

# 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**

**GUARANTEED RENEWABLE TO AGE 75**

# VALUE HEALTH PLAN

## Sickness & Accident, Hospital/Surgery

### MEDICAL BENEFITS SCHEDULE

HOSPITAL BENEFITS					
BENEFIT DESCRIPTION	DEDUCTIBLE	OPTION 1 MAXIMUM BENEFIT	OPTION 2 MAXIMUM BENEFIT	OPTION 3 MAXIMUM BENEFIT	OPTION 4 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 including hospital confinement benefit up to 30 days per sickness or injury	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 OPTION 1	MONTHLY OPTION 2	MONTHLY OPTION 3	MONTHLY OPTION 4
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.

The information contained in this brochure is a brief summary of benefits and is subject to all exclusions, limitations and exceptions set forth in the certified coverage.

# Q & A

**Do rates go up due to age increase?** No

**Who is eligible for coverage?**

Any eligible individuals and their dependents who are Premier Members of Value Benefits of America Association under the age of 65.

**Who are eligible dependents?**

Your spouse 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 enrollment form. There is no medical exam required.

**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.



**How long can I keep the coverage?**

The coverage is guaranteed renewable to age 75 regardless of your health condition. Benefits reduce at age 65.

**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 Premier Members**

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

## Exclusions and Limitations

**PRE-EXISTING CONDITIONS LIMITATION:** The benefits of this Policy will not be payable during the first 12 months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Condition. This 12-month period is measured from the effective date of coverage for each Insured Person.

A Pre-Existing Condition means a Sickness first manifested or Injury sustained or any condition for which medical advice or treatment was recommended by or received from a Physician within a 12-month period prior to the effective date of coverage for each Insured Person.

If this coverage is intended to replace coverage under another group contract, only those Pre-Existing Conditions excluded by the replaced group contract will be subject to exclusion under this coverage.

**WHAT WE WILL NOT PAY FOR:** This Policy does not cover any Sickness or Injury that is the result of:

- (1) war or any act of war (declared or undeclared);
- (2) The Insured Person's participation in a felony, riot or insurrection;
- (3) service in the armed forces or units auxiliary thereto of any country, and in such event We will refund any portion of the unearned premium due the Insured Person upon entrance into such military service;
- (4) routine dental care, including the removal of impacted wisdom teeth, unless due to an Injury to natural teeth;
- (5) nervous or mental disorders without demonstrable organic disease;
- (6) normal pregnancy and childbirth; complications of pregnancy however will be treated as any other Sickness;
- (7) attempted suicide (while sane or insane) or any intentionally self-inflicted Injury; or
- (8) the Insured Person being intoxicated or under the influence of alcohol or a narcotic, unless administered on the advice of a Physician.

Coverage is not provided for any loss covered under a state or federal worker's compensation, state disability, employer's liability or occupational disease law or no-fault automobile insurance policy.

Coverage is not provided for confinement in:

- (1) a government Hospital (unless otherwise required by law); or,
- (2) a Hospital located outside of the territorial limits of the United States of America, its commonwealth partners, or the countries of Canada and Mexico.

Under the Surgical Benefit, coverage is also not provided for:

- (1) dental, cosmetic or plastic surgery, except as necessary to repair or alleviate damages to the natural body and caused solely by a covered Injury; or
- (2) pregnancy, abortion, or childbirth, except a Complication of Pregnancy.

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

Coverage is being provided under a group policy issued in the State of Missouri Group Policy Number WLIC-HIP-03

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

MAIL APPLICATIONS TO:  
Employers1st Choice Ins. Srv  
8421 Auburn Blvd Suite 300  
Citrus Heights, CA 953610  
888-443-8829

Administrator:  
GEM Administrators  
919 N. 1<sup>st</sup> St  
Phoenix, AZ 85004