

TrioMED

A plan for unexpected costs associated with accidents, critical illness and accidental death.





cover what matters most

TrioMED provides coverage for out-of-pocket costs associated with accidents, critical illness, and accidental death and dismemberment. This policy helps alleviate some of the worry during difficult times.

Choose Accident Medical Expense options of **\$2,500, \$5,000 and \$10,000.**

And one of five available, **guaranteed-issue benefit levels for critical illness: \$2,500, \$5,000, \$10,000, \$15,000 and \$30,000¹.**

LIFE Association benefit²

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.

THIS PLAN PROVIDES LIMITED BENEFITS.

accident medical expense

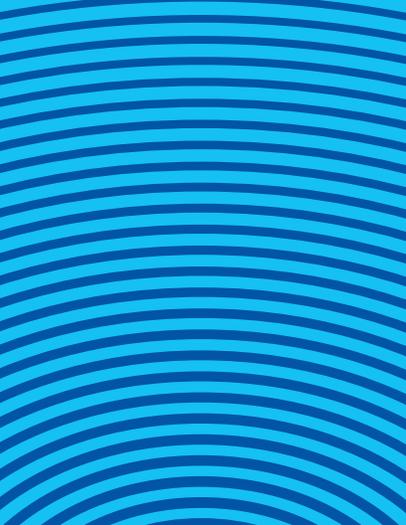
Accident Medical Expense (AME) helps cover accident-related medical costs and other expenses up to the benefit amount you choose. You are free to use the cash benefits in whatever way you see fit and there is no limit on the number of covered accidents.

How it works

Let's say you fall, and end up with a broken hand. Your primary medical insurance has a \$3,000 deductible and the bill to fix your hand is \$4,500. Your TrioMED AME plan has a \$5,000 benefit level, with a \$250 deductible. Here's how AME would help.

Medical charges	\$4,500
Accident Medical Expense benefit (<i>Medical costs less the \$250 deductible</i>)	\$4,250
Primary plan deductible	(\$3,000)
Your remaining cash benefits	\$1,250

After paying your primary plan deductible, you have \$1,250 left to cover other medical or household expenses.



critical illness coverage

In the event of the first diagnosis of a critical illness, TrioMED will provide a lump-sum, cash benefit to help you pay your out-of-pocket expenses up to the benefit level you choose. If your medical bill is less than your chosen benefit level, you can use the leftover funds in any way you like.

This plan pays benefits for the first diagnosis of covered illnesses in three categories.³ It pays one cash benefit per category, with three lump-sum payments available.

- No deductible to satisfy.
- No network restrictions.
- Amount payable of primary maximum benefit is 50% for a covered spouse and 25% for a covered child.

Covered event	% Benefit level
Category one	
Heart Attack ⁴	100%
Stroke	100%
Major organ transplant (heart or combination transplant including heart)	100%
Coronary bypass surgery	25%
Heart valve replacement or repair surgery	25%
Category two	
Invasive cancer after 90 days ⁵	100%
Cancer in situ after 90 days ⁶	25%
Category three	
End stage renal failure	100%
Major organ transplant (excluding those covered in category one)	100%
Advanced Alzheimer's disease	100%
Coma	100%
Motor neuron disease / ALS	100%
Paralysis	100%
Severe burns	100%

³ An insured person will only be allowed one payout per category. ⁴ Non-ST elevation myocardial infarctions (NSTEMI) are not covered. ⁵ If any of the insureds are diagnosed with invasive cancer within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit. ⁶ If any of the insureds are diagnosed with cancer in situ within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit. The maximum allowed benefit amount reduces by 50% at age 65.

accidental death and dismemberment

You can never be prepared for the worst to happen, but having the right coverage in place can help lift some of the burden. If an insured person passes away or suffers dismemberment due to a covered accident, TrioMED will pay the elected benefit amount based on the schedule of benefits.⁷



- Receive a benefit payout (percentage of the face amount) in the event of accidental dismemberment⁸.
- Receive a benefit payout for a death resulting directly from a covered accidental injury.
- Use the lump-sum benefit for a variety of out-of-pocket costs, not just medical expenses.

⁷ The benefit payout for a death resulting directly from a covered accidental injury, independent of any other causes, is subject to the schedule of benefits (100% benefit to the insured; 100% benefit to a covered spouse; 50% benefit to any covered children) and the death must occur within 30 days of the covered accident. The claim must be submitted within 180 days of the covered accident. The benefit amount is paid to the listed beneficiary. ⁸ The benefit amount for covered injuries will be a percentage (ranging from 25%-100%), depending on the specific injury.

limitations and exclusions

ACCIDENT MEDICAL EXPENSE

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
 - Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
 - Acts of war, whether declared or not;
 - Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in the Certificate;
 - Injuries covered by Worker's Compensation, Employer Liability Law, or Occupational Disease Act or Law;
 - Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
 - Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
 - While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
 - While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
 - While driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
 - Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
 - Competing in motor sports races or competitions;
 - Testing cars or trucks on any racetrack or speedway;
 - Handling, storing or transporting explosives;
 - Participating in a rodeo; or
 - Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
 - With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - » While riding as a Passenger in or on (including getting in or out of, or on or off of);
 - » Any scheduled commercial airline;
 - » Any military air transport aircraft
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
 - Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
 - Mental and Nervous Disorder (except as provided in the Policy);
 - Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
 - Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
 - Participation in or practice for intercollegiate sports, semiprofessional sports or professional sports (unless specifically covered under the Policy);
 - Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
 - Conditions that are not caused by a Covered Accident;
 - Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
 - Charges payable by any automobile insurance Policy without regard to fault (This exclusion does not apply in any state where prohibited);
 - Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
 - Blood, blood plasma or blood storage except charges by a Hospital for processing or administration of blood;
 - Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
 - Any treatment, service or supply not specifically covered by the Policy;
 - Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
 - Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
 - A Medical Repatriation;
 - Charges for rest cures or custodial care;
 - Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay; or
 - Services or treatment provided by an infirmary operated by the Policyholder

For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;

The percentage of the face benefit amount paid for the accidental death and dismemberment benefit varies between 25% to 100% depending on the covered condition. Covered conditions paid at 100% include the loss of:

- Both hands
- Entire sight in both eyes
- Speech and hearing in both ears



Covered conditions paid at 50% include the loss of:

- One hand and one foot
- One hand or one foot and entire sight of one eye
- One hand or one foot
- Speech or hearing in both ears

Covered conditions paid at 25% include the loss of:

- Hearing in one ear
- Thumb and index finger of same hand
- All the toes from the same foot

CRITICAL ILLNESS

We will not pay the Benefit Amount for a Covered Condition if such Covered Condition is caused by, occurs during or results from:

- Intentional and self-inflicted injuries;
- Suicide or any attempt at suicide, while sane or insane;
- Participation in the commission or attempted commission of a felony;
- Participation in a riot or insurrection;
- Alcoholism or drug addiction, or;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss or loss has occurred.

We will not pay the Benefit Amount for a Covered Condition if:

- Such Covered Condition is not covered under the Policy;
- Such Covered Condition first occurred while the Policy was not in force;
- Such Covered Condition was diagnosed by a person who is not a Physician;
- Such Covered Condition was diagnosed outside the United States, unless the Diagnosis is confirmed in the United States;
- Such Covered Condition or surgical procedure was performed outside the United States, unless on a United States military base or facility, or within another U.S. military or government building or facility; or
- The Covered Person's date of birth, age or sex was misstated on the Application and at the correct date of birth, age or sex, the Certificate or coverage under the Policy would not have become effective or would have terminated.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 65 (for Accident Medical Expense) or age 70 (for Critical Illness coverage) provided there is compliance with plan provisions, including dependent eligibility requirements.

We have the right to change premium rates upon providing appropriate notice.

Accident Medical Expense plans are designed to provide extra benefits in the event of an accident and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions within the Certificate(s). May not be available in all states. Based on the state of issue, the policy will be underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your Insurance Agent.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.



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.

Personal Concierge

Get 24/7 live access to professional personal assistants who are ready to help you with anything, anytime, anywhere regarding travel, entertainment, city guide and more.

Direct Labs

Get direct access to major clinical labs across the USA for important blood tests — at a special group rate price.

Public WiFi Protection

Keep your usernames, passwords and other private information secure when using public WiFi by encrypting your signal. Protect what you do online with bank-level security, so you can share, shop and bank with confidence.

Wellness

Get access to the lowest rates at over 11,000 high quality fitness facilities and take the first step towards a healthier lifestyle.

Lifeline Screening

Go beyond a regular checkup with accurate, non-invasive, preventative health screenings.

Learn more at: lifeassociation.org

LIFE Association memberships are made available through AHCP,
LIFE's exclusive Member & Agent Support.

For questions call 800-557-5024, or email benefits@LIFEAssociation.org.

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.



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, and Integon Indemnity Corporation. National Health Insurance Company is financially responsible for its respective products. Policies in AL, AR, AZ, CA, DC, GA, ID, IL, IN, KY, LA, MA, MI, MS, NC, ND, NE, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, and WY are underwritten by National Health Insurance Company. Integon Indemnity Corporation underwrites policies in FL.



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