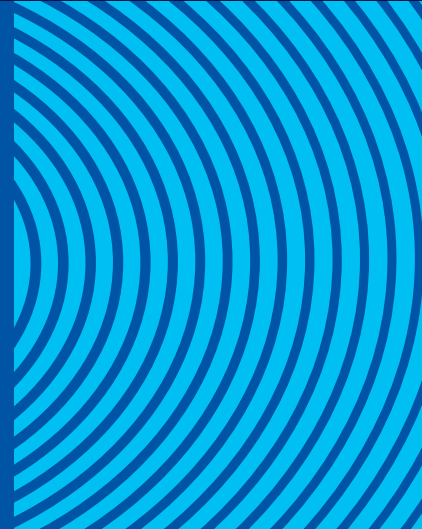


Allstate[®]
HEALTH SOLUTIONS

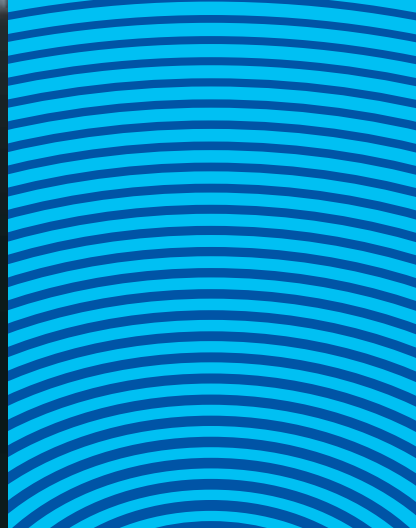
IDAHO

short term medical insurance

Coverage you need for
the time you need it.



LIFE Association membership is optional.
PPO Network provided by Cigna[®]



short term plans that are never short on benefits

Allstate Health Solutions understands that how you live and work is constantly changing. That's why short term medical insurance gives you flexibility to choose the amount of coverage you need, for amount of time you need it.

With options from top insurance providers like Cigna, you can customize a plan that protects you from everyday health care costs, and unexpected health emergencies:

- Doctor visits and preventive care
- Emergency room and hospital stays
- Pharmacy benefits and discounts

Whether you're between jobs, waiting for open enrollment or aging out of a family plan — short term medical insurance has a plan to fit your needs and budget. Get coverage today, so your health, and wealth, are protected tomorrow.

LIFE Association benefit¹

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.

¹ See page 12 for more details.

Flexible coverage periods

Your choice of plan² length, from 30 days up to six months, for both individuals and families.

Immediate protection

When you sign up for a plan, coverage kicks in as soon as the next day. So you'll get peace of mind, knowing you're protected.

In-person office visits

All plans come with office visit benefits. And you choose the copay option that is right for you.

No deductibles for urgent care

Just pay a \$50 access fee, and any additional deductible fees are covered by coinsurance.

Rx benefits and discounts

Keep prescription costs low with a pharmacy discount card. Plus, copay savings on select plans.



Access to Cigna

Choose from more than 1,000,000³ primary care doctors and specialists across 6,300 hospitals in the Cigna PPO Network.⁴

² Maximum allowable policy period is 364 days. ³ Cigna analysis of actual number of doctors in the PPO Network as of September 1, 2018. Data is subject to change. ⁴ The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO Network for Shared Administration.

pick the right plan for you

	Enhanced PPO plan						Copay Enhanced PPO plan	
Deductibles⁵	\$2.5k	\$2.5k	\$5k	\$5k	\$7.5k	\$10k	\$6k	\$8k
Coinsurance % paid by you	20%	0%	20%	0%	20%	0%	0%	0%
Coinsurance out-of-pocket Per member	\$5k	\$0	\$5k	\$0	\$5k	\$0	\$0	\$0
Coverage period maximum	\$1,000,000						\$5,000,000	
Office visits Including preventive visits	Applies to deductible and coinsurance						Copay: ⁶ \$40 PCP; \$60 Specialist	
							Up to 6 months: Single: 1 total Family: 3 total	
Pharmacy⁷	Not applicable						<ul style="list-style-type: none"> • \$10 Copay on generic drugs • Maximum benefit of \$3,000 	
Outpatient services⁸	<ul style="list-style-type: none"> • Applies to deductible and coinsurance • Some limit restrictions apply, see footnote for details⁹ 						<ul style="list-style-type: none"> • Applies to deductible and coinsurance • Some limit restrictions apply, see footnote for details⁹ 	
Adult screenings	Applies to deductible and coinsurance						<ul style="list-style-type: none"> • Includes immunizations • Applies to deductible and coinsurance 	

Out-of-network deductibles and coinsurances are double their in-network amounts. Coinsurance percentages are the same for out-of-network services.

⁵ The family deductible is capped at 3x the individual deductible. For families with more than 3 members, all covered expenses accumulate towards the family deductible, but no individual member will pay more than their individual deductible. ⁶ Additional copays apply to deductible and coinsurance. Copays are not applicable to out-of-network services. ⁷ No waiting period applies. ⁸ Includes services such as Surgeon, Anesthesia, Office Visits, Preventive Services, Urgent Care, Diagnostics and Lab. ⁹ A \$5,000 benefit limit applies to outpatient treatment of a joint, neck, spine, or connective tissue including tendons, ligaments, and cartilage (exclusions may apply, see exclusion list). There is also a 30 visit limit for PT, OT, ST Cardiac and Pulmonary rehabilitation.



Benefits in every plan

Inpatient services	Includes hospital stays. Applies to deductible and coinsurance.
Emergency room visit	Applies to deductible and coinsurance. \$250 access fee, waived if admitted.
Diagnostic, x-ray and lab	Applies to deductible and coinsurance.
Urgent care	\$50 access fee. Deductible waived. Remaining cost subject to coinsurance.
Child immunizations	First dollar benefit.



protect
yourself
from the
unexpected

add an extra layer of protection

No one plans for things like chronic illness, accidents or hospital stays. But you can add a supplemental coverage plan to protect yourself from out-of-pocket costs. Plans are affordable, and help you keep more money in your pocket when you have unexpected medical bills.

How supplemental coverage works

Let's say you chose a short term medical policy with a \$5,000 deductible. Then, you need emergency care, and have a \$12,900 medical bill. You would typically pay \$5,000 out-of-pocket, or whatever remains on your deductible.

But if you have a supplemental plan with a \$250 deductible, your plan would pay \$4,750. Or, 98% of your medical plan's deductible. Either way, you're only paying \$250 out-of-pocket.

Affordable plans for:



Accidental injuries



Critical illness



Cancer and heart/stroke



Hospital stays

limitations and exclusions



Pre-existing condition exclusion

- 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:
 - » That would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 6 months immediately preceding the Covered Person's Effective Date; or
 - » A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months immediately preceding the Covered Person's Effective Date.
- » A Congenital Anomaly of a Covered Dependent child is not considered a Pre-Existing Condition. A pregnancy that exists on the day before the Covered Person's Effective Date will be considered a Pre-Existing Condition.

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.

- 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.
- 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.
- 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.
- Mental illness or substance abuse; applied behavior therapy.
- An injury sustained while participating in any inter-collegiate sport or professional or semi-professional contact sports.
- Foot conditions.
- Cranial orthotic devices.

limitations and exclusions

- 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.
 - Dental treatment, orthodontic treatment, or care for supporting structures of the teeth.
 - 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.
 - Charges for treatment, services or supplies in connection with the detection and correction by manual or mechanical means of structure imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion misalignment, or subluxation of, or in the vertebral column.
 - Treatment, services or supplies provided by or through any Covered Person's Immediate Family member.
- is not covered under the plan.
 - » Dispensed in excess of the supply limits provision.
 - » Taken to prevent the transmission of disease during activities such as intercourse, sharing of needles, or direct or indirect exchange of bodily fluids.
 - » Obtained from pharmacy provider sources online outside the United States.
 - » Designed or used to diagnose, treat, alter, impact, or differentiate genetic make-up or genetic predisposition.
 - Diagnostic kits and products, blood or blood products.
 - Duplicate prescriptions; replacement of lost, stolen, destroyed, spilled or damaged prescriptions; prescriptions refilled more frequently than the prescribed dosage indicates.
 - Bulk powder/chemical drugs and drugs containing, or made of, bulk powder/chemicals.
 - Compounded medications made up of two or more active parts or ingredients.
 - Combination drugs or drug products manufactured and/or packaged together and containing one or more active ingredients
 - Amounts above the contracted rate for a participating pharmacy.
 - DDAVP (desmopressin acetate) or other drugs used in the treatment of nocturnal enuresis (bedwetting) for a covered person under the age of 8.
 - Postage, handling and shipping charges for any drugs.
 - Contraceptives or devices other than oral contraceptives.
 - Injectable outpatient prescription drugs.
 - Any administrative charge for drugs.

Prescription drug exclusions and limitations

If you purchase the Copay Enhanced PPO plan with prescription drug coverage, then in addition to the exclusions and limitations listed in the certificate, we will not pay outpatient prescription drug benefits for:

- Drugs that are:
 - » Not on our drug list, received at a non-participating pharmacy, or covered under the plan.
 - » Prescribed for treatment of a sickness or Injury that

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.

limitations and exclusions

This coverage is not required to comply with federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you 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 you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

This policy does not meet the definition of qualifying previous coverage or qualifying existing coverage. As a result, if purchased in lieu of a conversion policy or other group coverage, you may have to meet a pre-existing condition requirement when renewing or purchasing other coverage.



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 Negotiations¹

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.

LIFE Association memberships are made available through AHCP, LIFE's exclusive Program Manager.

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.

* LIFE Association Membership is optional.

¹ 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, Integon Indemnity Corporation and American Heritage Life Insurance Company. These four 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 products in AL, AR, AZ, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, SC, SD, TN, TX, UT, VA, WI, WV AND WY. Integon Indemnity Corporation underwrites policies in FL.



For use in: ID

Certificate Form: NHIC STM 2018 ASSC

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