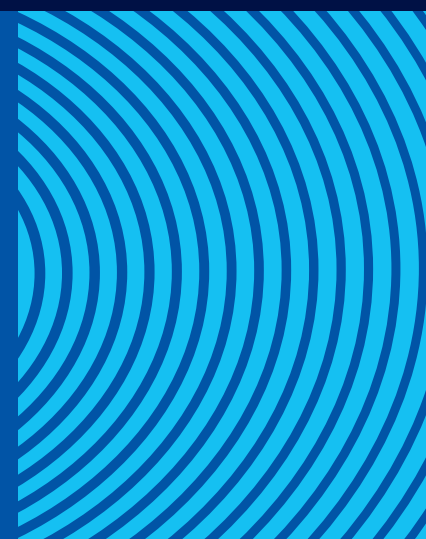




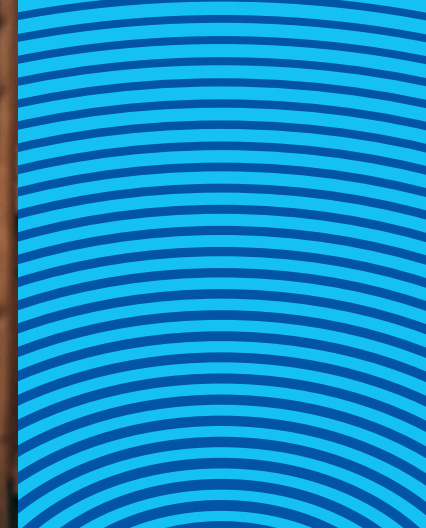
**Allstate**<sup>®</sup>  
HEALTH SOLUTIONS

## foundation health

Fixed-benefit plans that offer an easy, affordable way to pay for everyday health care.



A LIFE Association member offering.



## life is full of what ifs...

**But when it comes to health care, questions like, “What if I get sick or injured?” and “What if I have unexpected costs?” can leave us wondering if we have the right amount of coverage.**

Foundation Health is fixed-benefit insurance that helps you cover the “what ifs” of everyday health care. Plans give you an affordable and predictable way to pay for things like checkups, lab tests, emergency room visits and more. You choose the set dollar amount up front, and we’ll pay covered expenses for that plan year. And there are no deductibles or copays. You simply cover anything above the dollar amount you choose.

Foundation Health is most effective when used in combination with a major medical plan. But it can also serve as minimum coverage when major medical is not an affordable option. So you’ll get coverage at a cost that works for you.

## LIFE Association benefit<sup>1</sup>

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.

Notice: This plan does not meet the definition of Minimum Essential Coverage under the Affordable Care Act.

<sup>1</sup> See page 9 for more details.

# health care without the hassle

## Benefits in every plan

<b>Predictable, set payments</b>	You know exactly what your plan will pay for office visits, x-rays, hospitalization and more.
<b>No waiting periods</b>	Your benefits are available as soon as your plan's effective date.
<b>Flexibility and renewability</b>	Apply anytime and plans auto-renew. Plus, you choose if benefits get paid to the provider, or directly to you.
<b>No lifetime maximum</b>	The maximum benefit amount is paid every year you own your plan, for life.



### Access to First Health Network

Access to 5,300 hospitals, 100,000 ancillary facilities, and 695,000 doctors and health care providers, with discounts for covered services from network providers.

Find a First Health provider at: [www.firsthealthlbp.com](http://www.firsthealthlbp.com)



# pick the right plan for you

	Level 1	Level 2	Level 3
<b>Doctor's office visit</b>	\$50 per day; 2 days	\$70 per day; 2 days	\$90 per day; 2 days
<b>Diagnostic tests<sup>2</sup></b>	\$100 per day; 1 day	\$200 per day; 2 days	\$300 per day; 2 days
<b>X-ray benefit<sup>2</sup></b>	\$100 per day; 1 day	\$100 per day; 2 days	\$100 per day; 3 days
<b>Laboratory benefit<sup>2</sup></b>	\$50 per day; 1 day	\$75 per day; 2 days	\$100 per day; 3 days
<b>Hospital charges</b>			
<b>Confinement<sup>3</sup></b> required to stay at hospital for more than 24 hours	\$1,000 per day; 31 days	\$2,000 per day; 60 days	\$3,000 per day; 90 days
<b>Admission</b>	\$250; 1 admission	\$500; 1 admission	\$1,000; 1 admission
<b>Emergency room visit</b>	\$100 per day; 1 day	\$200 per day; 2 days	\$300 per day; 2 days
<b>Surgeon benefits<sup>4</sup></b>			
<b>Inpatient</b> admitted for no less than 24 hours	\$1,000 per day	\$2,000 per day	\$3,000 per day
<b>Outpatient</b> admitted and released in a period less than 24 hours	\$500 per day	\$1,000 per day	\$1,500 per day
<b>Maximum days per policy year</b> total days is combined outpatient and inpatient benefits	3 days total	3 days total	3 days total
<b>Ambulance charge</b>			
<b>Ground</b>	\$300 per day; 1 day	\$400 per day; 1 day	\$500 per day; 1 day
<b>Air</b>	\$1,000 per day; 1 day	\$2,000 per day; 1 day	\$3,000 per day; 1 day

Benefits and availability vary by state. Benefits are paid per covered person, per policy year. You are responsible for the difference between the cost of treatment and the plan benefit payment. <sup>2</sup> Please see the last page for a list of covered services regarding these benefits. <sup>3</sup> Confinement and ICU will not be paid concurrently. <sup>4</sup> The surgical services benefit is based on the CPT code for the procedure.



# frequently asked questions

## **Is this plan an Affordable Care Act (ACA) plan?**

No, this plan is not an ACA-compliant plan.

Foundation Health plan is a limited medical plan that pays set-dollar amounts when a member receives particular services, no matter what the provider charges. Members are responsible for any remaining costs not covered by the plan benefits. Limited medical plans are not major medical insurance and do not meet the standards set for minimum essential coverage by the ACA.

## **Do I need to complete a health questionnaire to qualify for coverage?**

Yes. To obtain a Foundation Health plan, you must complete a short health questionnaire. Your answers will determine whether or not you are eligible for the coverage.

## **Is there a waiting period?**

No. Your benefits are available as soon as your plan's effective date.

## **Does this plan cover Pre-Existing Conditions?**

This plan does not cover treatment for pre-existing conditions in the first 12 months of coverage. Some states may only require a 6-month wait.

See the Limitations & Exclusions page for more information about Pre-Existing Conditions.

## **What are first-dollar benefits?**

First-dollar benefits are benefits paid without any deductibles or copays to satisfy. Any costs that exceed the benefit amount are the customer's responsibility.

## **How do I find network providers?**

Your new policy information packet and ID cards will include a link to help you find providers in your network.

## **What if I want more coverage?**

We have smart solutions that can help. Add more levels of cost protection with our supplemental accident and critical illness plans. They help you get affordable coverage for the things in life you can't see coming.

## **Ask your agent for more information.**

# limitations and exclusions



## **We will not pay benefits for treatment, services or supplies which:**

- Are not Medically Necessary;
- Are not prescribed by a Physician as necessary to treat Sickness or injury, except for the Preventive Care Benefit;
- Are Experimental/Investigative in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Are provided by an immediate family member

Except as specifically provided for in this coverage or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

- **Dental Procedures:** We will not pay benefits for dental care or treatment except for such care or treatment necessitated by accidental injury to sound natural teeth within 12 months of the accident, and except for dental care or treatment necessary due to congenital disease or anomaly.
- **Elective Procedures and Cosmetic Surgery:** We will not pay benefits for cosmetic surgery, except for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect. In the case of a Covered Person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, We will pay the Surgery Benefit, for:
  - » All stages of reconstruction of the breast on which the mastectomy has been performed;
  - » Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - » Prostheses and the treatment of physical complications at all stages of mastectomy, including lymphedemas
- **Felony or Illegal Occupation:** We will not pay benefits for Sickness or injuries incurred during the commission or attempted commission of a felony, or to which a contributing cause was a Covered Person being engaged in an illegal occupation.
- **Pregnancy:** We will not pay for services related to Pregnancy and childbirth except for those services required to treat Complications of Pregnancy, as defined in the Definitions section of this Certificate.
- **Surgical Fees/Facility Expenses Related to Surgery:** The facility expenses incurred in relation to surgery will be paid through either the Hospital Confinement Benefit or the Ambulatory Surgical Center Benefit. No charges other than the surgeon's service fees will be part of the Surgery Benefit. The Policy specifically excludes payment for the services of a co-surgeon or assistant surgeon.
- **War or Act of War:** We will not pay benefits for Sickness or injuries resulting from war or any act of war (whether declared or undeclared); participation in a riot or insurrection; or service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.
- **Worker's Compensation:** We will not pay benefits where such benefits would be provided under any State or Federal workers' compensation, employers' liability or occupational disease law.
- **Pre-Existing Condition Limitation:** There is no coverage for a Pre-Existing Condition for a continuous period of 12 months following the Certificate Effective Date of a Covered Person. This limitation does not apply to:
  - » Genetic information in the absence of a diagnosis of the condition related to such information;
  - » A newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 26 years of age; and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage;
- **Chronic Pain Disorders:** We will not pay benefits for inpatient treatment of chronic pain disorders, except as Medically Necessary.

# limitations and exclusions

- **Contraceptives:** We will not pay benefits for contraceptive procedures; contraceptive devices including, but not limited to, contraceptive patches, contraceptive vaginal rings, diaphragms, injectable contraceptives, and contraceptive implants.
- **Donation Services:** We will not pay benefits for organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.
- **Extraterritorial Services:** We will not pay benefits for services incurred outside of the United States or its possessions or Canada.
- **Foot Conditions:** We will not pay benefits for charges for foot conditions including, but not limited to: Care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes, except for foot care appliances for complications associated with diabetes.
- **Genetic Services:** We will not pay benefits for genetic testing, counseling, and services.
- **Hazardous Activities:** We will not pay benefits for treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing.
- **Hearing Care:** We will not pay benefits for hearing care that is routine; artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating, or restoring auditory comprehension.
- **Infertility:** We will not pay benefits for treatment of infertility.
- **Mental Disability and Chemical Abuse:** We will not pay benefits for treatment of Mental Disability or chemical abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis, or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment or Mental Disability or chemical abuse. The term chemical abuse means alcohol and substance abuse.
- **Prescriptions and Medications:** We will not pay benefits for any prescriptions and over-the-counter products, drugs or medicines.
- **Immunizations:** We will not pay benefits for immunizations.
- **Prophylactic Services:** We will not pay benefits for prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- **Services Provided by an Immediate Family Member or Employer:** We will not pay benefits for treatment, services, supplies provided by or through any immediate family member or any entity or employer in which a Covered Person or their immediate family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to a majority ownership interest in any such entity or employer. For purposes of this exclusion, "entity" and "employer" includes but is not limited to any corporation, organization, partnership, sole-proprietorship, self-employment, or similar business arrangement, regardless of whether any such arrangement is for-profit or not-for-profit employer.
- **Sexual and Gender Related Services:** We will not pay benefits for treatment, services, or supplies related to the following conditions, regardless of underlying causes: sex transformations; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction, or inadequacy; treatment to enhance, restore, or improve sexual energy, performance, or desire.
- **Vision Care:** We will not pay benefits for glasses; contact lenses; vision therapy, exercise or training; surgery including any complications arising therefrom to correct visual acuity including, but not limited to, Lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.
- **Weight Related:** We will not pay benefits for treatment, services, supplies, diagnosis, surgery, or medical regimen related to controlling weight, obesity, or morbid obesity.

# limitations and exclusions



- **Other Exclusions:** We will not pay benefits for:
  - » Complications of a non-covered service
  - » Experimental or investigational treatments
  - » Treatment, services, or supplies to address: smoking cessation; snoring; the treatment or prevention of hair loss; or change in skin pigmentation
  - » Homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation, and services; massage therapy
  - » Hospice care, inpatient rehabilitation services, custodial care, and respite care

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Allstate Health Solutions business operations in this state; and/or you have not moved to a state where this plan is not offered. Allstate Health Solutions has the right to change premium rates upon providing appropriate notice.

Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

All benefits are subject to your plan's terms and limitations.

This brochure provides summary information. For detailed plan benefits, exclusions and limitations refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

This is not major medical insurance. This plan provides fixed indemnity benefits for hospital confinement and specified medical and surgical Covered Services. Fixed indemnity benefits are paid in the amount show in the Benefit Schedule for the Covered Services without regard to the cost of services rendered. This plan does not provide expense reimbursement for charges based on Your health care provider's bill.

## **Covered Services - (Footnote 2, Page 4)**

### **Diagnostic Test Benefits**

Covered services under the Diagnostic Test benefits of this plan include:

- MRI; CAT; PET; Colonoscopy; Bone Marrow Test; Stress Test

### **X-Ray Benefits**

Covered services under the X-Ray benefits of this plan include:

- Mammography; EEG; X-Ray; Breast Ultrasound; Sigmoidoscopy

### **Laboratory Benefits**

Covered services under the Laboratory benefits of this plan include:

- Blood test for triglycerides; CA 15-3; CA 125; CEA; eye exam; fasting blood glucose test; hemoccult stool analysis; PSA; serum protein electrophoresis; thermography; cervical cytological screening; colorectal cancer screening; prostate cancer screening; child health screening





**Empowered** Members,  
**Informed** Choices

## 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 Negotiations<sup>1</sup>

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.

Learn more at: [lifeassociation.org](http://lifeassociation.org)

LIFE Association memberships are made available through AHCP, LIFE's exclusive Program Manager. **For questions call 877-228-8773.**

#### **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.

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**<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. National Health Insurance Company underwrites policies in IN and RI.



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