

- This expense-incurred medical program provides limited benefits designed to maximize the employees' premium dollar.
- Choose from three medical plans.
- There are no deductibles ... no waiting periods ... no pre-ex limitations.
- Though these plans are not comprehensive major medical plans, nor are they intended to replace a major medical plan, each one does provide eligible employees and their covered dependents with basic coverage.
- Choose to enhance benefits with an optional, competitively-priced program of Dental and Life & Short-Term Disability benefits.

Limited to: part-timers, hourly, seasonal and/or irregularly scheduled, high-turnover employees in the following industries: unarmed security guards; home healthcare workers; hotel, restaurant and cafeteria workers; retail and convenience store workers; customer service and telemarketing workers; janitorial and cleaning workers; temporary employment agency workers specializing in multi-functional employment services; agricultural, farm, landscaping, and ranch workers; seasonal construction workers; supermarket workers; and movie theater personnel.

## ValuMed is designed to provide limited coverage in many major areas of healthcare:

BENEFIT	PLAN 1	PLAN 2	PLAN 3
<b>INPATIENT:</b>			
<u>Each Plan pays 100% of usual and customary charges, subject to the benefit maximum(s) shown.</u>			
Maximum Per Coverage Year:	\$20,000	\$30,000	\$40,000
<b>Per Confinement Benefits:</b>			
Maximum Benefit:	\$ 5,000	\$ 7,500	\$10,000
Maximum Surgeons' Fees Benefit:	\$ 1,000	\$ 1,500	\$ 2,000
Maximum Daily Room & Board Benefit:	\$ 300	\$ 400	\$ 500
Maximum Hospital Miscellaneous Expenses Benefit:	\$ 500	\$ 1,000	\$ 2,500
Maximum Anesthesiologists' Fees Benefit:	\$ 200	\$ 250	\$ 300
<b>OUTPATIENT:</b>			
<u>Each Plan pays 100% of the usual and customary charges, subject to the benefit maximum(s) shown.</u>			
<u>Doctors' Office Visit (including one Wellness Care Visit)</u>			
Maximum Benefit Per Visit:	\$ 50	\$ 50	\$ 50
Maximum Benefit Per Coverage Year:	\$ 200	\$ 300	\$ 300
<u>Diagnostic X-ray, Cardiovascular, and Laboratory Testing Services</u>			
Maximum Benefit Per Coverage Year:	\$ 100	\$ 200	\$ 300
<u>Surgery Charges</u>			
Maximum Benefit Per Coverage Year:	\$ 300	\$ 400	\$ 500
<u>Emergency Room/Ambulance</u>			
Maximum Benefit Per Coverage Year:	\$ 100	\$ 100	\$ 100
<u>Prescription Drugs</u>			
Generic Drug Co-Pay:	\$ 10	\$ 10	\$ 10
Branded Drug Co-Pay:	\$ 20	\$ 20	\$ 20
Monthly Maximum Benefit:*	\$ 35	\$ 35	\$ 50

\*Unused monthly benefits do not carry over.

Add OTHER Coverages. See the ValuMed Ancillary Benefits Program Sheet.

(Over)

## Weekly Rates

	PLAN 1	PLAN 2	PLAN 3
Employee	\$12.90	\$17.70	\$23.70
Employee + 1	\$27.30	\$37.40	\$50.10
Employee + Family	\$43.40	\$59.50	\$79.70

- PLEASE NOTE: A minimum of 1,000 eligible lives is required for **ValuMed** to be offered.
- If the average age of an enrolled case is 45+ years, BCS reserves the right to re-rate the plan.

## Summary of Exclusions & Limitations

### What is not covered ...

- suicide or attempted suicide, or any intentionally self-inflicted injuries, while sane or insane;
- acts of war (declared or undeclared);
- covered person's commission of a felony;
- covered person's operating, riding in, or descending from any aircraft, other than while a fare-paying passenger on a licensed, commercial, non-military aircraft;
- services by an immediate family member or by the covered person's employer;
- mental or nervous disorders;
- alcoholism or substance abuse;
- full-time military duty;
- illnesses and injuries related to covered person's work;
- eye or ear examinations, glasses or hearing aids;
- treatment in a government facility or other facility not unconditionally requiring payment;
- dental treatment or cosmetic surgery;
- expenses in excess of benefit maximums or U & C charges; and
- inpatient doctors' visits and inpatient private duty nursing charges.

This gives a brief description of important features of the benefit plan. Every effort has been made to ensure its accuracy; however, it is not a contract. The contractual terms and conditions of coverage are set forth in the group policy. In the event of a discrepancy, the policy would be the determining factor. The exclusions and limitations described herein apply to the residents of most states; however, state laws do vary.

