

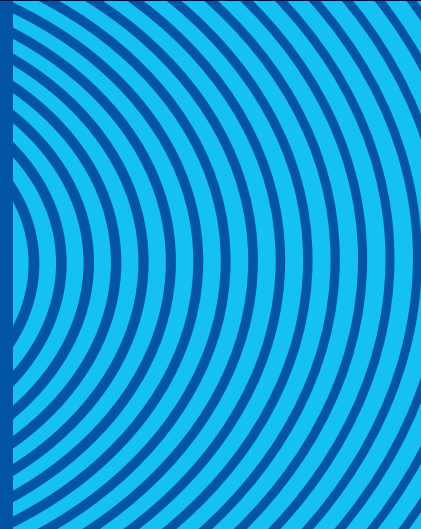


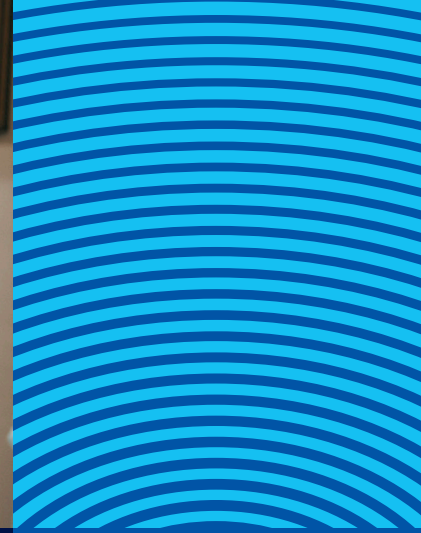
Allstate[®]
HEALTH SOLUTIONS

SOUTH DAKOTA

short term medical insurance

Temporary health care
coverage for you and
your family.





why choose short term medical

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 Aetna®, you can customize a plan that protects you from everyday health care costs, and unexpected health emergencies:

- Doctor visits and some 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.

\$100,000, \$250,000 or \$1,000,000
in health care coverage benefits per
coverage term

THIS PLAN PROVIDES LIMITED BENEFITS.

Short Term Medical plans offer affordable medical coverage but are medically underwritten. They do not provide Minimum Essential Coverage as mandated by the Affordable Care Act.

Benefits in every plan

Doctor visits	Subject to deductible and coinsurance.
Urgent care	Unlimited visits. \$50 access fee. Deductible waived. Remaining cost subject to coinsurance.
Emergency room visits	Unlimited visits. \$250 access fee; waived if admitted. Applies to deductible and coinsurance.
Ambulance service	Unlimited ground trips. Maximum benefit of \$250 per trip.

Policy benefits

- Get the care you need, for less, with access to the Aetna Open Choice® network.
- One plan will cover you from 30 days to 12 months.
- Choose the right plan for your budget, with deductible and coinsurance options.



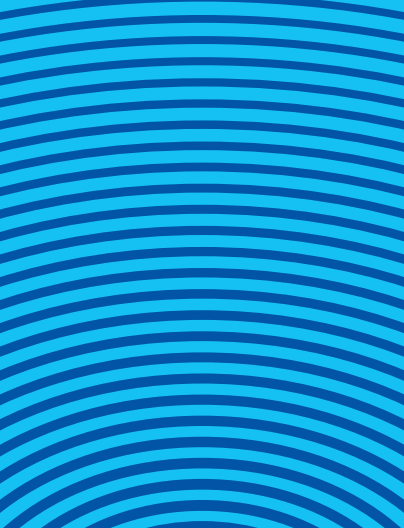
**Get coverage
as soon as
the next day**



Access to Aetna

Choose from more than 690,000 primary care doctors and specialists across 5,700 hospitals in the Aetna Open Choice® PPO Network.¹

¹ No more than three other adults in a household. Some states require the other adult to also have an active National General Accident & Health Medicare Supplement policy (underwritten by National Health Insurance Company), or is applying for such policy to qualify for the household discount. Please ask your agent for details.



standard issue plans

Customize a short term medical plan for your life, and budget.

With standard issue plans, you choose the deductible and coinsurance option that works for you. Then you'll complete a health questionnaire to finalize coverage.²

Deductible ³	Coinsurance % paid by you	Out-of-pocket maximum after deductible	Coverage period maximum
\$1,000	50%	\$5,000	\$250,000
	20%	\$5,000	\$1,000,000
\$2,500	50%	\$5,000	\$250,000
	20%	\$5,000	\$1,000,000
	0%	\$0	\$1,000,000
\$5,000	50%	\$5,000	\$250,000
	20%	\$5,000	\$1,000,000
	0%	\$0	\$1,000,000
\$10,000	20%	\$5,000	\$1,000,000
\$25,000	20%	\$5,000	\$1,000,000

² Plans do not cover costs associated with pre-existing conditions.

³ Per-person deductible and out-of-pocket amounts are capped at 3x the individual amounts for a family greater than three. This means that when three insured family members satisfy their individual deductibles and out-of-pocket amounts, the remaining individual deductibles and out-of-pocket amounts will be deemed as satisfied for the remainder of the coverage term.

consider a guaranteed alternative

Our Guaranteed Issue⁴ plan is a great alternative to our standard issue plans. You are guaranteed eligibility and there is no health questionnaire to fill out.

Just pick the option that works best for you and you're all set. And with many of the same benefits as other plan options, you can't go wrong.

	Basic	Enhanced
Deductibles ⁵	\$5,000	\$3,500
Coinsurance % paid by you	10%	20%
Coinsurance out-of-pocket Per member	\$5,000	\$6,500
Coverage period maximum	\$100,000	\$100,000

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

⁴ Short Term Medical plans do not cover costs associated with pre-existing conditions. Guaranteed Issue is not available in IN, MS, and TN. 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.

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. Ask your agent for more information.

Short term medical insurance will cover many of your everyday medical expenses, but it doesn't cover everything. Take a look at what you need your health insurance to do for you. Then, compare it to what's covered and not covered by our short term medical plans. For the complete list services that aren't covered, please refer to the limitations and exclusions section.

Affordable plans for:



Accidental injuries



Critical illness



Cancer and heart/stroke



Hospital stays

Paid benefits

- Doctor visits, urgent care⁶, ambulance service and emergency room care.
- Some diagnostic testing*, mammograms*, cancer testing, radiation therapy and Chemotherapy.
- Surgery, inpatient and outpatient hospital benefits, and hospital confinement benefits.
- Physical therapy, skilled nursing facility benefits and home health care.
- Child immunizations.
- Transplant benefits — Maximum benefit of \$100,000.

Not covered

- Outpatient prescription medications, eyeglass prescriptions and vision therapy.
- Normal pregnancy, or diagnosis and treatment of infertility.
- Any medical expenses resulting from pre-existing conditions.

⁶ For urgent care visits, this plan requires you to pay \$50 per visit. The deductible is waived, and the remaining expenses apply to coinsurance.

*Services for reading diagnostic results are not covered.

limitations and exclusions

Limitations and exclusions may vary by state. Please check your policy certificate for a full list of limitations and exclusions.

This plan will not pay benefits for sicknesses or injuries that are caused by or expenses incurred for:

- Conditions for which claims were submitted under a prior Short Term Medical policy or Policy issued by Us that provided coverage that ended within 90 days before the Effective Date of this Policy Intentionally self-inflicted sickness or injury, whether sane or insane.
- Sickness or injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no fault insurance.
- Sickness or injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits.
- Treatment of sickness or injury caused by or contributed to by war or any act of war; or participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rated.
- Dental treatment unless a hospital stay is required due to Injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient hospital care must be the least expensive setting needed to produce a professionally adequate result and the hospital charges only are covered expense. The treatment must be received while the covered person's coverage under the policy is in force.
- Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
- Normal pregnancy or childbirth; routine well baby care including hospital nursery charges at birth; or abortion, except for complications of pregnancy, as defined herein.
- Infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization.
- Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
- Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
- Treatment and medication to stimulate growth and growth hormones for any purpose.
- Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
- Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
- Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.
- All treatments for varicose veins.
- Therapy or treatment for learning disorders or disabilities, except as provided in the Benefits section for developmental delays.
- Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
- Treatment of mental health conditions, substance use disorders; and outpatient treatment of mental and nervous disorders, except as specifically covered.
- Treatment or services required due to accidental Injury sustained in operating a motor vehicle while the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred. This exclusion applies whether or not the Injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the Covered Person is charged with any violation in connection with the accident Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer.
- Treatment or services required due to injury received while engaging in any hazardous activity, including the following: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Treatment or services required due to injury sustained while participating in any inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
- Treatment or services required for Sickness or Injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Sickness or Injury took place).
- Expense incurred due to sickness or injury of which a contributing cause was the covered person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the covered person's being under the influence of illegal narcotics or non-prescribed controlled substances.
- Custodial care; respite care; rest care; or supportive care.
- Expenses incurred outside of the United States or its possessions or Canada.

limitations and exclusions



- Expenses incurred for experimental or investigational treatment, subject to the Pre-Authorization section.
- Private duty nursing services rendered during hospital confinement and charges for standby health care practitioners.
- Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices or orthotics, except as provided in the Benefits section.
- Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the Benefits section.
- Services or supplies for foot care, including care of corns, bunions or calluses, except capsular or bone surgery.
- Treatment, services or supplies rendered or received when coverage under the policy is not in effect, except as provided under the Extension of Benefits provision.
- Any amount in excess of the Usual, Reasonable and Customary amount as determined by us under the Policy.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Treatment, services or supplies that are not medically necessary as determined by us under the Policy.
- Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the covered person or doctor.
- Treatment, services or supplies not described in the Benefits section.
- Expenses for marital counseling or social counseling.
- Outpatient prescription drugs, medications, vitamins, mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor except as provided in the Benefits section for diabetes.
- Treatment, services or supplies provided at no cost to the covered person.
- Abortions, except in connection with covered complications of pregnancy or if the life of the expectant mother would be at risk.
- Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
- Treatment for cataracts.
- Treatment of the temporomandibular joint unless medically necessary and caused by a congenital or developmental deformity, sickness or Injury and except as specifically covered.
- Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
- Orthoptics and visual eye training.
- Hypnotherapy when used to treat conditions that are not recognized as mental and nervous disorders by the American Psychiatric Association, biofeedback and non-medical self-care or self-help programs.
- Any services or supplies in connection with cigarette smoking cessation.
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.
- Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a covered person to the policy.
- Spinal manipulation or adjustment.
- Sclerotherapy for veins of the extremities.
- Chronic fatigue or pain disorders; or immunodeficiency disorders.
- Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
- Kidney or end stage renal disease.
- Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
- Expenses or losses related to or in connection with the treatment of Acquired Immunodeficiency Syndrome and its related effects.
- Hospice care.
- Costs of services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops, except as specifically covered.
- Expenses for surgery during the first 6 months after the effective date of coverage for a covered person for a total or partial hysterectomy, unless it is medically necessary due to a diagnosis or carcinoma (subject to all other coverage provisions, including but not limited to, the pre-existing conditions exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy (ear tubes), tympanotomy (middle ear), herniorrhaphy (hernia) or cholecystectomies (gallbladder).

limitations and exclusions

Pre-existing condition exclusion

Charges resulting directly or indirectly from a pre-existing condition are excluded from coverage. Pre-existing conditions are referred to as conditions for which medical advice, diagnosis, care, or treatment (including services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 12 months immediately preceding the effective date. That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 12 months immediately preceding such person's Effective Date. This exclusion does not apply to a newborn or newly adopted child who is added in accordance with the coverage eligibility and effective date sections within the certificate of coverage.

This exclusion does not apply to a newborn or newly adopted child who is added in accordance with the coverage eligibility and effective date sections within the certificate of coverage.

This exclusion also does not apply to routine follow-up care for breast cancer to determine whether a breast cancer has recurred in a covered person who has been previously diagnosed with breast cancer, unless evidence of breast cancer is found during or as a result of follow-up care.

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.

Short Term Medical is nonrenewable

This Short Term Medical policy is nonrenewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a major medical plan. Therefore, depending on the length of your coverage term, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

If you choose to purchase a new Short Term Medical plan, you must submit a new application. Any illness or condition that developed and was covered under your previous plan is considered a pre-existing condition and will not be covered by subsequent Short Term Medical plans. Reapplication may not be available in all states.

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 preexisting 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 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.



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 Negotiations⁷

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.

⁷ 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.

