



senior products agent guide

Allstate[®]
HEALTH SOLUTIONS

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Allstate Health Solutions markets products underwritten by National Health Insurance Company and American Heritage Life Insurance Company.

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Agent contacts

General product info

AHSeniorProductSales@ngic.com
833-415-9962

ENG technical support

833-408-5392

Member contacts

Medicare Supplement

Claims by mail

Allstate Health Solutions
P.O. Box 17110
Winston-Salem, NC 27116

Policy administration

Allstate Health Solutions
888-966-2345

Customer service for policies issued prior to 1/1/2021

833-976-2628

Claims and benefit

Administered by AMR 833-976-2628

Final Expense Whole Life

Policy Administration

888-966-2345

DVH

Meritain Health

Network by Aetna
(dental only)
866-221-4988

Avesis

(vision rider)
866-909-1085

Amplifon

(hearing discount)
866-981-5817

Senior Indemnity

Key Benefit Administrators (KBA)

855-212-5014

Agent services

Commissions and appointment

888-376-3300

Agent enrollment portal:

Log in to [Agent Back Office](#).

Introduction

Thank you for your interest in Allstate Health Solutions senior products. We are committed to your success and make every effort to provide you with the products and resources you need, so you can focus on helping your clients and grow your business.

Our broad portfolio of senior products gives you the opportunity to sell all year long. With solutions in nearly every state, you have the opportunity to meet more needs of more customers.

Our Medicare Supplement insurance, Senior Indemnity, Final Expense Whole Life, and DVH plans offer plenty of options for your senior clients to customize their coverage in the way that works best for them.

Medicare Supplement

For clients who need help covering the out-of-pocket costs Medicare Parts A and B don't cover.

DVH

A Dental, Vision and Hearing plan designed for clients ages 55 and up, featuring three levels of dental coverage and two levels of optional vision coverage. Plus, hearing discounts are included with all plans.

My LIFE Senior and My LIFE Senior Plus Association memberships

These association memberships include discounts on diabetic supplies, gym memberships, dental procedures, vision exams and eyeglasses, plus more.

Senior Indemnity

Plans cover hospital stays, office visits, and more, for clients 55 or older. This is a good option for those waiting for Medicare eligibility. It also works with Medicare Advantage or Medicare Supplement policies.

Final Expense Whole Life

Financial protection for end-of-life expenses. Cash benefits can cover final expenses such as funeral costs, credit card debt or medical expenses.

This guide is your sales planning tool — it contains useful information to help you help your clients through the purchase process. For information about our portfolio of products for clients under age 65, contact your Allstate Health Solutions representative, or visit [Allstatehealth.com](https://www.allstatehealth.com).

Product availability varies by state.

Why work with us?

Product

Allstate Health Solutions offers a suite of senior-focused products that include Medicare Supplement, Final Expense Whole Life, Dental Vision and Hearing, Senior Indemnity, and various discount programs.

Technology

We offer market-leading technology that simplifies and expedites the quoting and enrollment process with our InstaDecision tool. You also have instant access to ID cards and policy management tools.

Support

Dedicated Medicare team to help support all facets of your business, including contracting, on-boarding, product training, technology support, commissions, and more.

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.

Quoting and enrolling

EnrollNatGen.com is our one-stop website for quoting and enrolling all our senior products.

With one tool, you can:

- » Quote senior products in a combined cart, so you can show customers exactly what they’re getting by combining products and applicants.
- » Get an instant underwriting decision for most applications with InstaDecision, our underwriting tool.
- » Start filling out applications and getting your customers enrolled.
- » View pending policies and download ID cards for issued policies.

Getting started with EnrollNatGen.com is easy.

- » Go to EnrollNatGen.com and log in with your [Agent Back Office](#) (ABO) username and password.
- » If you are unable to log in or need to register for ABO, call 833-408-5392.

Medicare Supplement

Medicare Supplement insurance offers clients protection from out-of-pocket costs for the expenses Medicare Parts A and B may not cover.

The plans offer clients:

- » The flexibility to see any doctor or any hospital, with no network restrictions or referrals as long as Medicare is accepted.
- » Automatic renewal as long as the premiums are paid on time, with benefits that increase when the Medicare deductible increases.

Multidiscout (Availability varies by state)

- » A 7% household premium discount for clients who lived with 1-3 other adults over the age of 50 in the past year, plus another 3% if two people apply at the same time.
- » Annual Pay Discount: 10% savings when annual payment is selected for premiums.
- » Activity Tracker Discount: 5% savings for registering a Fitbit, Apple Watch or other wearable device.

Eligibility requirements

Applicants are eligible to apply for Medicare Supplement insurance if they:

- » Are covered under Medicare Part A & B.
- » Are 65 years of age or older.
- » Are Medicare eligible due to disability in a state requiring under age 65 coverage.
- » Reside in any of the following states: AK, AL, AR, AZ, CA, CO, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY.

New business guidelines

Applications must be submitted and received at the home office within 30 days of the application signature date. Once we receive the application, it will be processed in the order in which it was received. If there are any errors on the application, you will be notified as they are found and corrections will be requested. Any errors will need to be fixed before a policy can be issued.

Enrollment

Paper application or online enrollment at [Agent Back Office](#) with e-signature, voice signature, or security question signature options.

Effective date

All applications must contain a requested effective date. Effective dates must be after the signature date of the application and is available on the 1st through the 31st of the month.

The effective date is required when submitting an application and must be equal to or greater than the Medicare Part B effective date, and after the signature date of the application.

Open enrollment

- » An application may be submitted up to six months prior to and six months following the first day of the month of the applicant's 65th birthday or up to six months prior to and six months following the date the applicant becomes eligible for Medicare Part B. And;
- » The coverage effective date must be on or after the Medicare A and B effective dates.

NOTE: Medicare ID/claim number is required on all applications. For those applying prior to receiving their Medicare ID/claim number, be sure to supply this to us when available. Claim processing can be delayed until this number is received.

Guaranteed Issue

An applicant applying under Guaranteed Issue may request an effective date up to 60 days beyond the application date.

Underwriting

An applicant applying outside of open enrollment may request an effective date up to 60 days beyond the application date.

Birthday / anniversary rule

Some states have special rules that allow a current Medicare Supplement plan member to change from their current plan to one of equal or lesser value with a different company during either their birthday month OR policy anniversary month, without having to pass medical underwriting. Please refer to the Underwriting Guide for state-specific guidelines.

Medicare Supplement (continued)

Replacements

A replacement takes place when an applicant is terminating existing Medicare Supplement or Medicare Advantage insurance and replacing it with new Medicare Supplement insurance.

Allstate Health Solutions requires a fully completed application when applying for a replacement policy; all replacements involving Medicare Supplement, Medicare Select or Medicare Advantage insurance MUST include a completed Replacement Notice.

MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a Federal law that was passed on April 16th, 2015. This law changed the available Medicare supplement plans for those who become newly eligible for Medicare on or after January 1, 2020. MACRA requires that Medicare supplement plans that cover the Medicare Part B deductible cannot be available to those who become newly eligible for Medicare on or after January 1, 2020. Those who become newly eligible for Medicare on or after January 1, 2020 may not be issued a policy for Plans C, F, or HDF. However, these plans may be available to anyone eligible on or before December 31, 2019.

For more information about Medicare Supplement insurance, see the Medicare Supplement Underwriting guide.

THIS PLAN PROVIDES LIMITED BENEFITS. THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE APPROVES BUT DOES NOT COVER.

Final Expense Whole Life Insurance

Final Expense Whole Life Insurance plans offer financial protection for end-of-life expenses, in the event of a covered person's death.

- » Total cash benefit is paid to your beneficiary. They can use it any way they see fit.
- » Cash benefits can cover final expenses like funeral costs, credit card debt or medical expenses.
- » Pays a cash benefit at death or policy maturity.
- » The premium is level and never changes.
- » There is cash value accumulation over the life of the policy.
- » All Plans include Allstate Identity Protection Plan.
- » \$40 non-commissionable application fee.

Plan Descriptions

Level Benefit Plan

- » Underwriting classes – Preferred or Standard.
- » 100% of face amount paid immediately.
- » Issue ages 50-80.
- » Face amounts from \$2,500 – \$50,000 depending on age.
- » Accelerated Death Benefit – Will pay 50% of death benefit up to \$20,000 due to terminal illness.

Graded Benefit Plan

- » Underwriting classes – Standard.
- » Pays 30% of selected face amount the 1st year, 60% the 2nd year and 100% the 3rd and subsequent years. 100% paid for accidental death, all years.
- » Issue ages 50-75.
- » Face amounts from \$2,500 – \$25,000.

Optional Riders

(available on Level Benefit Plan only)

- » Accidental Death Benefit Rider – Pays an additional death benefit if death is due to an accident.
- » Covered Dependent Term Life Benefit Rider – \$5,000 face amount increments.

Eligibility requirements

- » Dependents must be 30 days old through 17 years old at time of application.
- » No child-only plans.

Enrollment

Online via [Agent Back Office](#).

Effective date

Effective date defaults to the 1st of the following month. However, effective date can be changed to reflect any day of the month.

Replacements

Provide the Health Replacement form with a copy of the application at time of submission in the application packet.

Senior Indemnity

Senior Indemnity insurance is fixed-benefit insurance that can help clients deal with out-of-pocket expenses Medicare Supplement or Advantage plans don't cover, or help pay for services while clients wait for Medicare eligibility.

- » Fixed-benefit insurance pays a predetermined benefit amount based on the type of service provided or the time period during which the care is received. The same benefit is paid for the covered service regardless of the actual cost of the service.
- » Senior Indemnity Max Plans One, Two, and Three can help clients who are waiting for Medicare eligibility.
- » Senior Indemnity Base Plans Four and Five make great additions to Medicare Advantage and Supplement plans. They'll help cover out-of-pocket costs that other plans don't.
- » All plans feature immediate benefits for sickness, with a 90-day waiting period for preventive care; benefits for office visits, urgent care, and lab services; and up to 31 days of hospitalization per plan year.

Eligibility requirements

- » Primary and spouse are 55 – 74, renewable to age 85.
- » Dependents through age 25 (unless unmarried and dependent due to disability, etc.)
- » No child-only plans.
- » Simplified underwriting questions to determine eligibility for ease of access.
- » Senior Indemnity is an association product in some states. In those states, enrollment into the My LIFE Senior Association plan is required and/or automatic.

Enrollment

Online via [Agent Back Office](#).

Effective date

Effective date defaults to the 1st of the following month. However, effective date can be changed to reflect any day of the month.

Replacements

Provide the Health Replacement form with a copy of the application at time of submission in the application packet.

Dental, Vision and Hearing (DVH)

Our DVH PPO plans are designed for adults ages 55 and older. The plans help pay for dental care, with optional vision coverage and savings on hearing services.

- » Access to Aetna Dental® Administrators network, with 89,000 unique dentists and specialists. Find a provider at: myallstatehealthsolutions.com/aetnadentalppo.
- » Three plans to choose from.
- » Select benefits double in year two of the plan.
- » Savings on hearing tests and devices from Amplifon at all plan levels.
- » Two levels of optional vision coverage from Avesis.

Eligibility requirements

- » Primary and spouse are 55-99, renewable to age 99.
- » Dependents through age 25 (unless unmarried and dependent due to disability, etc.)
- » No child-only plans.

Enrollment

Online via [Agent Back Office](#).

Effective date

Effective date defaults to the 1st of the following month. However, effective date can be changed to reflect any day of the month.

Replacements

Provide the Health Replacement form with a copy of the application at time of submission in the application packet.

Discounts

- » 10% discount on dental rate when dental is purchased on the same application/enrollment as Medicare Supplement.
- » 10% discount on dental rate when dental is purchased on the same application/enrollment as Senior Indemnity.

Marketing

Allstate Health Solutions advertising, promotions, and marketing policy

Allstate Health Solutions is committed to assuring that advertising and sales promotion materials for Allstate Health Solutions 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 Solutions sales representative to acquire all appropriate approvals.

Ready-to-use marketing materials

Marketing materials and product brochures can be found on our carrier website:

<https://allstatehealth.com/marketing-materials.php>

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.

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

Product	Time frame after lapse
Dental Vision and Hearing	45 days

Standard issue products – submit reinstatement application packet.

Product	Time frame after lapse
Med Supp AHLIC	90 days
Med Supp NHIC	Unlimited
Final Expense Whole Life	3 years

Paper reinstatement applications:

Mailed to:

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

Email address:

Memberservices@ngic.com
(send securely)

Fax Number: 888-344-3232

Customers are informed of approval or denial within 45 days of receipt of the reinstatement packet. Customers will receive communication if approved or declined, agents are cc'd on communication.



What to expect after the sale

ID cards

If your client's plan includes ID cards, they will have access to their ID cards on 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.
- » Our Medicare Supplement also has access to the USA Senior Care Network (USA SCN), which provides network discounts.

NOTE: Access to the USA Senior Care Network can not be advertised to clients prior to sale.

	
Member _____	[Member name] _____
Plan description _____	[Plan description] _____
Policy number _____	[Policy number] _____
Effective date _____	[Effective date] _____

NOTE: This is your client's medical ID card. Remind your clients to always present their medical ID card when visiting the doctor.

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.

Any premium changes to a customer's policy/policies will be communicated to the customer via the customer's chosen communication method, in accordance with state rules and regulations.

Policy fulfillment

Within the application, the client may choose to have their policy fulfilled either by mail or electronically. Regardless of the policy fulfillment, the ID card will be mailed to the beneficiary.

For enrollments done through Coverage Builder, the member agrees to receive their policy electronically. If the applicant prefers to have the policy mailed, please call us at 888-781-0585.

Policy fulfillment will not be mailed out until the first full modal premium payment is received.

Email correspondence

- » Applicants are not required to provide an email address in order to apply for senior products.
- » Clients who provide an email address may elect to receive their policy documents and other important policy information via email.

Policy documents

Your client can access their policy documents on Myallstatehealthsolutions.com 24 to 48 hours after their signature is submitted and policy becomes activated. All active members, whether or not they choose electronic delivery, will have access to view their policy documents at Myallstatehealthsolutions.com.

Policy administration

Member portal: Myallstatehealthsolutions.com

After your client has registered on www.Myallstatehealthsolutions.com, your client will have access to the Member Portal to:

- » View or download all policy documents and correspondences.
- » Print their ID cards for plans that use ID cards.
- » Get answers to frequently asked questions.
- » Locate a provider, if applicable to the plan your client purchased.

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 to understand how protected health information is handled at Allstate Health Solutions and how insureds can exercise their individual rights under HIPAA. Please contact Allstate Health Solutions immediately if you are aware of any breach of protected health information.

Important information for you and your client

Allstate Health Solutions relies on your client'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 client 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. Clients should contact Allstate Health Solutions if they think of any additional information that should have been disclosed.



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.



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