

VALUE PLAN

COVERAGE OVERVIEW

COVERAGE OVERVIEW	VALUE PLAN
Lifetime Benefit Maximum	\$5 Million
Calendar Year Maximum Benefit per Covered Person	\$100,000
Critical Event Coverage	\$50,000

OUTPATIENT DAILY BENEFITS (NO DEDUCTIBLE)

Calendar Year Outpatient Benefits, Per Covered Person	\$2,000	
Outpatient Physician - 20 Visits Per Person, Per Year (6 Chiropractor visits) The plan will pay for each day a covered person sees a Physician in the Physician's office or outpatient clinic.	\$60	
MRI, CAT Scan or Nuclear Testing (per covered person, per day)	\$175	
Other Diagnostic Testing or X-rays (per covered person, per day)	\$40	
Laboratory Testing (per covered person, per day)	\$20	
Brand Name Prescription (per covered person, per day)	\$20	
Generic Prescription (per covered person, per day)	\$10	
Injections (per covered person, per day)	\$10	
Emergency Room (limit 1 benefit per covered person per Calendar Year)	\$200	
Urgent Care (limit 1 benefit per covered person per Calendar Year)	\$100	
Preventive Care Coverage starts 60 days after the effective date and is limited to 1 benefit per covered person per Calendar Year *Colonoscopy benefit doubles beginning 4th year	Mammograms (Calendar Year)	\$125
	Colonoscopy (Every 3 Years)	\$300 / \$600*
	All Other Preventive (Calendar Year)	\$125
Emergency Ambulance 2 Benefit payments (ground) per covered person per Calendar Year 1 Benefit Payment (air) per covered person per Calendar Year	\$500 ground \$1,500 air	

HOSPITAL BENEFITS (NO DEDUCTIBLE)

Hospital Confinement due to Sickness, per Covered Person	Day 1	\$1,500
	Day 2+	\$3,000
Hospital Confinement due to Injury, per Covered Person	Day 1	\$3,000
	Day 2+	\$6,000
Hospital ICU (Sickness), per Covered Person (20 day max per calendar year)	Day 1	\$2,250
	Day 2+	\$4,500
Hospital ICU (Injury), per Covered Person (20 day max per calendar year)	Day 1	\$3,000
	Day 2+	\$6,000
Surgical Benefit per Covered Person, per Day for both inpatient & outpatient Surgery*		200% Medicare RBRVS Schedule
Outpatient Hospital / Ambulatory Surgical, per Covered Person, per Day - No Deductible		\$3,000
Outpatient Radiation or Chemotherapy, per Covered Person, per Day - Unlimited		\$1,500
Rehabilitation or Skilled Nursing Facility, per Covered Person, per Day		\$1,500

*Daily Surgery benefit for TN is \$1,000 when performed in a hospital and \$500 when performed in ambulatory surgical center.

Benefits You Expect At Prices You Can Afford

Guaranteed Renewable to Age 65

VALUE PLAN

\$5 MILLION

\$5 MILLION IN TOTAL COVERAGE

\$100,000

SPEND UP TO \$100,000 IN A YEAR PER COVERED INDIVIDUAL

\$50,000

CRITICAL EVENT PROTECTION THAT PROVIDES A \$50,000 LUMP SUM CASH BENEFIT FOR A CRITICAL EVENT SUCH AS A CANCER DIAGNOSIS, HEART ATTACK, STROKE, KIDNEY FAILURE OR MAJOR ORGAN TRANSPLANT.

100%

POLICY PAYS 100% OF COVERAGE SCHEDULE - NO STANDARD DEDUCTIBLES, NO CO-INSURANCE, JUST BENEFITS

COVERAGE

CHOOSE COVERAGE BASED ON YOUR RISK AND YOUR AREA. 3 LEVELS OF COVERAGE AVAILABLE - BUY WHAT YOU NEED.

SERVICES

PROVIDES ADDITIONAL UNLIMITED SERVICES AT NO ADDITIONAL COST

TOTAL COVERAGE
\$5 MILLION



YEARLY MAXIMUM
\$100,000

Hospitalization
Surgical
Outpatient
Chemotherapy
Doctor Visits
Preventative
Prescriptions
& More



Unlimited Doctor Calls, at no cost to you, Teladoc is a convenient alternative to urgent care or ER visits.



Find the lowest prices and discounts at more than 70,000 US pharmacies.



Use LabCorp to save from 50 - 81% on over 400 tests.



Services shop for better pricing on surgeries and procedures, and imaging services as well as negotiate out-of-pocket expenses.



Accepted by over 900,000 healthcare professionals and at over 4,700 hospitals.

AGENT USE ONLY

EB-V1-1710311530