

Medical Expense Shield

Plan info and resources to help secure your sale.

quote now



Medical Expense Shield (MES) from Allstate Health Solutions bundles short term medical (STM) insurance with a fixed-benefit plan. It's flexible, affordable coverage for the everyday and the unexpected, plus cash benefits paid directly to your customers to help with out-of-pocket costs.

Key benefits

- Coverage starts as soon as the next day
- Aetna Open Choice® PPO Network with 2,000,000+ providers and 38,600 + hospitals
- STM plans from 12 to 36 months
- 100% STM coverage after meeting deductible for most services under the STM plan
- Cash benefits paid directly to the customer regardless of what other coverage pays
- No annual or lifetime caps on fixed-benefit coverage (per-service limits apply)
- No fixed-benefit deductible

Ideal customers for

Next steps

- 1. Confirm eligibility**
Verify the customer's state. MES is not available everywhere. [Check the current state availability list.](#)
- 2. Identify the gap**
How long do they need coverage? 12, 24, or 36 months? This drives the STM plan selection and sets the conversation.
- 3. Choose deductible level**
Walk them through the \$25,000 or \$35,000 STM deductible options. Explain the fixed-benefit feature and how it's built to offset the high deductible.
- 4. Select fixed-benefit tier**
Covered Core or Covered Plus — match the tier to their budget and expected health care usage. Show how fixed benefits close the gap.
- 5. Quote and submit**
Go to [website] to run the quote and submit the application. Coverage can begin as soon as the next day.

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- **Between jobs** | Recently lost employer coverage or waiting on a new job-based plan to start
- **Waiting for enrollment** | Outside open enrollment with no qualifying life event
- **Aging off a family plan** | Turning 26 and shopping for their first individual plan
- **Self-employed / gig workers** | No employer benefits and watching every dollar

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Customer reassurance

Customers may have questions about how Medical Expense Shield works, especially with the high deductible. Here are some common concerns you might encounter and how to address them.

The deductible is way too high.

That's exactly what the fixed-benefit plan is designed to address. Cash benefits go directly to you to chip away at out-of-pocket costs before you hit the deductible. It's built-in gap coverage.

Example Scenarios

Scenario 1: everyday costs

- Lisa has Medical Expense Shield with a \$25,000 STM deductible and a Covered Core Fixed Benefit plan.
- Over a few months, she has three ordinary medical events: an urgent care visit for a sinus infection, a follow-up with her doctor, and some lab work. Before network discounts, those visits add up to over \$600. After Aetna Open Choice® PPO Network discounts, her total drops to about \$495. But the benefits don't stop there.
- Each time, Lisa pays the provider. Each time, the STM plan processes the claim and passes it to the Fixed Benefit plan, which sends her a check. \$150 for the urgent care visit. \$150 for the office visit. \$35 for the lab work. Three events, \$335 back in Lisa's pocket — from routine health care she would have paid entirely out of pocket with a standalone short term plan.
- And the \$495 she paid out of pocket across those three visits? Every dollar is counting toward her \$25,000 deductible. MES starts working from the very first claim, not just when something serious happens.

Scenario 2: major event

- Maria has Medical Expense Shield with a \$25,000 STM deductible and a Covered Plus Fixed Benefit plan.
- Two months in, she goes to the ER with stomach pain and ends up with a total bill of \$25,000 for imaging and a two-night stay. Right away, her Aetna network discount drops the total to \$18,500 -- an immediate savings of \$6,500.
- The provider submits the claim, and the Fixed Benefit plan pays the set amounts for Maria's covered care: a \$300 ER benefit; a \$2,000 hospital admission benefit; an \$8,000 hospital confinement benefit for her two-night stay; and \$160 for radiology and lab work.
- That's \$10,460 sent directly to Maria while she was dealing with the hospital bills.
- And that \$18,500 event? It's now counted toward her \$25,000 deductible, getting Maria closer to the point where her Short Term Medical plan takes over and covers everything.

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How to address concerns

Short term plans don't cover pre-existing conditions.

True. STM has pre-existing conditions limits. That's why MES is ideal for generally healthy people in a coverage gap, not those managing chronic conditions. Allstate Health offers other products that may be a better fit for customers with more complex health needs.

This isn't "real" insurance.

It's not ACA coverage, but it is real insurance. The STM component is short term health insurance, covering doctor visits, urgent care, ER, and more through a national network/PPO. The fixed-benefit plan adds cash to offset costs. Both are legitimate coverage products.

It's too complicated — two plans at once?

It sounds complicated, but it's simple: one plan covers your care, the other puts cash in your pocket to pay for it. They work together so you're not hit with surprise bills. Claims get sent to one company, too, which simplifies the process.

What happens when the STM expires?

You can purchase a new STM plan and keep the same Aetna network. You'll need to answer the medical underwriting questions again, and pre-existing condition limits start over with the new plan. The fixed-benefit plan stays active whether you enroll in a new STM plan or not. If not, the fixed-benefit coverage continues on First Health Network. Coverage doesn't just disappear.

Quoting and enrolling

Log in to [Agent Back Office](#) to start your quoting process. If you are unable to quote online, call your sales team for assistance.

More resources

[product brochures](#)

[agent sales guide](#)

Disclaimer

Medical Expense Shield is not available in all states. Short Term Medical (STM) and fixed-benefit plans are separate policies sold together. STM is not ACA-compliant and does not cover pre-existing conditions. STM plan terms vary by state; coverage expires at end of selected term.

Fixed-benefit plan pays set cash benefits directly to the insured regardless of other coverage; benefit amounts are subject to per-service plan limits. Fixed-benefit plan is renewable up to age 65; child-only plans available except in MO. Aetna Open Choice® PPO Network access available while STM plan is active. If STM expires without renewal, network coverage transitions to First Health Network for fixed-benefit plan only. Pre-existing condition limitations restart with each new STM policy. This product is not a substitute for comprehensive major medical 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.