

Value Health Plan

Sickness & Accident Hospital & Surgical Indemnity
Benefits for Individuals, Families and Groups

PAYS IN ADDITION TO OTHER INSURANCE!

- **No Deductible or Co-Pays**
- **Use Any Hospital or Surgeon**
- **Benefits Paid Directly to You**

LIMITED MEDICAL BENEFITS SCHEDULE FOR A COVERED SICKNESS OR ACCIDENT

	Silver	Gold	Platinum
DAILY HOSPITAL BENEFITS			
Daily Hospital confinement from the 1st day up to 1 year per confinement	\$500	\$750	\$1000
Daily Intensive Care or Coronary Care from the 1st day up to 30 days per confinement	\$2000	\$3000	\$4000
SURGICAL BENEFITS			
Pays scheduled amount for surgery due to a covered sickness or injury up to a max of:	\$10,000	\$15,000	\$20,000
Pays scheduled expenses for administration of anesthesia during a covered surgery up to a max of:	\$2000	\$3000	\$4000
EMERGENCY BENEFITS			
Pays expenses incurred for emergency treatment due to a covered injury	\$125	\$187.50	\$250
Pays expenses incurred for ambulance services due to a covered injury	\$250	\$375	\$500

Your Coverage will remain in force as long as you are under age 75, you pay your premiums and are not in active military service and your policy is in force. Benefit amounts will be reduced 50% at age 65

AGE	Silver MONTHLY	Gold MONTHLY	Platinum MONTHLY
Child	\$20.00	\$30.00	\$40.00
18-39	\$40.00	\$60.00	\$80.00
40-49	\$50.00	\$75.00	\$100.00
50-59	\$75.00	\$112.50	\$150.00
60-64	\$90.00	\$135.00	\$180.00

Issue Age Unisex Rates

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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 the Group Accident and Health Insurance Policy No. G-610,090, Form No. G-19000. Coverage may vary or may not be available in all states. **AG4886**



AMERICAN GENERAL

Underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc.

With more than \$800 Billion in Assets,

AIG is the world's largest and most successful insurance and financial services organization with more than 85 years of experience.

FOR VBA MEMBERS

Value Benefits of America
a Not-For-Profit Association



Form VHP-4

Exclusions and Limitations

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

PRE-EXISTING CONDITION means:

- an injury or sickness which manifested itself within 12 months before a person became insured under a given benefit section of this policy in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.
- an injury or sickness for which a person was recommended or received medical advice, diagnosis, care or treatment within 12 months before a person became insured under a given benefit section of this policy; or
- a pregnancy that exists on the date a person became insured under a given benefit section of this policy.

No charges incurred for a pre-existing condition will be considered covered charges under a benefit section until 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 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 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 and medical procedure, equipment, 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 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.

would be given free of charge if the person was not covered. However, medical care benefits **will be paid** for covered 3. 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.

No benefits will be paid for any hospital confinement:

1. for treatment of psychiatric, mental, nervous or emotional disorders, alcoholism or drug addiction beyond the maximum period of benefits, per confinement, shown in the Schedule of Benefits.

2. due to the person's being intoxicated or under the influence of any drug, unless taken as prescribed by a physician; or

3. which begins after a person's insurance ends, regardless of when the injury or sickness occurred. However, hospital indemnity benefits may be provided as described in the Benefits After Insurance Ends provision.

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

MAIL APPLICATIONS TO:

DAVID A NEIGHBORS
411 N. ALMON ST. #401
MOSCOW, ID 83843
(208) 882-8113

Administrator:

GEM Administrators
919 N 1st St
Phoenix, AZ 85004
(800) 756-4906

Underwritten by The United States Life Insurance Company in the City of New York, A Member Company of American International Group, Inc. 830 Third Avenue, New York, New York 10022

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