



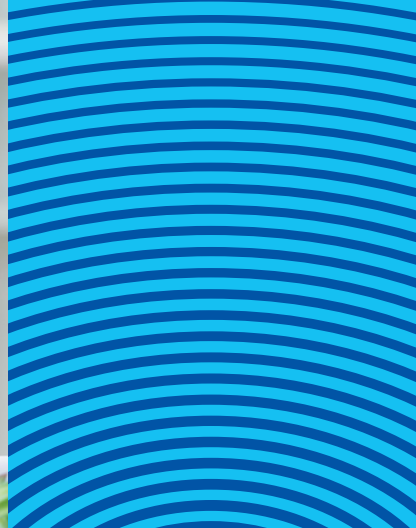
# agent sales guide

**Allstate**<sup>®</sup>  
HEALTH SOLUTIONS

For agent use only. Not for distribution to consumers.

Allstate Health Solutions markets products underwritten by National Health Insurance Company, American Heritage Life Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation.

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## welcome to Allstate Health Solutions

### We're here to help you protect your customers while growing your business.

Our portfolio of products has health solutions for nearly every state, so you can meet the needs of your customers. Use this information as your sales planning tool — one that helps you guide your customers through the purchase process.

It's important to know that these products pay limited benefits, and are not comprehensive health coverage. Which means they do not satisfy the Minimum Essential Coverage under the Affordable Care Act.

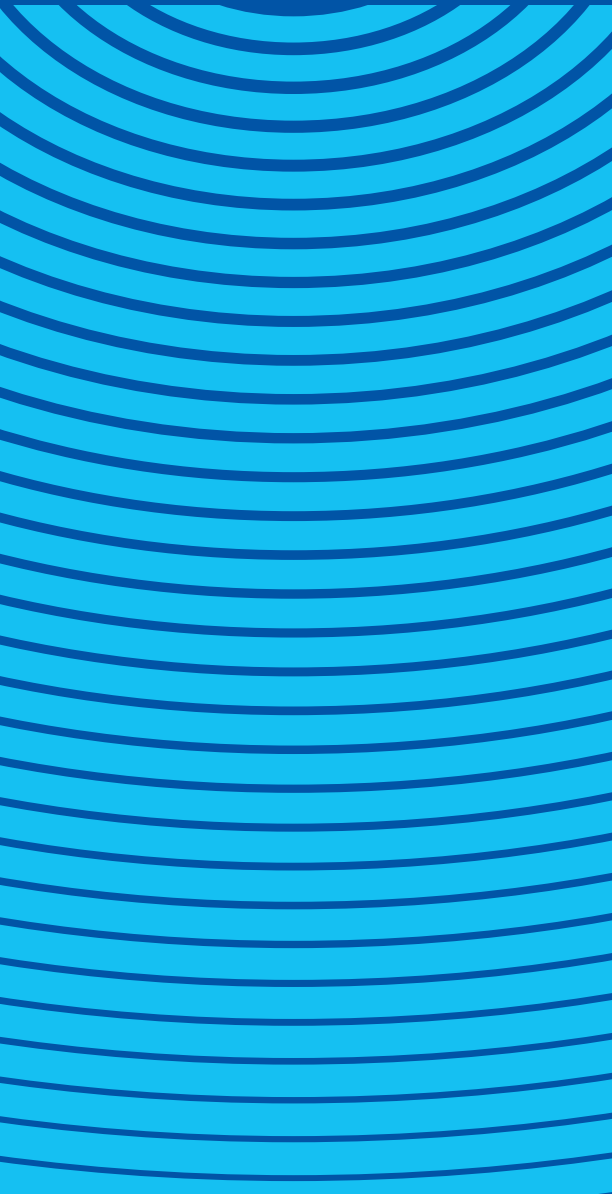
- Industry-leading technology and sales platforms with simplified sales solutions for every consumer segment.
- Competitive product portfolio of supplemental, short-term, fixed-benefit medical, and dental coverage options.
- Our entire portfolio of short term and supplemental insurance can be sold year-round.



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insurance  
products



# Short Term Medical insurance

Short Term Medical insurance is not subject to Open Enrollment time lines. You can sell the policies all year long — whenever your customers need them. With a wide variety of deductible and coinsurance levels, access to two different networks, renewable and consecutive policy options, standard and Guaranteed-Issue policies, Allstate Health Solutions offers a Short Term Medical solution to meet the benefit and budget needs of your customers.

Short Term Medical insurance is our core product. It's a great fit for customers who:

- Missed Open Enrollment.
- Are between jobs.
- Are waiting for new employee benefits to kick in.
- Don't have the budget for major medical plans.
- Don't want to pay for benefits they don't need.
- Are waiting for Medicare.

## PPO (Aetna and Cigna)

Available in: AL, AR, AZ, FL, GA, IA, ID, IL, IN, KS, KY, LA, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, SC, TN, TX, UT, VA, WI, WV, WY. Passive PPO plans with no cost differentials for out-of-network services: IL, NC, TX, and VA.

Plan features vary by state. See state grids or brochures for availability and details.

- Office visits are standard with all plans, with copay options available.
- Prescription drug options offer \$10 copay on generics with Copay Enhanced PPO plan.
- Flexible coverage periods with durations from 30 days up to 3 years; renewal options in some states.
- Next-day effective dates make benefits for injuries and preventive care available right away, with sickness benefits after 7 days.\*
- Enhanced plans offer Aetna Open Choice® PPO Network or Cigna PPO Network. Customers have access to thousands of high-quality physicians and facilities.
- With Essentials,\*\* Enhanced, and Copay Enhanced plans, customers choose their deductible and coinsurance option. Each plan has customized options for services and screenings.
- Renewable and consecutive plan options let customers purchase multiple plans with one application, or set up renewal plan options to extend coverage for up to three full years.
- Our Short Term Medical PPO plans require a completed health questionnaire.

\*The 7-day wait on sickness is waived if the application sign date is more than 7 days from effective date. Preventive care visits and accident coverage have no waiting period.

\*\*Essentials Level plans are not available with the Cigna PPO network. Plan availability varies by state, please refer to the product brochure or quoting for state specific product options.

## Legacy

Available in: MD, OR, SD.

Our Short Term Medical coverage provides protection from a variety of medical expenses, including doctor visits, urgent care, ambulance service, and more.

- Aetna Open Choice® PPO Network, with the same benefit in- or out-of-network but more savings when they use in-network.
- Multiple plan designs make it easy to fit the right plan to every customer.
- Consecutive plans are available in some states. (See state grids for availability.)

## Guaranteed Issue (Aetna)

Available in: AL, AR, AZ, FL, GA, ID, IL, KS, KY, LA, MI, MO, MT, NE, NV, OH, OK, SC, SD, TX, UT, VA, WI, WV, WY.<sup>1</sup>

Our Guaranteed Issue PPO plan is a great alternative for customers who may not be eligible for our Standard Issue plans. Customers are guaranteed eligibility and there's no health questionnaire to fill out. This plan offers two plan deductible levels and many of the same benefits as our other plans.

<sup>1</sup> Guaranteed Issue is not available with the Cigna PPO Network

## Preferred and Standard Rates

Through our Preferred and Standard Rate Program, customers may be eligible to save on their new Short Term Medical premiums.\* Qualification is contingent upon answering the following questions:

1. Has any adult applicant used tobacco or nicotine products at any time in the last 12 months?  
(If you used a tobacco or nicotine product in the last 12 months, meaning you use tobacco more than four times per year, you must select "Yes" and enter the last date you used tobacco products.)
2. Have all adult applicants had other major medical health insurance (including Short Term) for at least 9 months within the last 12 months?
3. Does any adult applicant lease/own a motorcycle?
4. Has any adult applicant had any citations for DUI/DWI or more than one moving violation including speeding ticket(s) within the past 2 years?
5. Within the last 5 years, has any applicant received medical treatment or has medication been prescribed or recommended for the following:
  - a. High blood pressure or high cholesterol
  - b. Anxiety or depression

**Note:** Applicants must also meet the following build requirements to qualify for Preferred rating: Males must be equal to or less than 240 pounds. Females must be equal to or less than 190 pounds. (Varies by state.)

## Fixed-Benefit Medical

Fixed-benefit plans offer members an affordable and predictable way to get the health care they need. The plans pay out set dollar amounts when members receive covered health care services, regardless of where the care is received or how much the provider charges. Members are responsible for the difference between the cost of treatment and the plan benefit payment.

All Allstate Health Solutions fixed-benefit products include benefits for:

- Doctor's office visits.
- Hospital confinement and admission.
- Inpatient and outpatient surgery.
- Diagnostic tests, X-rays, and laboratory benefits.
- Ground and air ambulance.
- Emergency room visits.
- Access to the First Health network of providers, with in-network discounts to help members stretch their benefits further.
- Access to telemedicine services, a prescription savings card, vitamins, and more with LIFE Association membership.
- Guaranteed renewability – no need to reapply every year.
- Benefits are non-coordinated – the plans pay the full benefit amount regardless of other coverage.

## Allstate Health Access

Available in: AL, AR, AZ, CO, DC, DE, FL, GA, IA, IL, KY, LA, ME, MI, MS, MO, NC, NE, NV, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY.

Allstate Health Access is a new fixed-benefit medical plan that provides members access to basic and emergency care, plus cash to help them pay for expenses. It offers many of the same benefits as other fixed-benefit plans, with some significant additions. Here are a few unique features of the plan:

- Five benefit levels: Value, Fundamentals, Enhanced, Fundamentals Plus, and Enhanced Plus.
- Additional doctor's office visits in years two and three of the plan.
- Guaranteed Issue option.
- Benefits for urgent care facility visits.
- Separate sickness and injury daily hospital confinement benefits, with increasing benefits in years two and three of the plan.
- Two tiers of benefits for inpatient surgery and anesthesia, plus health care practitioner visits.

## Foundation Health Enhanced

Available in: ID.

Foundation Health Enhanced offers benefits similar to Foundation Health, with a few additions and enhancements. Here are some unique features of the plan:

- Three levels of benefits: Level A, Level B, and Level C.
- Additional doctor's office visits – four days per year with all plans.
- Preventive office visit benefits with all plans.
- ICU benefits, up to 30 days per plan year.
- Additional benefits for diagnostic tests, X-rays and laboratory tests.
- Skilled nursing care — up to 30 days per year for Level B and Level C.

## Foundation Health

Available in: IN, NM, RI.

This is our simplest version of a fixed-benefit medical plan. Foundation Health includes all of the features at the beginning of this section and it has three levels of benefits: Level 1, Level 2, and Level 3.



## Dental

Everybody needs dental care. Increase your sales opportunities by adding Allstate Health Solutions Dental Insurance to your portfolio.

There are four options to choose from to help you fit the needs of more customers.

### Select Dental PPO

There are four plans to choose from, including three Coinsurance plans with no waiting periods for covered services, or a Copay<sup>1</sup> plan, with access to the Aetna Dental® Administrators network and optional vision coverage from Avēsis.

### Dental PPO

This plan has three different benefit levels and two copay plans to choose from and access to the Careington Maximum Care Dental Network.

### Dental, Vision & Hearing (DVH) PPO Plan

This plan has no waiting period for any covered services and access to the Aetna Dental® Administrators network. This plan also includes hearing savings through Amplifon Hearing Health Care® with all plan levels and optional vision coverage from Avēsis. The Dental, Vision & Hearing PPO Plan is for ages 55 and older.

### Dental Indemnity (with optional network savings card)

This plan pays cash benefits to help make dental care more affordable. It also provides the option to add the Maximum Care Discount network savings card for more savings on both dental and vision services.

<sup>1</sup> There is a 6-month waiting period for Major services under the copay option.

## Medicare supplement

Unexpected medical costs can put a strain on anyone's savings. But a Medicare supplement plan offers protection against out-of-pocket costs for the expenses Medicare Parts A and B may not cover. Customers can plan with confidence knowing their savings are safe from the out-of-pocket costs that often come with medical care. Your best Medicare supplement prospects are already in your book of business, so you can get started quickly with the customers you have. A simplified process for quoting and submission means you can turn new applicants around fast and keep earning.

For more details about Medicare supplement products from Allstate Health Solutions, download the Senior Products Agent Guide, available through the Agent Portal.

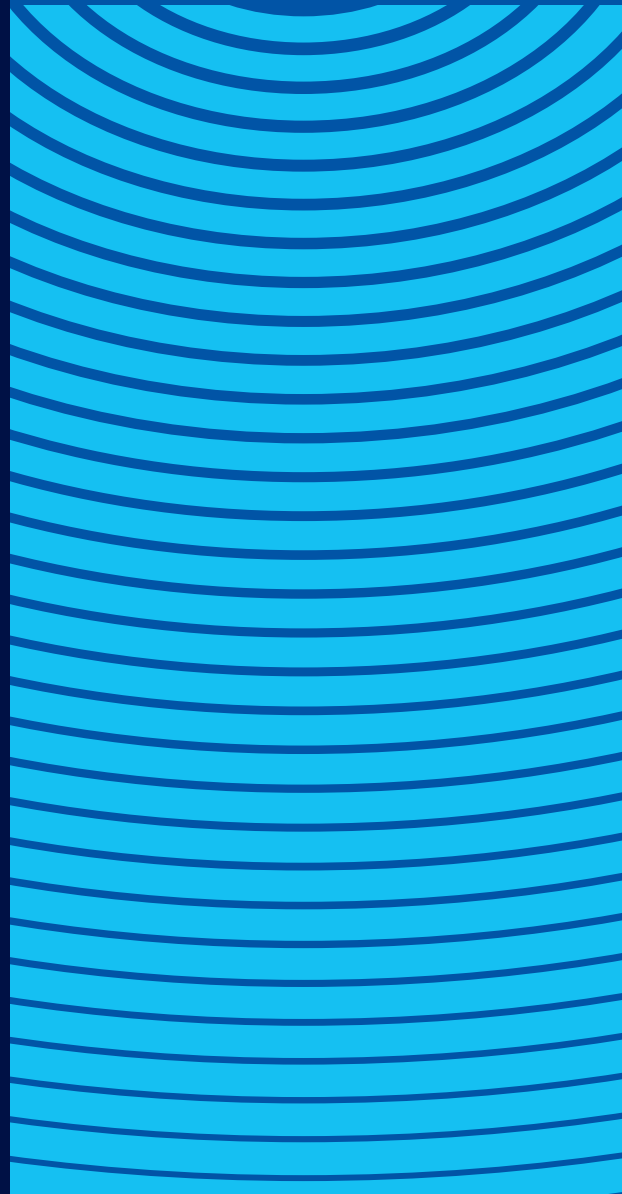
**NOTE:** Product and plan availability varies by state.

## Supplemental products

We have several supplemental products available, including Accident Fixed Benefit, Accimed, Plan Enhancer, Triomed, Term Life, Term CI, Cancer Heart Stroke, Hospital Expense, Hospital Expense Protection Plus and Specified Care. For more information, please see our website for marketing materials and state availability.



important  
information  
for agents



## Becoming an appointed agent

- In order to solicit our products, you must first complete an online application. After you submit your application, a sales representative will provide you with a personalized link, or you can call 888-376-3300.
- If you hold active licenses in pre-appointment states at the time of your registration, the company will submit a request to the state for appointment. Pre-appointment states will remain blocked until your appointment confirmation has been received for those states.

Once you receive your initial appointment with us, we follow a “just-in-time” appointment process, except in states that require pre-appointment. Whenever you submit business for the first time in a new state, we will automatically submit a request for appointment within the time frame required by that state.

As appointments are processed, you will receive an email notification confirming your appointment in a particular state. If you sell in multiple states, you will receive an email each time you become actively appointed in a state.

## Agent Back Office

Agent Back Office (ABO) is our online portal that’s available to help you manage your Allstate Health Solutions book of business. You can view production and policy status for all product sales.

Register using the link found in your Appointment Welcome email.

Log in at [ngahagents.ngic.com](http://ngahagents.ngic.com).

Once logged in, you can access and view:

- Production and policy status.
- Customer policies, permanent ID card and contact info.
- Help documents, such as Agent Product Guide, State Variations, and the Product Availability grid.
- Sorting options for simple viewing and exporting data to a .csv file.

## List Bill on Agent Back Office

Our Agent Back Office allows you easy access to all your List Bill Account invitations. There are no more paper applications to fill out, and you can see all your List Bill activity all in one place. Our new online application replaces the paper process and is easy to use. You can send an application directly to your customers for easy access. You can also check ABO for status, approvals, and more.

The following plans are not available with the List Bill option: Allstate Health Solutions Short Term Medical, Medicare Supplement Insurance, Senior DVH (available with List Bill on Enroll NatGen only), Senior LIFE Association products. These plans are still available with standard billing options. In addition, there are some state restrictions.

For more information and instructions for getting started, visit the Agent Back Office portal.

# Commissions

You access your commission statements in two different systems. All commissions are paid via ACH.

## To access products underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation

Go to [www.eagentcenter.com](http://www.eagentcenter.com) and then:

- Enter company ID: NGIS.
- Enter your username: your NPN.
- Enter your password: Last 6 digits of SSN or TIN.

## To access statements as an HST Agent:

Go to [www.eagentcenter.com](http://www.eagentcenter.com) and then:

- Enter company ID: HST.
- Enter user ID: First name initial, last name initial and last four digits of your SSN.
- Enter your password: Last 6 digits of your SSN or TIN.

## To access statements as an AHCP Agent:

Go to <https://comp.agentcubed.com/login> and then:

- Enter username and password created during registration on Comissio.
- Registration and statement emails will come from [noreply@quotit.com](mailto:noreply@quotit.com).
- If you have issues and the system is not accepting the information being entered, contact AHCP Agency Services at 877-228-8773 to confirm the information we have on file.

## Increase your income

With commission rates dropping on most major medical sales, you need a way to make sure your income stays strong. Add our limited-medical, short term, and supplemental coverage plans to your portfolio and help customers get more coverage while you increase your earnings.

**NOTE:** For consecutive and renewals, agents must have an active license at time of coverage in order to receive renewal commissions.

**NOTE:** If you assign commissions to your agency, then you should log in with your Agency's NPN and the last 6 numbers of TIN to view commission statements.

**NOTE:** Agents must be licensed in a state in order to collect commissions in that state.

**LIST BILL:** Commissions are not paid until premium has been collected. Premium is collected on the 15th of the month.

# Underwriting and marketing

## Products

- Accident Fixed-Benefit
- AcciMED
- Allstate Health Access
- Cancer and Heart/Stroke
- Dental Indemnity
- Dental PPO
- DVH PPO Plan
- Foundation Health
- Foundation Health Enhanced
- Hospital Expense Protection
- Hospital Expense Protection Plus
- Medicare Supplement Insurance
- Plan Enhancer
- Select Dental PPO
- Short Term Care
- Short Term Medical
- Term Life Critical Illness
- Term Life Insurance
- TrioMED

## Advertising, promotions and marketing policy

Allstate Health Solutions is committed to assuring that advertising and sales promotion materials for Allstate Health products are clear as to the purpose, and truthful and fair as to the content and presentation.

To ensure advertising, promotion, and marketing clarity for any advertising materials, whether created by our home office staff or by other marketers, you must have written approval from Allstate Health Solutions' Legal and Compliance and Marketing Departments prior to use.

Always refer to your agent agreement for details regarding advertising best practices and work with your Allstate Health sales representative to acquire all appropriate approvals.

Find marketing materials at [AllstateHealth.com/marketing-materials](http://AllstateHealth.com/marketing-materials)

### Exceptions:

- In the state of Florida, these products are underwritten by Integon Indemnity Corporation.
- In the states of Colorado, Connecticut, and New York, these products are underwritten by Integon National Insurance Company.

**NOTE:** Please see our Product Availability Grid [www.allstatehealth.com](http://www.allstatehealth.com) for a complete look at where our products can be sold.

## Quoting and enrolling

You can quote our products and complete the enrollment process on our online quoting platform, Allstate Health Enroll NatGen. Register at: [ngahagents.ngic.com](http://ngahagents.ngic.com)

### Product effective dates and policy issue requirements

Many products are subject to pre-existing condition limitations and exclusions, and/or first-ever diagnosis. Refer to the plan brochures for complete details.

Products feature next-day effective dates for any day of the month. But when using the List Bill option, products must have effective dates of the 1st or 15th.

Product	Requires health questionnaire	Guaranteed issue
Accident Fixed-Benefit		x
Allstate Health Access	x	
Allstate Health Access Guaranteed Issue		x
Cancer and Heart/Stroke	x	
Dental Indemnity		x
Dental PPO		x
Foundation Health	x	
Foundation Health Enhanced	x	
Hospital Expense Protection	x	
Hospital Expense Protection Plus	x	
Plan Enhancer with Accident Medical Expense (AME)		x
Plan Enhancer with AME & Cancer, Heart/Stroke, Sickness Hospitalization		x
Select Dental PPO		x
Short Term Medical Essentials	x	
Short Term Medical Enhanced	x	
Short Term Medical Copay Enhanced	x	
Short Term Medical Standard Issue	x	
Short Term Medical Guaranteed Issue		x
Specified Care	x	
Term Life	x	
Term Life Critical Illness	x	
TrioMED with \$2,500; \$5,000 and \$10,000 options		x
TrioMED with \$15,000 and \$30,000 critical illness options	x	
VitalGuard		x

# Completing applications on Enroll NatGen

## Submitting an application online

Working with your customer, hit the **quote now** button at the bottom of the quoting page.

For the application:

- Enter your customer's information.
- Answer any health questions with your customer.
- Fill out beneficiary information.
- Add a payment method.

Once you finish providing the necessary information, you'll land on a Summary page. Click **Continue** and your applicant will receive an email from Enroll NatGen with the Subject: Application Pending Signature.

- Instruct the applicant to go to their email inbox to open the email.
- Within the body of the email, ask the applicant to click the link titled **Complete Online Application**.
- Follow the instructions in quoting. The applicant will need to review, attest to their purchase that includes an authorization for the IntelliScript inquiry, and provide their e-signature prior to the application being submitted.
- The applicant will land on a Thank You page confirming that their application has been submitted to us for issuance.
- Upon application approval, your customer will receive a Welcome email instructing them to register for myallstatehealthsolutions.com.com.

## Email a proposal

Click the **create proposal** button at the bottom of the quoting page. Then click **email report** to generate a self-populating email containing the proposal for you to send to your customer.

They can view the proposal and see premiums due. All they have to do to finish the application is click **check out** at the bottom of the proposal.

When customers self-enroll, they complete the Application and Billing Authorization as part of the application process.

To report any system issues please call 833-870-6131.

*List Bill plans are only allowed to have effective dates on the first of the month.*

*Premiums are drafted on the 15th of that same month. ACH bank draft is the only accepted method of payment.*



## Submitting List Bill applications

Using the List Bill function is easy:

1. Enter the customer contact name, business name, business email, and business phone number. Click **Send Invitation**. Filling in this information will trigger an invitation to be sent to the business email.
2. Once the customer receives the email, they can register, complete the List Bill Account online application, and submit. The application will usually be approved within 24 hours. The customer and the agent will be notified that the List Bill account has been approved and the ID number assigned.
3. Using the List Bill function: Add products to the Enroll NatGen cart and check the **Include List Bill ID** box at the bottom of the cart. Then click **Enroll**. You'll be prompted to enter the List Bill ID and the primary applicant's email address.
4. Follow the prompts, and enroll your customers as you usually would.

**IMPORTANT NOTICE:** Certain actions by the employer (e.g. contributing toward the cost of premium) could make List Bill products subject to ERISA. The employer will be solely responsible for any applicable ERISA compliance required. Employers should consult their tax and/or legal advisor if they want to understand their ERISA obligations, if any. Allstate Health Solutions is not a fiduciary and makes no representations regarding whether the List Bill products are an employee welfare benefit plan under ERISA.

Your customers can access ID cards and their policy documents at [myallstatehealthsolutions.com.com](http://myallstatehealthsolutions.com.com).

## Duplicate coverage — Accident/Critical Illness/Dental

When applying for coverage, customers have the ability to purchase multiple accident, critical illness, and/or dental products in separate transactions. This duplicate coverage may be intentional or unintentional. In some cases, the member can keep the duplicate coverage if desired. Upon submission of a claim when duplicate coverage exists, the claim is submitted on each policy for review. Our Third Party Administrator (TPA) proactively notifies Allstate Health Solutions when duplicate accident coverage is identified.

If the member requests to cancel the duplicate policy, it is acceptable to cancel as of the effective date of the policy.

Inform the member they will receive a full refund, less any claims payments. If the member states they had a claim during the life of the policy, we can cancel the duplicate policy as of the next paid-to date following the date of the claim.

# Member eligibility

## Enrollment age requirements by product.

All applicants must legally reside in the United States.

**NOTE:** For child-only plan submissions, please list the youngest applicant as the primary.

Product	Initial enrollment age:			Age coverage ends <sup>1</sup> :		
	Primary	Spouse/ domestic partner	Dependent child <sup>2</sup>	Primary	Spouse/ domestic partner	Dependent child <sup>2</sup>
Accident Fixed-Benefit	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	70 yrs <sup>3</sup>	70 yrs <sup>3</sup>	26 yrs
AcciMED	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Allstate Health Access	30 days – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Cancer and Heart/Stroke	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	75 yrs	75 yrs	26 yrs
Dental Indemnity	Birth – 94 yrs	14 yrs – 94 yrs	Birth – 24 yrs	94 yrs	94 yrs	24 yrs
Dental PPO	18 yrs – 74 yrs	18 yrs – 74 yrs	Birth – 25 yrs	85 yrs	85 yrs	26 yrs
DVH PPO Plan	55 yrs – 99 yrs	55 yrs – 99 yrs	Birth – 99 yrs <sup>4</sup>	99 yrs	99 yrs	99 yrs <sup>4</sup>
Foundation Health	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Foundation Health Enhanced	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Hospital Expense Protection/ Plus	30 days – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Plan Enhancer <i>Accident Medical Expense only</i>	Birth – 64 yrs <sup>5</sup>	14 yrs – 64 yrs	Birth – 25 yrs <sup>6</sup>	75 yrs	75 yrs	26 yrs
Plan Enhancer <i>With Accident Medical Expense and optional Cancer and Heart/Stroke and Sickness Hospitalization riders</i>	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	75 yrs	75 yrs	26 yrs
Select Dental PPO & Copay Option	60 days – 64 yrs	14 yrs - 64 yrs	60 days – 25 yrs <sup>4</sup>	65 yrs	65 yrs	26 yrs
Short Term Medical - All plan options	60 days – 64 yrs and 10 months	14 yrs – 64 yrs and 10 months	60 days – 25 yrs	65 yrs	65 yrs	26 yrs
Specified Care	Birth – 64 yrs	Birth – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Term Life Critical Illness • Critical Illness • Term Life	18 yrs – 60 yrs 18 yrs – 60 yrs	18 yrs – 60 yrs 18 yrs – 60 yrs	N/A N/A	65 yrs End of term / 85 yrs	65 yrs End of term / 85 yrs	N/A N/A
Term Life Only	18 yrs – 64 yrs	18 yrs – 64 yrs	N/A	End of term or 85 yrs	End of term or 85 yrs	N/A
TrioMED • Accident Medical Expense • Critical Illness	18 yrs – 64 yrs 18 yrs – 64 yrs	18 yrs – 64 yrs 18 yrs – 64 yrs	Birth – 25 yrs Birth – 25 yrs	65 yrs 70 yrs	65 yrs 70 yrs	26 yrs 26 yrs
VitalGuard	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	70 yrs	70 yrs	26 yrs

**NOTE:** “–” means “through”

<sup>1</sup> Members must call member services to have dependents removed when they reach the age coverage ends.

<sup>2</sup> In IL, Dependent Child age is through age 29. | <sup>3</sup> Coverage ends at age 65 in: FL, GA, ID, MA, OH, and VA. | <sup>4</sup> Dependents over 26 allowed only if due to disability. | <sup>5</sup> 18 yrs - 64 yrs in CA, CO, DC, GA, KS, TN and VA. | <sup>6</sup> No Child-Only in: GA, KS, CA, CO, TN, VA and DC.

## LIFE Association memberships

Many products are issued on an Association Contract and are only available through a LIFE Association membership.

- LIFE Association memberships vary by product:
  - Short Term Medical, Foundation Health, Foundation Health Enhanced, and Hospital Expense Protection are available through the Prime/Sterling levels.
  - Dental PPO is available through the Select level.
  - TrioMED and AcciMED are available through the Preferred level.
- LIFE Association memberships are always billed separately from the insurance premium, except when sold with TrioMED when the membership fees are billed with the insurance premium.
- Memberships continue after the insurance policy terminates. Memberships must be canceled separately by calling our member services team. If the member has other products that were purchased through the Association membership they must keep an active membership.
- LIFE Association memberships are also available as stand-alone products.
- Call 888-781-0585 for more information.

*LIFE Association memberships are optional in: Colorado, Connecticut, Maryland, Missouri, New Mexico, Oregon, and South Dakota. LIFE Association memberships are not available in: Iowa, Kansas, Maine, Montana, Utah, or Wisconsin.*

For plans sold through LIFE Association, about five days following the plan's effective date, your customer will receive an email from LIFE Fulfillment: [membership@mymemberservices.org](mailto:membership@mymemberservices.org) or LIFE Senior Fulfillment: [Membership@careington.com](mailto:Membership@careington.com) with a membership-specific URL. This email includes information regarding how to access the LIFE website and includes copies of their LIFE membership cards.

The link provided in the email is also where your customers will go to register for Telemed for LIFE, WellCard Savings card and get access to LIFE Association member programs and discounts.

Applicants will need to wait 48 hours from the time of submission before they can log in to register for LIFE Association programs.

### Registering for Telemed for LIFE

- Members should log on to the website listed on their Member ID card and complete a Member Profile.
- Members may then call 866-500-7065 to schedule a consultation with a state-licensed, fully credentialed doctor.

### Registering for WellCard Savings card

- Customers should click on the WellCard Savings card image on the LIFE home page, and complete the online registration form.
- After registering, WellCard Savings sends them an email that includes the savings cards. These cards must be presented at participating pharmacies for discounted pricing.

This plan is NOT insurance. It is a discount medical program. Payment must be made at time of service. This program is powered by Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard <http://www.accessonedmpo.com/>). Void where prohibited by law.

LIFE Association is a not-for-profit, members-only organization which provides you with lifestyle-related benefits and discounts. 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.

## Billing

Initial premium and LIFE Membership dues are drafted upon submission of the application, regardless of the plan's effective date. Available payment methods include ACH Bank Draft or Credit Card (Visa, Mastercard, or Discover). Cash and checks are not accepted forms of payment.

### Subsequent payments

1. **Subsequent premium payments will be withdrawn monthly** from the customer's account approximately five business days prior to each plan's corresponding effective day.
  - For example: If the applicant requests an effective date of Jan. 15, 2019, the subsequent withdrawal dates will be Feb. 10, 2019, Mar. 10, 2019, Apr. 10, 2019, and so on.
2. **If your customer selected the Single Pay option for Short Term Medical**, the full term's premium will be drafted at time of submission of application, regardless of the plan's effective date.
3. **If the Single Pay option is selected for Short Term Medical renewals**, one-time payments will be drafted for each renewal term.

#### Charges on customers' bank statements will appear as:

- TIC Products and NHIC Products - Allstate Health Solutions 888-781-0585.
- TIC Products [sold prior to 9/15/16] - Allstate Health Solutions 866-387-0484 NY.

#### Charges on customers' credit card statements will appear as:

Allstate Health Solutions 888-781-0585

### Policy lapses

First payment must be received within five days or the plan will not bind. Members are given a 31-day grace period on subsequent payments. The grace period begins the day after the plan's premium due date and ends 31 days after the due date. If payment is not received within the grace period, coverage will be canceled.

### Customer reinstatement policy

If a customer is outside their grace period and the policy lapses, they may be eligible to reinstate their policy by back-paying premium. Guaranteed issue products can be reinstated over the phone. Standard issue products can be reinstated by filling out a paper reinstatement application packet found on the website, <https://allstatehealth.com/marketing-materials/>. Reinstatement applications will be approved if health eligibility questions are answered favorably and the billing form is fully completed. Back paid premium will be immediately drafted upon approval of reinstatement. The following products are eligible for reinstatements if request is submitted within the time frame listed.

## Customer reinstatement policy (continued)

**Guaranteed Issue products** – reinstate via phone call to member services at 888-781-0585.

Product	Time frame after lapse
Accident Fixed Benefit (AFB)	Unlimited
Dental Indemnity	180 days
Dental PPO (Select and DVH)	45 days
Dental PPO (Legacy)	45 days
Short Term Medical PPO GI	45 days
Vital Guard	Unlimited

**Standard issue products** – submit reinstatement application packet.

Product	Time frame after lapse
Allstate Access	45 days
Allstate Senior Indemnity	45 days
Cancer & Heart/Stroke	180 days
HEP Plus	45 days
Med Supp AHLIC	90 days
Med Supp NHIC	Unlimited
Plan Enhancer AME (w & wo Riders)	60 days
Short Term Medical PPO SI	45 days
Term Life/ Term Life with CI rider	3 years

### Paper Reinstatement Applications:

**Mailed to:**

Allstate Health Solutions  
P.O. Box 1070  
Winston-Salem, NC 27102-1070

**Email address:**

Memberservices@ngic.com

**Fax number:** 888-344-3232

Customers are informed of approval or denial within 44 days of receipt of the reinstatement packet. Customers will receive communication if approved or declined, agents are cc'd on communication.

The following products will require a new application to be submitted electronically:

- AcciMED
- Foundation Health Enhanced
- Foundation Health Plan
- HEP Legacy
- STM Legacy
- TrioMED

## Failed billing attempts on subsequent payments

Failed credit card draft: Allstate Health Solutions will attempt to draft again every Friday for the duration of the grace period of 31 days. If we are still unable to process payment, coverage will be canceled back to the last paid-through date.

- Failed ACH draft: The customer must call Member Services to provide valid billing information. If we do not receive valid billing information, coverage will be canceled back to the last paid-through date.
- Customer notifications: When payments are declined, Allstate Health Solutions will notify the insured via email. The agent of record is copied on the email communication.

## Policy cancellation notice requirements

Members should call to cancel their plans. Once we receive notice, we will cancel as of their paid-to date for that coverage period.

For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

**Remind your customers:** If you sell our plans with other carriers' plans, your customers must call us directly to cancel Allstate Health Solutions plans.

## STM single payment cancellation request guideline

Single payment option allows the flexibility for a policyholder to purchase the exact number of days of coverage needed. All single payment STM plans are paid in full at the time of application.

Single payment policies that are paid in full, in all states, are eligible to be canceled at any time with a prorated refund

## STM early rewrites

Rewriting is easy.

1. Submit the application to rewrite within 30 days of the requested effective date.
2. Check the rewrite box on the first page of the Enroll NatGen application.
3. Select an initial draft date and complete the application with your customer.
4. Once the customer e-signs and submits the application, you will receive an automated confirmation email. This means the rewrite has been received, and until the coverage is issued, your customer's policy will not appear in your Agent Back Office (ABO).

We will automatically adjust the dates to align. There's no need to call or send an email to cancel the old term. We will prorate the original policy to match dates to the rewrite so there is no gap in coverage.

# What to expect after the sale

## ID cards

Short Term Medical, Select Dental PPO, Dental PPO, Dental Indemnity, DVH PPO Plan, Medicare Supplement, Allstate Health Solutions Access, Foundation Health, and Foundation Health Enhanced Plans:

Your customer will have access to their ID cards on [myallstatehealthsolutions.com](http://myallstatehealthsolutions.com).

- Temporary ID cards are available right away; and copies of permanent ID cards are posted within four business days of issuance. Either can be downloaded and used until the permanent ID cards arrive in the mail.
- Permanent ID cards should arrive in the mail in about five to seven business days from the time of submission.

**NOTE:** This is your customer's Medical ID card. Remind your customers to always present their Medical ID card when visiting the doctor.

## Policy fulfillment

During the application process, providing your customer's email address means that your customer agrees to receive their policy, and/or certificate of issuance, and other correspondence electronically.

If the applicant prefers to have the policy mailed, please call us at 888-781-0585. If paper delivery is requested, policy packets will arrive via USPS within seven business days from time of request.

All other plan administration correspondence will be sent to the email address provided at time of application.

### Email requirements

- All applicants are required to provide a valid email at time of application. If your customer does not have an active email address they cannot apply for coverage with us.
- In these instances, we recommend your customers create an email address with a valid email service provider. It's important to provide a valid email address. All customer communications are sent to the email address provided on the application.

Your customer can access their policy documents on [myallstatehealthsolutions.com](http://myallstatehealthsolutions.com) 24 to 48 hours after their signature is submitted.

All active members, whether or not they choose electronic delivery, will have access to view their policy documents at [myallstatehealthsolutions.com](http://myallstatehealthsolutions.com).

### The convenience of electronic documents

- Policy documents are accessible whenever customers need them.
- Customers can view them at their convenience.
- They can save and print them based on their needs.

## Retention department

### Our retention department helps you retain your business

Sometimes, whether or not a customer decides to keep their plan is out of your control. Luckily, our retention department is here to help.

When a customer calls in to cancel, our team spends time with the customer reinforcing the value of their Allstate Health plan. We look to keep your business on the books longer and keep your business going strong.

- We utilize highly trained and licensed agents.
- Our team offers their expansive knowledge of systems and processes to help your customers find providers, add and remove members, and make the most out of their benefits.
- We handle Short Term Medical rewrites and rewrites for all other supplemental products.

### When our Retention Department works with your customer:

- You remain the agent of record.
- You earn your full commissions.
- You get more time to keep growing your book of business.



## Policy administration

### Member Portal: [MyAllstateHealthSolutions.com](https://myallstatehealthsolutions.com)

After your customer has registered on [myallstatehealthsolutions.com](https://myallstatehealthsolutions.com), your customer will have access to the Member Portal to:

- View or download all policy documents and correspondences.
- Print their ID cards for Short Term Medical, Dental, Foundation Health, and Foundation Health Enhanced plans.
- Get answers to frequently asked questions.
- Locate a provider, if applicable to the plan your customer purchased.

### List Bill Member Portal: [ListBill.MyAllstateHealth.com](https://listbill.myallstatehealth.com)

After your customer has been approved for a List Bill Account, your customer will have access to the List Bill Member Portal to:

- Update or enter new banking or credit card information.
- View payment history and monthly invoices.
- View current monthly payment status.
- View their list of members, their selected insurance products, and the monthly premiums.
- View their List Bill Account Agreement.

## Premium changes

If Allstate Health Solutions makes any changes to a customer's monthly premium amount, the customer will be notified of the new amount and the reason for the change. Email notifications are sent to the email address on record.

## Policy cancellations

Supplemental policies can be canceled in the first 30 days for a full refund.

Short Term Medical policies can be canceled in the first 10 days for a full refund.

If a member calls to cancel their plan after the free look period, we will cancel as of their paid-to date for that coverage period. For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

**Important Information:** If members have more than one policy with us and/or a LIFE Association Membership, they must cancel each plan individually or be specific about which plan(s) they want to cancel. We are not responsible for canceling coverage that was not issued by American Heritage Life Insurance Company, National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation.

## Rules for adding and removing dependents

Product	Adding dependents	Removing dependents
Short Term Medical	New members must apply for their own policy	Removal of dependents is allowed
Short Term Medical PPO	New members must apply for their own policy	Removal of dependents is allowed
Allstate Health Access	New members must apply for their own policy	Removal of dependents is allowed
Foundation Health	New members must apply for their own policy or on a consecutive plan option for the second policy	Removal of dependents is allowed
Select Dental PPO, Dental PPO, Dental Indemnity, Accident Medical Expense, Accident Fixed-Benefit, Cancer and Heart/Stroke, DVH PPO Plan	New members must apply for their own policy	Removal of dependents is allowed
Select Dental	New members must apply for their own policy	Removal of dependents is allowed
Specified Care	New members must apply for their own policy	Removal of dependents is allowed
TrioMED/AcciMED	New members must apply for their own policy	Primary must reapply for coverage to include all requested dependents

### **Adding a newborn or adopted child to Short Term Medical standard issue, Allstate Health Access, Hospital Expense Protection, Hospital Expense Protection Plus, Plan Enhancer with Sickness Hospitalization plans and Specified Care.**

For most products, the Primary Insured or Covered Spouse can request to have a Newborn or Adopted Child added to the policy by contacting Member Services. The Primary Insured or Covered Spouse will be required to answer newborn eligibility questions. Members have 31 days from date of birth or adoption to request the dependent be added to the policy. (Agents cannot add a Newborn or Adopted Child on behalf of the member.)

All applicants are required to answer the following question during the initial enrollment process:

- Are you or any applicant now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?

Upon receiving a request to add a Newborn or Adopted Child, customers may be asked the following questions:

- When did you find out that you were pregnant or an expectant father?
- What anticipated due date were you provided by the physician?

The Newborn child will be added to the policy, however, claims may be held for review based upon the child's birth date relative to your policy effective date.

If it's found the applicant was pregnant or an expectant father at the time in which the applicant applied, the Newborn won't be added and there is a possibility that the primary insured may be removed from the policy, back to the initial effective date.

## Dependent information

Parents must complete and submit a standard HIPAA form to us or our TPAs prior to releasing any medical information.

1. Head to [www.allstatehealth.com](http://www.allstatehealth.com).
2. Click on the **Existing Members** tab.
3. Select **File a Claim** from the drop-down menu.
4. On the Claims page, click the **Claim Forms** button in the All Other Plans area.
5. On the Policy Documents page, select **HIPAA Authorization** from the Member Forms drop-down menu and click to download.

## Outline of coverage guidelines

Product	States in which agents must provide an outline of coverage to the applicant at point of sale
Accident Fixed-Benefit	AK, AL, AR, AZ, CA, CO, CT, DE, DC, ID, IA, IL, IN, HI, KS, KY, LA, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, WV, WI, WY
Cancer and Heart/Stroke	AK, AR, AZ, IA, IL, KS, LA, MT, NV, OK, OR, SC, TX, WV, WI, WY
Dental Indemnity	AL, AZ, CA, CT, FL, GA, IA, IL, ME, MA, OH, OR, PA, UT, WA
Dental PPO	GA, ID, IL, MA, MO
Plan Enhancer: AME Only and AME with Optional Rider(s)	AR, CA, CO, DE, DC, GA, IA, IL, KS, LA, ME, MI, MT, ND, NV, OK, OR, SC, TN, UT, WV, WI, WY
Allstate Health Access	IA, IL, KY, ME, MO, ND, SD, UT, WI
Foundation Health, Foundation Health Enhanced and Hospital Expense Protection	IA, ID, KY
Hospital Expense Protection Plus	IL, KY, ME, ND, PA, SD, UT, WI
Select Dental PPO	DE, FL, GA, HI, IA, ID, IL, IN, KS, LA, MA, MI, ND, NE, NH, OK, OR, PA, SC, SD, TX, UT, WI, WY
Short Term Medical	KS
Short Term Medical PPO	AZ, ID, IL, KY, MT, ND, NE, OK, UT, WI, WV, WY
Term Life Critical Illness TrioMED AcciMED Vital Guard	Not required

## Replacement guidelines

If existing coverage must be replaced, the following states require that a replacement form be completed and submitted with the application. A copy of the completed replacement form should be left with the applicant. It is your responsibility to provide the form to the applicant.

A copy of the completed replacement form should be completed by the applicant and mailed to us. Allstate Health Enroll NatGen provides a link to the Replacement Notice allowing you to email the document to the applicant.

Product	Replacement form states
Accident Fixed-Benefit	FL, IA, IL, ME, RI, UT, WV
Allstate Health Access	CO, IA, LA, UT
Cancer and Heart/Stroke	AR, CO, FL, IA, IL, KS, OK, OR, SC, TX, WV, WI, WY
Term Life Critical Illness	No replacement is allowed
Dental Indemnity	AR, CT, FL, IA, IL, PA, TX
DVH PPO	AR, DE, FL, IA, ID, IL, LA, MA, OK, PA, SC
Plan Enhancer: AME Only and AME with Optional Rider(s)	AR, CO, DE, IA, IL, ME, OK, SC, WV, WI
Short Term Medical	UT
Short Term Medical PPO	LA, TX, UT
Select Dental PPO Value, Plus, Prime, and Copay	AR, DE, FL, IA, ID, IL, LA, MA, OK, PA, SC
AcciMED, TrioMED, VitalGuard, Foundation Health, Foundation Health Enhanced, Hospital Expense Protection, Dental PPO	No replacement forms required
Hospital Expense Protection Plus	LA, UT

## Claims

It may take up to a week to process new policies into the claims systems. Agents will have access to information such as the claims status and, if applicable, the claims paid date by calling the claims' Third Party Administrators (TPAs). Please note, certain information about your customer's claim is protected by law.

## Supplemental

Supplemental claims payments are generally made to the policyholder to help offset the cost of services or events in their lives. For your customer to receive claim payments, they will have to submit a completed claim form with all required information. Additional information may be needed depending on each individual case. Failing to submit all of the needed information will result in a delay in the claims processing.

Claims may be pended for investigation as to whether the pre-existing exclusion applies and/or whether the policyholder made material misrepresentations at the time of application.

## Accident Fixed-Benefit

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, many of the benefits require treatment within 30 days of the accident. Since this product has many recovery benefits, the customer may send in multiple claim forms related to the original accident. This will ensure the process is started immediately and also enable the customer to begin receiving the cash benefits as quickly as possible.

## Plan Enhancer

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, benefits require treatment within 30 days of the accident. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form.

## Plan Enhancer: Sickness Hospitalization (SIP) rider

Please make sure your customer begins the claims process right after discharge from the Inpatient Hospital Admission or it may impact the payment of their claims. Remember, the SIP rider only pays benefits for inpatient hospital admission due to a sickness as defined in the policy. To submit a claim on the SIP rider, customers should send the itemized bill, including the diagnosis and procedure codes from the facility, along with a completed Sickness Hospitalization claim form. Additional information may be required in some cases.

## Cancer and Heart/Stroke

For a Cancer and Heart/Stroke claim, the customer and physician will need to complete the Critical Illness claim form and provide medical details. Additional information may be requested by us depending on each individual case. Use this form for both Cancer and Heart/Stroke policies and Plan Enhancer's Cancer and Heart/Stroke rider.

## Term Life Critical Illness and Term Life Insurance

The critical illness benefits are coupled with a life insurance policy. Therefore, there are two possible types of claims for this product. For a life claim, we will need a certified copy of the death certificate accompanying the Loss of Life claim form. For a critical illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records. Additional information may be requested depending on each individual case.

## Dental Indemnity, Dental PPO, Select Dental PPO and DVH PPO

Dental claims can be paid to the provider, and most often are, if the dental office and the policyholder agree to assign benefits. When dental benefits are assigned to the dentist, the dental office will submit the claim and payment will be made directly to the provider.

**NOTE:** If the customer prefers to receive the benefits directly, or the dental office does not accept an assignment of benefits, they can submit the bill or statement from the dentist, including the procedure codes and other pertinent details about the treatment. Also, the customer must include the policy number, the name of the Primary Insured and the name of the Insured treated. The address for submission of the claim can be found on the back of their ID card.

## Hospital Expense Protection and Hospital Expense Protection Plus

The Hospital Expense Protection plan is a supplemental limited-medical plan with benefits for inpatient hospital admissions and other medical expenses depending on the level of coverage selected. Hospital Expense Protection claims are paid directly to the policyholder. The policyholder is required to submit the Fixed-Benefit Medical claim form and follow the directions to get the claim processed. These benefits will be paid to the insured and are not dependent on other coverage the person may have. Please instruct your customer to submit these claims as soon as possible after receiving services. The contract requires the claim to be submitted within 90 days of the covered loss.

## Foundation Health, Foundation Health Enhanced and Allstate Health Access

Foundation Health (FH), Foundation Health Enhanced (FHE) and Allstate Health Access (AHA) are limited-medical plans with fixed benefits for office visits, labs, outpatient services, and other medical expenses.

The insured should always present their ID card at time of service. FH, FHE, and AHA claims can be paid to the provider, and most often are, if the provider and policyholder agree to assign benefits. In most cases it is required that the Insured assign the benefits in order to get the network discount.

- If an insured must file their own FH, FHE, or AHA claim, please direct them to the Fixed-Benefit Medical Claim Form on [www.allstatehealth.com](http://www.allstatehealth.com) and follow the directions to get the claim processed.

**NOTE:** The FH and FHE contracts require the claim to be submitted within 90 days of the covered loss.

## TrioMED, AcciMED and VitalGuard

### Accident Medical Expense and Accidental Death and Dismemberment claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form. Additional information may be needed depending on each individual case.

### Critical Illness claims

The Critical Illness policy pays benefits based on three categories of serious illnesses. For the Critical Illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records.

## Short Term Medical

The customer must present their ID card at time of service.

- Claims are paid directly to the provider.
- If an insured must file their own Short Term Medical claim, they can call claims customer service at 866-596-5817 for instructions and claim forms.

## Claim forms for all other plans

Please remind your customer to read the instructions on the claim forms and submit the required information in order to expedite the processing of the claim.

To submit a claim, your customer must:

- Head to [www.allstatehealth.com](http://www.allstatehealth.com).
- Click on the **Existing Members** tab.
- Select **File a Claim** from the drop-down menu.
- On the Claims page, click the **Claim Forms** button in the All Other Plans area.
- On the Policy Documents page, select the appropriate form from the **Member Forms** drop-down menu and click to download.

Directions for how and where to submit the claim are printed on the claim form.

Members can also call Member Services or the claims contact number on the back of their ID card.

# Important information

## Fair Credit Reporting Act

Federal law requires that a notice be given to any Applicant experiencing adverse action. The notice states that a consumer report was reviewed as part of the enrollment process.

## Notice of insurance information practices

To issue an insurance plan, Allstate Health Solutions needs to obtain information about the people proposed for insurance. Some of this information will come from the application, and some will come from other sources.

All information collected by Allstate Health Solutions may, in certain circumstances, be disclosed to third parties without the proposed insured's specific authorization. The proposed insured has the right to access and correct collected information that may relate to a claim or civil criminal proceeding. The notice is part of the application/enrollment form for insurance.

## HIPAA privacy

As a business associate of Allstate Health Solutions, and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations require that you, as a business associate, have physical, administrative, and technical safeguards in place to protect this information.

Please refer to the National Health Insurance Company privacy notice found at [www.allstatehealth.com](http://www.allstatehealth.com) to understand how protected health information is handled at Allstate Health Solutions and how insureds can exercise their individual rights under HIPAA. Please contact the Allstate Health Solutions Privacy Office immediately if you are aware of any breach of protected health information.

## Important information for you and your customer

Allstate Health Solutions relies on your customer's answers to the application questions, and these answers have a significant impact on their eligibility for a plan. Information that is not completely and accurately disclosed may result in plan rescission. If your customer provided you with any health history information that would require a response of "yes" to a health question, you are required to disclose that information to us.

The applicant must disclose his or her full and complete medical information; obtaining all the required authorizations at the time of application submissions is critical. Customers should contact Allstate Health Solutions if they think of any additional information that should have been disclosed.



## Contact information

### Allstate Health Solutions customer service

Phone: 888-781-0585

Email: MemberServices@NGIC.com

### Mail inquiries

Allstate Health Solutions

P.O. BOX 1070

Winston-Salem, NC 27102-1070

### Time Insurance Company customer service (plans sold prior to October 1, 2016)

Phone: 866-387-0484

Fax: 844-279-1983

Email: TimeInsurance@actmanre.com

## For benefits and claims inquiries

### All supplemental plans

Phone: 855-212-5014

*Supplemental claims are administered by Key Benefit Administrators.*

### Short Term Medical plans administered by Meritain™ Health, an Aetna Company

Phone: 866-596-5817

### Short Term Medical plans administered by Allied Benefit Systems, LLC. (Cigna Network)

Phone: 855-505-2355

### Select Dental PPO and DVH PPO plans

Phone: 866-221-4988

### Vision plans administered by Avesis

Phone: 866-909-1085

*For Short Term Medical, Foundation Health, Foundation Health Enhanced, Select Dental PPO, DVH PPO and Dental PPO plans, customers should refer to the back of their ID cards to locate network providers.*



**Allstate**<sup>®</sup>  
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.



[allstatehealth.com](https://www.allstatehealth.com)