

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:
Value Benefits of America
15575 N. 79th Pl – #100
Scottsdale, AZ 85260
800-366-2467

Administrator:
GEM Administrators
919 N. 1st St
Phoenix, AZ 85004
800-756-4906

24 Hour Benefit Package

\$10,000

**Accident Medical coverage
For each covered family member**



\$4,000

**Emergency Air Ambulance
For each covered family member
WORLDWIDE!**

\$10,000

**Accidental Death
& Dismemberment
For each covered family member**

\$500

**Personal Car or Truck
Deductible Reimbursement**

***PLUS Many Other
Valuable Benefits***

The Dividend Club

**Earn Quarterly Dividends
From Top National Retailers**

**Accident
Disability Income**

For Primary Member

Optional Medical Savings Package

SAVE UP TO 50% OR MORE!

Doctor Discounts - Over 600,000 Affiliated Doctors & Clinics

Hospital Discounts - Savings Up To 50% Or More

Dental Discounts - Over 20,000 Participating Dentists

Chiropractic Discounts - Over 12,000 Participating Chiropractors

Alternative Medicine - Over 8,000 Participating Providers

Premier Membership Benefits Plan

\$10,000.00 Accident Medical Coverage - Any Doctor, Emergency Room, Clinic or Hospital

Benefits are subject to a \$250 deductible per accident per covered family member. Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment. Benefits are excess of other coverage and are underwritten by an Excellent Rated Carrier by AM Best.

\$4,000.00 Emergency Air Ambulance Worldwide Coverage

Most medical plans only cover ground ambulance. If, as a result of injury, a member incurs covered expenses starting within 90 days from the date of the accident causing the injury, we pay, with no deductible and not to exceed the overall maximum benefit amount of \$4,000.00, for Air Ambulance Transportation Only. Emergency Air Ambulance benefits are underwritten by an Superior Rated Carrier by AM Best.

\$10,000.00 Accidental Death & Dismemberment 24 Hour Coverage

If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, we will pay \$10,000.00 for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits. Accidental Death & Dismemberment coverage is underwritten by an Excellent Rated Carrier by AM Best.

\$500.00 Auto and Truck Personal Deductible Reimbursement

Reimburses the deductible amount on a primary Automotive policy when a covered collision loss exceeds it to a maximum of \$500.00 up to twice annually. Underwritten by a Superior Rated Carrier by AM Best. This benefit becomes effective one month after the effective date of your VBA membership.

Weekly Disability Income for Accidents

If, as a result of injury, a primary member becomes totally disabled, as defined in your certificate of coverage, we will pay the weekly benefit amount of \$150.00. This benefit begins on the 15th day from the start of the continuous disability. We will pay this benefit amount for as long as the primary member is so disabled from any one accident, but not longer than the maximum number of 26 weeks. Partial disability benefit maximum period is 6 weeks. Disability benefits are underwritten by an Excellent Rated Carrier by AM Best

The Dividend Club

Value Benefits of America members will earn Dividends (paid quarterly to you) on Merchandise, Services, Travel & Entertainment when you shop from our On-line Mall and make a purchase. Choose from retailers like these, just to name a few, and get the dividends: Walmart.com, Target.com, BestBuy.com, CircuitCity.com, CompUSA.com, DisneyStore.com, OfficeMax.com, BrooksBrothers.com, Brookstone.com, Buy.com, EddieBauer.com, LizClairborne.com, FOA.com, FOSSIL.com, HotelDiscounts.com, Jerew.com, etc.

Car Rental Services

Provides discounts at Alamo, National, Hertz, Avis & Budget rent a car.

Rewards Network

America's Premier Dining Rewards Program and Hotel Discounts. Save up to 20% off every meal plus up to 15% off your hotel room rate.

Refund Sweepers

Free Merchandise, Bargains, On-line Coupons, Rebates, Sweepstakes & more.

Optional Non-Insurance Medical Savings Package Features

SAVE to 50% on Medical Services!

- Guaranteed Acceptance • No Age Restriction
- No Claim Forms • No Deductibles • No Limits On Use
- No Preexisting Conditions Excluded
- No Medical Exams Required
- You Even Save on Elective and Experimental Procedures

Optional Medical Savings Benefits are available one month following the effective date of your VBA Membership.



(Optional Medical Savings Package continued)

Doctor Savings - Freedom of Choice - Over 600,000 Affiliated Doctors & Clinics

Physician Referral and Out-Patient Facilities: This program is not insurance. If you are uninsured or have a high deductible medical plan with no physician co-pay feature, you can use this program to save up to 50% or more. Patient Advocacy Service uses a database of over 600,000 primary care physicians and specialists including: Family Practice, Pediatrics, General Practice, OB/GYN, MRIs, Diagnostic Services, Laboratory Work, Orthopedics, Osteopaths, Podiatrists and many more... Your advocate contacts providers on your behalf before your treatment to assure maximum savings for you and your family.

Hospital Savings up to 50% or More

Hospital Savings Program - You now have access to cash savings of up to 50% or more for all non-covered and elective treatments at thousands of participating hospitals. You can save on: Hospital Room and Board, Medical Equipment, Operating Equipment, Radiology, Surgeon's Fees, Medical Diagnostics, Intensive Care and Nurses. This program is not insurance and is not intended to replace any medical insurance coverage you may presently have.

Dental Savings - Over 20,000 Participating Dentists

Dental Savings: Millions of Americans have no insurance coverage for this important health care service. You and your family now have access to up to 60% savings on dental procedures at over 20,000 participating dental providers throughout the country. You will immediately save on all dental procedures including: Root Canals, Endodontics, Orthodontics, Simple Extractions, Complete Dentures, as well as important dental maintenance services such as Regular Teeth Cleaning, Deep Cleaning, Periodic Oral Exams, X-Rays, Cavities and Amalgams. You can even save on Cosmetic Dentistry and Teeth Whitening. With this service, you don't have to worry about any deductibles or low maximums. You save from the first dollar with no limits.



Chiropractic Savings - Over 12,000 Participating Chiropractors

Chiropractic Savings: This program assures you and your family the ability to find qualified providers in your area not only for treatment of chronic problems, but also for regular preventative maintenance care. You now have access to a free initial consultation, 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at 30% savings from a national network of over 12,000 chiropractors.

Alternative Medicine Savings - Over 8,000 Participating Providers

You and your family now have savings of 25% on fully credentialed national network of over 8,000 trained and qualified providers of Complementary and Alternative Medicine.

VBA Terms and Conditions

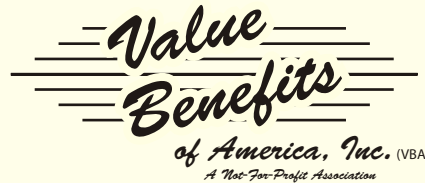
1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage to Members.
2. VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.
3. Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.
4. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.
5. Membership canceled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.
6. In the event of any dispute, member agrees to resolve dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.
7. Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form on the reverse side, Enrollee expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE. Membership fees may be changed for all members, but not individually, upon 30 days notice.

Send completed enrollment form and check payable to VBA To:

**Value Benefits of America
Administration Office
15575 N 79th PI - #100
Scottsdale, AZ 85260**



The accident and vehicle coverage information contained herein is a brief summary only and is subject to all provisions, limitations and exceptions set forth in the Policy. Please refer to your outline of coverage for the exceptions and limitations. Payment will be for benefits described in your Synopsis of Coverage.

Marketing Office: (480) 596-6536 • FAX: (480) 596-6518 • E-mail: info@vbamembers.com

**Application to WESTWARD LIFE INSURANCE COMPANY, Lakewood, CA
For Hospital Confinement Indemnity Coverage under Group Policy Form WLIC-HIP-03 MGP
For Premier Members of Value Benefits of America**

1. Name of Member/Applicant: _____ Soc. Sec. No.: _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____
(Month) (Day) (Year)

2. Home Address: _____
(Number & Street) (City) (State) (Zip Code)

Home Phone No.: _____ Work Phone No.: _____
(Area Code)(Number) (Area Code)(Number)

Email Address: _____ Occupation: _____

Mailing or Billing Address (if other than Home Address): _____
(Street-Apt No.-P.O. Box) (City) (State) (Zip Code)

3. Dependents Coverage: I wish to apply for coverage for my following dependents:

First, Middle and Last Name	Date of Birth	Age	Sex	Ht	Wt	SSN	Relationship

4. Benefits Being Applied For: (check one) Option 1 Option 2 Option 3 Option 4

Daily Hospital Confinement Benefits per day.....	\$250	\$500	\$750	\$1,000
Daily Intensive Care/Coronary Care Unit Confinement Benefits.....	\$750	\$1,500	\$2,250	\$3,000
Maximum Emergency Accident Treatment Benefits.....	\$62.50	\$125	\$187.50	\$250
Maximum Ambulance Transportation Benefits.....	\$125	\$250	\$375	\$500
Maximum Surgical Benefits Per Schedule.....	\$5,000	\$10,000	\$15,000	\$20,000

5. To qualify for coverage, you must answer the following questions:

a. Are you now, or within the past 24 months have you been: (a) confined to a hospital, nursing home or other medical institution; (b) receiving home health care services or kidney dialysis; or (c) medically diagnosed as having, or are you receiving or been advised by a doctor to seek, care and/or treatment for internal cancer, melanoma, Alzheimer's, systemic lupus, uncontrolled diabetes or high blood pressure, or congestive heart failure? Yes No

b. Have you been medically diagnosed as, or are you receiving or been advised by a doctor to seek care and/or treatment for being HIV-positive, or having AIDS or AIDS-related complex? Yes No

c. Please give details to any "Yes" answers, specifying condition, dates, treatment received and/or recommended and current status: _____

_____ (Attach additional signed & dated sheet if more room needed.)

6. Other Coverage:

a. Are you now covered under, or awaiting issuance of, any accident or health insurance? Yes No

If "Yes," please list ALL accident and health coverages now in force or pending issuance (include coverage name and form number (if known), coverage type and benefit amount, and company name): _____

_____ (Attach additional signed & dated sheet if more room needed.)

Please note: This coverage is not meant to be a replacement for comprehensive benefits under a health insurance plan or health maintenance organization (HMO) plan and this is not a comprehensive plan.

b. Will any existing coverage be replaced by the coverage you are applying for? Yes No

If "Yes," please give company name, type of coverage and policy number: _____

PLEASE COMPLETE APPLICATION ON BACK SIDE

Application to WESTWARD LIFE INSURANCE COMPANY, Lakewood, CA

7. Insurance Premium \$ _____
 plus \$15.00 Administrative Fee
 Monthly Payment Mode:

Billing Method: Bank Draft Direct Bill List Bill (2 or more)]

I HEREBY APPLY for coverage as indicated on this Application. I have read or had read to me the completed application. To the best of my knowledge and belief, the answers to the questions contained in this application are true and complete.

I UNDERSTAND AND AGREE that: (1) this coverage will be granted solely and entirely in reliance upon my answers to the questions contained in this application; (2) no coverage will exist until a Certificate of Coverage is issued, and will be in force only as of the Certificate Effective Date; (3) any misstatement of fact in this application may result in the denial of benefits or cause the Company to change or rescind my coverage; (4) any loss for a condition for which medical advice or treatment was received from a doctor during a twelve month period prior to the date of this application, will not be covered until my coverage has been in force for 12 months.

WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Dated at _____ this _____ day of _____, 20 _____

Signature of Applicant: **X** _____

WLIC-HIP-03 APP (TX)

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MM 0504

GEM ADMINISTRATORS AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

 Name of Depositor as it appears on Banking Institution Records

Account Number

Routing/Transit Number

Name of Banking Institution

Branch

Address

City

State

Zip

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and/or premiums. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of benefits or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

X _____
 Signature of Depositor Date Additional Signature (If joint account) Date

Value Benefits of America Premier Membership Enrollment Form Including Medical Savings Package

Premier VBA Membership

Print Primary Member Name: _____
 (Last Name, First Name)

I agree to the terms and conditions as listed on the Value Benefits of America Premier Membership brochure that I have received.

Signature of Primary Member: **X** _____ Date Signed: _____

Premium: Insurance Coverage	\$ _____
Administrative Fee	\$15.00
Premier VBA Membership	\$45.00*
VBA Enrollment Fee (One Time)	\$25.00
TOTAL PAYMENT DUE:	\$ _____
Please make check/money order payable to: GEM Administrators	
*Includes \$4.95 Monthly Administration Fee	