

Value Health Plan

*Sickness & Accident, Hospital/Surgery
For Individuals, Families and Groups*

NO DEDUCTIBLE OR CO-PAYS

USE ANY HOSPITAL OR DOCTOR

HOSPITAL BENEFIT TO \$1,000 PER DAY

INTENSIVE CARE TO \$4,000 PER DAY

SURGERY BENEFIT TO \$20,000

ANESTHESIOLOGIST BENEFIT TO \$4,000

BENEFITS PAID DIRECTLY TO YOU

ISSUE AGES 0 TO 64

VALUE HEALTH PLAN

Sickness & Accident, Hospital/Surgery

MEDICAL BENEFITS SCHEDULE

HOSPITAL BENEFITS					
BENEFIT DESCRIPTION	DEDUCTIBLE	CLASSIC MAXIMUM BENEFIT	SILVER MAXIMUM BENEFIT	GOLD MAXIMUM BENEFIT	PLATINUM MAXIMUM BENEFIT
Daily hospital confinement from the 1st day up to 1 year per hospital confinement due to sickness or injury	NONE	\$250.00	\$500.00	\$750.00	\$1,000.00
Daily intensive care INCLUDES hospital confinement benefit up to 30 days per sickness and accident	NONE	\$1,000.00	\$2,000.00	\$3,000.00	\$4,000.00
SURGICAL BENEFITS					
Pays scheduled amount for surgery due to sickness or injury	NONE	\$5,000.00	\$10,000.00	\$15,000.00	\$20,000.00
Pays schedule expenses for administration of anesthesia during a covered surgery	NONE	\$1,000.00	\$2,000.00	\$3,000.00	\$4,000.00
EMERGENCY BENEFITS					
Pays expenses incurred for emergency treatment due to an injury	NONE	\$62.50	\$125.00	\$187.50	\$250.00
Pays expenses incurred for ambulance services due to sickness or injury	NONE	\$125.00	\$250.00	\$375.00	\$500.00

ISSUE AGE UNISEX RATES				
AGE	MONTHLY CLASSIC	MONTHLY SILVER	MONTHLY GOLD	MONTHLY PLATINUM
CHILD	\$10.00	\$20.00	\$30.00	\$40.00
19-39	\$20.00	\$40.00	\$60.00	\$80.00
40-49	\$25.00	\$50.00	\$75.00	\$100.00
50-59	\$37.50	\$75.00	\$112.50	\$150.00
60-64	\$45.00	\$90.00	\$135.00	\$180.00

Add \$15.00 monthly administration fee per certificate.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-610,090, Form No. G-19000. Coverage may vary or may not be available in all states.

Q & A

Do rates go up due to age increase? No

Who is eligible for coverage?

Any eligible individuals under age 65 and their dependents who are VBA Members.

Who are eligible dependents?

Your spouse under age 65 and your dependent children under the age of 19 or under the age of 25 if they are a full time student.

What are the medical requirements to enroll in the plan?

Simply answer a few “yes/no” questions on the application form. There is no medical exam required. Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given in the application and the truthfulness thereof.

Do I have to pay deductibles and co-pays under this plan?

No, this plan is designed to pay the first dollar of covered expenses for the member and all the member’s enrolled dependents up to the limits of the plan option selected.



When does coverage begin?

Coverage will begin on the first of the month following approval of the application and receipt of the first modal premium.

Can I use any doctor or hospital?

Yes, you may use any doctor or hospital of your choice.

Are pre-existing conditions covered?

After your policy has been in effect for more than 12 months, pre-existing conditions are covered

What is a pre-existing condition?

Any condition you have now or had within a 12 month period prior to the effective date of coverage for each insured person



For VBA Members

**Value
Benefits**
of America, Inc. (VBA)
A Not-For-Profit Association

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

PRE-EXISTING CONDITION means an injury or sickness for which a person: incurred charges received medical treatment consulted a physician, or took prescribed drugs within 12 months before he became insured under a given benefit section of the group policy. In spite of any other provision of the group policy: No benefits will be paid under a benefit section for charges incurred for a pre-existing condition **until:**

1. the person has not: incurred charges received medical treatment consulted a physician, or taken prescribed drugs for such condition, or any complication of it, for 12 continuous months, while insured; or
2. the person stays insured under such benefit section for 12 continuous months.

GENERAL EXCLUSIONS

No medical care benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred. However, medical care benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section.
2. is not essential for the necessary care or treatment of the injury or sickness involved.

NECESSARY CARE OR TREATMENT means that a treatment, service, supply, or medicine: is appropriate and essential for the diagnosis or treatment of the person's symptoms; is within the scope, duration or intensity of that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; is furnished within the framework of generally accepted methods of medical treatment; involves only the use of any drugs or substances formally approved by the United States Food and Drug Administration.

A treatment, service, supply or medicine will **not** be considered NECESSARY CARE OR TREATMENT if it is: part of a treatment plan that is determined to be an Experimental Procedure or for research purposes; or provided primarily as a convenience to the patient, the patient's family or the provider of care.

EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: limited to research; not proven in an objective manner to have therapeutic value or benefit; restricted to use by medical facilities capable of carrying out scientific studies; of questionable medical effectiveness; or would be considered inappropriate medical treatment.

To determine whether a procedure is experimental, United States Life will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Federal Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.

3. would be given free of charge if the person was not insured.

However, medical care benefits **will be paid** for covered charges incurred by a state for medical assistance to an insured person under Title XIX of the Social Security Act of 1965.

4. results from a war or an act of war.
5. results from intentionally self-inflicted injury.
6. Is given by a person's spouse or his or his spouse's parents, children, grandparents, grandchildren, sisters, brothers, aunts, uncles, nieces or nephews.

The policy described in this brochure provides limited benefits only, which are less than the minimum standards for benefits for major medical expenses coverage as prescribed by the insurance regulatory authority of your state.

Be sure to review your certificate completely when you receive it.