

welcome to your new health benefit plan



You're one step closer to making the most out of your new plan. It's important for you to take an active role in your health care choices to maximize your benefits and savings. This kit provides you with the resources to do just that and understand your plan.

What you'll find in your kit:

How Your Plan Works –

This guide walks you through how your plan works after you see a provider. If you have any questions about your plan or bills, the team through your Member Advocacy Program is ready to help.

myCigna Pharmacy Benefit Manager –

myCigna gives you all the information you need about your pharmacy coverage. You'll have access to resources such as drug price quoting tools, pharmacy searches, and much more with your myCigna account.

How to Read Your Explanation of Benefits (EOB) –

An EOB is a summary of your health care claims during a period of time. This guide explains each section of an EOB so you know exactly what your plan covered and what you need to pay.

Allied Member Portal – Take advantage of the web portal. Log in from a mobile device or desktop to access your ID card, view your personal health record, view claims, and find answers to your claims questions.

Healthcare Bluebook™ –

Healthcare Bluebook is an easy-to-use tool that helps you find low-cost, high-quality providers in your area for different procedures and services.

Walmart Health Virtual Care

(WHVC) – Virtual Urgent Care and Talk Therapy visits are available through WHVC.

Urgent Care: U.S. board-certified doctors and medical providers are available 24/7/365 to diagnose, treat, and prescribe medication¹ for many minor illnesses and injuries via phone and/or video visits.

Talk Therapy: For members 18 years+. Licensed therapists can help with a wide range of mental and emotional health needs. Receive ongoing support, on your schedule, from the comfort of your home via phone and/or video visits in as little as 48 hours.

Vori Health – A nationwide specialty medical practice delivering virtual-first muscle and joint pain solutions. With Vori Health, you get treatment from a specialty physician, physical therapist, and health coach who work together to manage all aspects of your muscle and joint pain care. This means less unnecessary surgeries, faster recovery, and reduced cost of medical care.

You have access to Vori Health's services with **\$0 copays² for initial evaluations and \$0 copays² for 12-month treatment plans for lumbar back and/or knee pain.**

Wellness Program by Vitality® –

With fun online activities and easy goal-setting tools, Vitality helps you build and maintain a healthy lifestyle. You can find resources not just for your physical well-being but also for mental, nutritional, social, and financial health.

¹ Walmart Health Virtual Care (formerly known as MeMD[®]) offers medical consultations, behavioral health counseling, and talk therapy services via telehealth to patients nationwide. Services are provided in accordance with state law by physicians, nurse practitioners, and other licensed professionals. When medically necessary, Walmart Health Virtual Care providers may prescribe medication that patients can pick up at a local pharmacy. Virtual Urgent Care visits are not a replacement for a primary care physician or annual physical exam. | ² Charges on HSA eligible plans will be subject to member cost sharing if federal law is not extended to allow first dollar coverage for virtual service.

The Allstate Benefits Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Allstate Benefits is a marketing name for: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in CO, WA and all other states where offered. For employers in the Allstate Benefits Self-Funded Program, stop loss insurance is underwritten by these insurance companies in the noted states.

ABGH_CV_2096-1_KIT (Rev. 02/2023) © 2023 Allstate Insurance Company. www.allstate.com or www.allstatebenefits.com

We encourage you to take advantage of all the benefits your plan offers and we look forward to fulfilling your health insurance needs.

Allstate[®]
BENEFITS

get to know your Core Value Plan



How it works!

Your plan pays providers based on a multiple of the Medicare reimbursement rate¹ for each service you receive. There is no network², so you can go to any provider you want. Here's how it works:

1. Seek Care

You can go to any doctor or hospital²; simply show your Medical ID card to the provider.

If they have any questions, they can call the Customer Service number on the back of your card.

2. Receive Your EOB

You will receive an Explanation of Benefits (EOB) showing your Patient Responsibility. This includes copays, coinsurance, charges for non-covered services, and deductible amounts.

3. Review Your Bill

Your provider will send you a bill for any amounts due to them. This bill should not exceed the Patient Responsibility as shown on your EOB.

4. When to Call

If your bill shows an amount that exceeds the Patient Responsibility on your EOB, call the MAP Team immediately.

888-306-0905

5. The Team Gets to Work

MAP will work with your provider to resolve any inconsistencies on your bill. Afterward, you'll receive a letter explaining the resolution.

The Member Advocacy Program³ (MAP) is here to:

- Answer questions about billing.
- Clarify your EOB.
- Find providers.
- Help you understand your benefits and how to use your plan.

Call at 888-306-0905

¹ Or a derived equivalent of the Medicare reimbursement rate. | ² Pharmacy benefits and transplants still rely on the use of network providers.

³ Non-covered services and certain other charges are not eligible for the program.

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YOUR PHARMACY BENEFITS



Five ways to get the most out of your pharmacy benefit plan

1. Use myCigna.com

Use the website or app for quick access to:

- › See your pharmacy claim history
- › Read your benefit details
- › See medication prices based on your plan
- › Ask a pharmacist a question
- › Manage your Cigna Home Delivery PharmacySM orders and request refills¹

2. Learn what medications are covered

Save money by checking out the list of medications covered under your plan on **myCigna.com**. The amount you pay depends on whether your medication is listed as a generic, preferred brand, non-preferred brand or specialty medication.

3. Use the Drug Cost tool²

View medication costs based on your pharmacy plan, see if there are lower cost alternatives and compare prices between retail pharmacies and Cigna Home Delivery Pharmacy.¹ When discussing medicines with your doctor, use the tool on the myCigna[®] app.



Questions? Call the toll-free number on the back of your ID card.

4. Fill your medications in a 90-day supply

Cigna 90 NowSM makes it easier to fill the medications you take every day.

- › Choose where you want to fill your 90-day prescriptions – at a 90-day retail pharmacy in your plan’s network, or through Cigna Home Delivery Pharmacy¹
- › Make life easier by taking fewer trips to the pharmacy to refill, and help stay healthy – with a 90-day supply on hand, you’re less likely to miss a dose³
- › Go to **Cigna.com/Rx90network** to learn more about the benefits of a 90-day supply and the pharmacies in your plan’s network.

5. Get help with specialty medications

We can help you understand, manage and treat your condition. Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists, are specially trained to help deliver the best experience possible. We offer:

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with medication approval process
- › Financial assistance programs if needed

Together, all the way.[®]



1. Plans vary, so some plans may not include Cigna Home Delivery Pharmacy or 90-day retail pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
2. Prices are not guaranteed, nor is the display of a price a guarantee of coverage. Your costs and coverage may vary at the time you fill your prescription at the pharmacy, and pricing at individual pharmacies may vary. Coverage and pricing terms are subject to change. Your pharmacy may offer a special sale price on a specific medication which may be less than the price displayed here. Please consult your pharmacy.
3. Internal Cigna analysis performed March 2016, utilizing 2015 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonist and statins.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. “Cigna Home Delivery Pharmacy” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

how to read your EOB

An Explanation of Benefits (EOB) is a summary of your health care claims during a period of time noted as "Dates of Service." Your EOB includes details on how claims were processed. This will help you understand what the plan pays and what you owe your provider(s). Remember your EOB is NOT a bill.

ALLIED
Allied Benefit Systems LLC
200 W Adams St Ste 500
Chicago IL 60606-5215

20181228B04
ICSA
1014 4960

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Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**



Forwarding Service Requested



Customer Service

For questions, please visit us at
www.Alliedbenefit.com
or contact us at
(888) 292-0272
Electronic Claim Submission
Please refer to the member's ID card

Enrollee Information

Dates of Service: 09/17/2018 thru 10/24/2018

Dear ,

The information below is a summary of the healthcare claims you incurred for the period 09/17/2018 through 10/24/2018. This information is commonly referred to as an "Explanation of Benefits" (EOB). **This is not a bill.** It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges, please contact the customer service department at the number listed above.

Amount your provider(s) charged

Amount your plan paid

This doesn't include any deductibles, coinsurance, and copays paid by you.

The amount YOU owe

Includes copays, deductibles, coinsurance and other amounts not covered by the plan.

Total Amount Billed

\$2,524.06

This is the total amount billed for the dates of service of thru .

Total Amount Paid By Plan

\$1,639.32

This is the amount the plan paid in total for services rendered from thru . Please see the "Claim Detail" section of this document for more information.

Your Financial Responsibility

\$433.92

This is the amount the provider(s) of service *may* bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

Amounts not covered by the plan

Claim Summary

| Claim Number | Patient Name | Total Charge | Ineligible Amount | Discount Amount | Covered By Plan | Deductible Amount | Co-pay Amount | Patient Responsibility | Payment Amount |
|---------------|--------------|--------------|-------------------|-----------------|-----------------|-------------------|---------------|------------------------|----------------|
| | | \$791.86 | \$0.00 | \$0.00 | \$791.86 | \$0.00 | \$0.00 | \$0.00 | \$791.86 |
| | | \$787.49 | \$0.00 | \$0.00 | \$787.49 | \$0.00 | \$0.00 | \$0.00 | \$787.49 |
| | | \$294.00 | \$294.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$294.00 | \$0.00 |
| | | \$472.46 | \$23.82 | \$326.07 | \$122.57 | \$92.02 | \$0.00 | \$115.84 | \$30.55 |
| | | \$60.00 | \$0.00 | \$30.58 | \$29.42 | \$0.00 | \$0.00 | \$0.00 | \$29.42 |
| 123456789 | Ann Member | \$118.25 | \$0.00 | \$94.17 | \$24.08 | \$24.08 | \$0.00 | \$24.08 | \$0.00 |
| Totals | | \$2,524.06 | \$317.82 | \$450.82 | \$1,755.42 | \$116.10 | \$0.00 | \$433.92 | \$1,639.32 |

Plan discount amounts

Amounts covered by plan

Amounts you owe

See an example of how the last claim was processed on the reverse side.

how to read your EOB

ALLIED
Allied Benefit Systems LLC
200 W Adams St Ste 500
Chicago IL 60606-5215

20181228B04
JCBA
1014 4960

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Reference Info



Amount not covered by the plan

Service and Reason Codes

You can find a description of each of the codes used in your summary in the descriptions boxes below.

Claim#: 123456789
Patient: Ann Member

| Dates of Service | Service Code | Total Charge | Ineligible Amount | Reason Code | Discount Amount | Covered By Plan | Deductible Amount | Co-pay Amount | Balance Amount | Paid At | Payment Amount |
|----------------------------------|--------------|----------------|-------------------|-------------|-----------------|-----------------|-------------------|---------------|----------------|-------------------------------------|----------------|
| 10/24-10/24/2018 | 78 | \$118.25 | \$0.00 | V+ | \$94.17 | \$24.08 | \$24.08 | \$0.00 | \$0.00 | 100% | \$0.00 |
| Column Totals | | \$118.25 | \$0.00 | | \$94.17 | \$24.08 | \$24.08 | \$0.00 | \$0.00 | | \$0.00 |
| Patient's Responsibility: | | \$24.08 | | | | | | | | | |
| | | | | | | | | | | Other Credits or Adjustments | \$0.00 |
| | | | | | | | | | | Total Net Payment | \$0.00 |

The amount YOU owe

Includes copays, deductibles, coinsurance, and other amounts not covered by the plan. Your provider should not bill you anything over this amount. If they do, call the Member Advocacy Program team immediately.

Plan discount amounts

Amounts covered by plan

Service Code Description

61 INELIGIBLE EXPENSE
37 LABORATORY
B2 HOSPITAL OUTPAT XRAY/LAB
S5 HOSPITAL OUTPAT SURGERY
66 EXCEPTION CLAIM
78 BRAND NAME DRUGS

Reason Code Description

FD Complete accident details needed to process.
V+ Discount field reflects excess of plan allowable
28 YOUR PLAN DOES NOT COVER THIS TYPE OF SERVICE.
ST This claim was processed by Allied Benefit Systems

If you have questions about your EOB, don't hesitate to call the Member Advocacy Program team.

888-306-0905




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Use your secure member account to manage your benefits and take control of your healthcare. Log in to your account to experience these features and more.

ACCESS YOUR ID CARD

Allstate Benefits
Group Number:
JOHN SAMPLE
Subscriber ID: **SMPL0001**
Coverage: **Family**
Medical plan:
Deductible/Out-of-Pocket:



Pharmacy benefit: "S" Cigna
RXBIN: 017010
RXPCN: 0519PAYR
RXGRP: 0721419

Member and Pharmacist Helpline:
800.325.1404

www.mycigna.com

For virtual access to licensed medical providers and therapists, go to <https://memd.me/allstatebenefits> or call 855.630.3669

Maximum Allowable Amounts for plan benefits is:
150% of Medicare for inpatient
130% of Medicare for outpatient
100% of Medicare for dialysis

VIEW YOUR PERSONAL HEALTH RECORD



VIEW YOUR CLAIMS

Claim History

SELECT DISPLAY OPTIONS

Select Benefit

View Claims for

Reporting Period Options

Sort Options

APPLY

GET ANSWERS TO YOUR BENEFITS QUESTIONS



GENERAL CLAIM QUESTION

HOW TO ACCESS PORTAL

NEW MEMBERS

1. Click "REGISTER" on top right corner of AlliedBenefit.com
2. Enter information in "WEBSITE ACCOUNT REQUEST"
3. Click "SUBMIT"

EXISTING MEMBERS

1. Click "LOGIN" on top right corner of AlliedBenefit.com
2. Enter account number and password
3. Click "LOGIN"

Stop-loss products are underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered.

AlliedBenefit.com



Healthcare Bluebook™



You're probably overpaying for health care **and don't even know it.**

Prices for the same procedure can vary up to 500% depending on where you go. It's true!

With **Healthcare Bluebook**, you can search for low-cost providers for a multitude of procedures. You could save hundreds – potentially thousands – of dollars on care with a simple search.



Same procedure,
different facilities.
The choice is clear!

See reverse...



Check It Out:

healthcarebluebook.com/cc/corevalue
Member Support: 888-306-0905

Download
the App:



Company Code:
CORE

The Allstate Benefits Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Allstate Benefits is a marketing name for: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in CO, WA and all other states where offered. For employers in the Allstate Benefits Self-Funded Program, stop loss insurance is underwritten by these insurance companies in the noted states.
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www.allstate.com or www.allstatebenefits.com

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Take a minute to walk through these simple instructions, so that you have quick access to Healthcare Bluebook on all your devices. Anytime, anywhere!

1 IT PAYS TO BE PREPARED... GEAR UP! BE EMPOWERED!

On your PC, laptop, and tablet:
Log in to Healthcare Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/corevalue



2 On your mobile phone: Download the app and log in so you'll have Bluebook with you anytime you need to schedule a procedure.

Company Code: CORE



3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a **Fair Price™** (green) facility, and save big bucks on care.



GO HERE

NOT HERE

- At or Below Fair Price
 - ▲ Slightly Above Fair Price
 - Highest Price
- Reasonable Rates Imaging Center (~ 2 miles)
 - ▲ XTRA Imaging (~ 3 miles)
 - Too Much Medical Center (~ 1 mile)

FOR EXAMPLE PURPOSES

BIG SAVINGS ON CARE



This plan pays providers based on a multiple of the Medicare reimbursement rate (or derived equivalent) for each service you receive. Pharmacy benefits and transplants still rely on the use of network providers. There is no correlation between the Healthcare Bluebook Fair Price™ service and a provider accepting the payment made by the Core Value plan.

Walmart*Health Virtual Care

Welcome to healthcare virtually anywhere

Sign in online to get started.

Walmart*Health
Virtual Care

Member/Patient Services:
(855) 636-3669

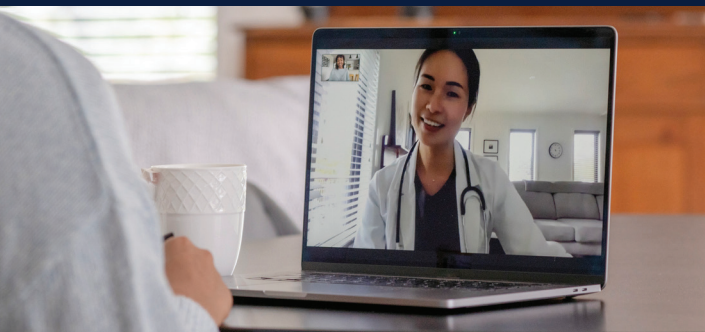
wmthealth.com/allstatebenefits

Member ID: SSN

*Minor dependents supported through
primary member's account.*

Virtual Urgent Care

Virtual Talk Therapy (18+)



Your Virtual Care Plan Includes:

Urgent Care



Adults and children can be diagnosed and treated 24/7 for routine health issues, such as cold and flu.

Talk Therapy (18+)



Speak with a licensed therapist and get help in as few as 72 hours for emotional and behavioral health issues.

**Therapists do not write prescriptions.*

Our providers can help with:

- Allergies
- Skin infections
- Sinus infections
- Medication refills
- Depression
- Anxiety
- Stress
- And more

Register online to start using your Virtual Care benefits:

- Go to wmthealth.com/allstatebenefits and use your SSN as your Member ID for initial account setup. Minor dependents will be supported through the primary member's account.
- Once your account is setup, you can request a visit, review past visits, schedule follow-up, and with urgent care services, have prescriptions sent to a local pharmacy for pick-up.

Walmart Health is comprised of independent physician practices. Walmart Health Virtual Care (WHVC) offers medical and talk therapy services via telehealth to patients nationwide. Telehealth services may vary by state. Telehealth services are provided in accordance with state law by licensed health care professionals, subject to the licensed professionals' judgment. When medically necessary, WHVC providers may prescribe medication that can be picked up at a local pharmacy of the patient's choice; WHVC does not guarantee that a prescription will be written. WHVC providers do not prescribe controlled substances. WHVC is not a pharmacy or an insurance product. Virtual Urgent Care visits are not a replacement for a primary care physician.

What

What's telehealth? A service that helps you to reach a medical provider or therapist for a virtual visit by phone (where permitted) or online.

What's a visit fee? This is what you pay for each visit. Your visit fee for Walmart Health Virtual Care will cost from \$0 to \$38, depending on your plan design.

Who

Who can use the service? Walmart Health Virtual Care is available to you, your spouse/domestic partner, and children up to the age of 26.

Who will I see? Medical care is provided by our licensed and board-certified physicians, physician assistants and nurse practitioners, while licensed therapists provide talk therapy to members 18 years+. Our accredited team of providers averages 17+ years of clinical experience.

When

When should I use telehealth? When you need medical attention for a minor health concern anytime, day or night, at home or when traveling – or when facing an emotional or mental setback, we provide a convenient, discreet way to get help on your schedule.

When can I use Virtual Care? Medical care is available 24/7–365, and therapy visits can be scheduled in as few as 72 hours.

How

How do I save more money? Walmart Health Virtual Care provides a convenient and less expensive alternative to costly ER and urgent care visits, as well as access to affordable therapy sessions.

Where

Where can I use telehealth? From the privacy of your own home, office,



Brought to you through



We feel your pain. And help fix it.

Pain. Whether it strikes suddenly or it's been there forever, it's hard to know where to turn.

Vori Health is here to make you feel a whole lot better. We're the only nationwide specialty medical practice offering personalized care and proven relief for back, neck, and joint pain.

Get started: 3 easy steps



Call **866-719-9611**
or visit www.vorihealth.com/allstate



Meet with your care team



Your personal care plan is delivered right to your dashboard!

Tell us where it hurts

HAVE YOU HAD A RECENT INJURY OR ACCIDENT?



Let's address that acute pain from sprains, strains, twists, and more.

DO YOU HAVE PAIN THAT KEEPS FLARING UP?



We'll get to the bottom of those periodic aches and pains that set you back.

ARE YOU LIVING IN PAIN MOST DAYS?



Together, we'll treat the long-term issues that keep you from doing what you love.

Activate your employer benefit for you and your family today!



\$0 copay for initial evaluation

\$0 copay for lumbar and/or knee treatment plans

\$0 copay for initial evaluation

\$0 copay for lumbar and/or knee treatment plans



What makes the Vori Health approach different

You're in expert hands

Led by doctors who specialize in back, neck, and joint pain, our care teams look at your problem from every angle to find out what's really going on and how to fix it.

Each plan is personalized

Everyone's pain and path to recovery is different. We build a practical treatment plan around your needs and goals, designed to fit your schedule. We support you every step of the way.

Proven to get results

Vori Health works. Many patients see improvements in as few as three visits. Join the growing community of Vori Health patients who are living pain free.

“Vori helped me strengthen my shoulder and avoid surgery.”

Mary D., Vori Health member

“I've never spent this much time with a doctor who really listened to me.”

Jackson D., Vori Health member

With your employer benefit, get access to:

- ✓ Convenient video visits
- ✓ Medical evaluation & diagnosis
- ✓ Personalized treatment including physical therapy & more
- ✓ Non-opioid pain medication & imaging if needed
- ✓ Support to help you manage pain, regain strength, & enjoy life



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Vori Health is a nationwide medical provider offering a better approach to back, neck, hip, knee and orthopedic care through physician-led care teams, including coaching and physical therapy. As a contracted partner, Vori Health accepts coverage for members who are enrolled in select products in the Allstate Benefits Self-Funded Employer Program.



WELCOME TO VITALITY

Brought to you by Allstate Benefits

Register today! The Vitality Wellness Program is your resource for living your healthiest life. Vitality tools help analyze your lifestyle to tell you exactly where to focus and set achievable goals.

Plan your Personal Pathway to better health!

Register. Go to PowerofVitality.com, complete all required fields and accept terms and conditions.

You and your spouse will enter your Subscriber ID number to register which is located on your health plan ID card.

Download the Vitality Today™ mobile app from your app store to keep the program with you every step of the way.

Take the Vitality Health Review™ - a short, confidential assessment about your current health status, health results, activities, habits, nutrition, and lifestyle.

Learn your numbers through a Vitality Check® – a confidential biometric screening. You can review your results on the Vitality website to identify where you can focus your attention to improve your health.

Discover your Vitality Age® based on your lifestyle behaviors and clinical measures, it presents health risks as years “lost” or “gained” compared to your chronological age.

Plan healthy activities you want to accomplish or those recommended by Vitality with the Points Planner™ to earn Vitality Points™ and raise your Vitality Status®.

Register now at PowerofVitality.com



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