



Value Med Plan

Benefits are Paid Directly to You!

PAYS IN ADDITION TO OTHER INSURANCE

- **NO DEDUCTIBLE OR CO-PAYS**
- **NO PPO & NO HMO**
- **USE ANY DOCTOR OR HOSPITAL, ANY LICENSED PROVIDER**
- **GUARANTEED RENEWABLE TO AGE 65**

SICKNESS & ACCIDENT MEDICAL BENEFITS SCHEDULE

DOCTOR'S OFFICE CALLS

- **WE PAY \$75.00 PER DOCTOR VISIT**

OUTPATIENT BENEFIT

- **WE PAY UP TO \$250.00 PER VISIT**

Doctor's Treatment, Medical Supplies, X-Rays, Lab & More!

AMBULANCE BENEFIT

- **WE PAY \$200.00 PER SICKNESS OR ACCIDENT**

HOSPITAL BENEFIT

- **SELECT \$500.00 OR \$100.00 DAILY** To 365 Days from the First Day

Underwritten By: Guarantee Trust Life Insurance Company
In All Other States Except NY. Group Policy #GP2005
LA Policy Form G0551-LA, ME Policy Form G0551-ME
MT Policy Form G0551-MT, OR Policy Form G0551-OR
SC Policy Form G0551-SC, MD Policy Form G0551-MD

OFFERED TO VBA MEMBERS EXCLUSIVELY
**Value
Benefits
of America**
a Not-For-Profit Association

Underwritten By: United National Life Insurance Company Of America
In AR, ID, IL, KS, MO, NE, NV, NM, ND, OK, SD, TX
Group Policy #UP2005, UT Policy Form U0551-UT
AR Policy Form U0552-AR, OK Policy Form U0552-OK
SD Policy Form U0552-SD, WV Policy Form U0552



Pre-Existing Condition Limitation

Pre-existing conditions are those medical conditions disclosed or not disclosed on the application which were diagnosed or for which medical advice or treatment was recommended or received from a Doctor within a 12 month period (6 months in ID & NV) immediately preceding the Effective Date of a Covered Person's Coverage.

Any loss due to a pre-existing condition is not covered unless the loss begins more than 12 months after the Effective Date of a Covered Person's coverage

Exceptions and Limitations

We won't pay for charges incurred:

1. due to war or act of war whether declared or not;
2. due to intentionally self-inflicted injury;
3. due to Mental Illness or nervous disorders without demonstrable organic disease (Loss due to Parkinson's Disease or senile dementia is covered);
4. for normal pregnancy and child birth. Complications of pregnancy are covered as a Sickness;
5. for treatment of an injury that results from the Covered Person's commission of, or attempt to commit a felony, or from the Covered Person being engaged in an illegal activity;
6. for cosmetic surgery. But "cosmetic surgery" does not include reconstructive surgery that is incidental because of previous surgery due to trauma, infection, or other disease of the involved part;
7. for confinement in a Hospital located or care received outside of the territorial limits of the United States of America, its commonwealth partners, or the countries of Canada and Mexico;
8. for the Covered Person being intoxicated or under the influence of alcohol or a narcotic; unless administered on the advice of a Physician.

Benefit Limitations

1. Outpatient Benefit maximum is \$1,000.00 per calendar year per covered adult and for each covered child.
2. Doctor's office visits are limited to 10 per calendar year for adults, 5 per calendar year for all children combined.
3. Doctor's office calls are limited to one call per week, except Maryland.

Stable Premiums

Your premiums cannot be changed due to declining health. Your premiums can only be changed if we change the premiums of all like policies in your state. You will be notified before any changes are made.

Value Med Plan Issue Age Unisex Rates* - Rates Stay As Of Issue Age

| | | <i>Includes</i> \$500 DAILY HOSPITAL CASH - FROM 1ST DAY | | | | | | | |
|-------------------|--------------|--|------------------|------------------|------------------|------------------|------------------|-------------|-----------------------|
| OPTION ONE | Payment Mode | Issue Ages 18-39 | Issue Ages 40-44 | Issue Ages 45-49 | Issue Ages 50-54 | Issue Ages 55-59 | Issue Ages 60-64 | First Child | Each Additional Child |
| | Monthly* | \$43.00 | \$45.40 | \$47.80 | \$69.00 | \$78.60 | \$110.00 | \$49.80 | \$4.80 |
| | Semi-Annual* | \$245.92 | \$259.65 | \$273.37 | \$394.64 | \$449.51 | \$629.10 | \$284.82 | \$27.46 |
| | Annual* | \$483.15 | \$510.11 | \$537.07 | \$775.32 | \$883.12 | \$1235.96 | \$559.58 | \$53.96 |

→ **CLIENTS MUST CHOOSE OPTION ONE OR OPTION TWO** ←

| | | <i>Includes</i> \$100 DAILY HOSPITAL CASH - FROM 1ST DAY | | | |
|-------------------|--------------|--|------------------|------------------|--------------|
| OPTION TWO | Payment Mode | Issue Ages 18-49 | Issue Ages 50-59 | Issue Ages 60-64 | All Children |
| | Monthly* | \$31.00 | \$49.00 | \$70.00 | \$45.00 |
| | Semi-Annual* | \$177.29 | \$280.24 | \$400.34 | \$257.36 |
| | Annual* | \$348.31 | \$550.56 | \$786.52 | \$505.62 |

Monthly mode is only available as bank draft or list bill (5 or more)

*Plus Savers VBA Membership: \$5.00 Monthly \$30.00 Semi-Annual \$60.00 Annual

MAIL APPLICATIONS TO:

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