

CEO Club is proud to present members with benefits sponsored by VBA Association . . .

VALUE PLUS PLANS

- Benefits are paid directly to you
- Payments are made in addition to any other insurance
- These plans are available through ages 64 years old
- Individual or list billing available

Value Health Platinum Plus Plan

Sickness and Accident
Hospital & Surgery Insurance

- **\$1,000 per day Hospital In-patient**
- **\$4,000 per day Intensive Care Unit** (up to 30 days)
- **\$20,000 Surgery Benefits per surgery**
- **\$4,000 Anesthesiologist Benefits per surgery**
- **\$2,500 Accident Medical Coverage**
- **\$5,000 Accidental Death & Dismemberment**

Underwritten by: The United States Life Insurance Company In the City of New York, A Member Company of American International Group, Inc.

Value Med Plan

Sickness and Accident
Hospital Medical Insurance

- **\$75 per Doctor's Office Visit** (Up to 10 per calendar year)
- **\$250 Outpatient X-rays, Lab & Medical Supplies**
- **\$200 per day Hospital In-patient** (after the first 3 days)
- **\$200 Ambulance per sickness or accident**
- **Guaranteed renewable to age 65**

Underwritten by: Guarantee Trust Life Insurance Company / United National Life Insurance Company of America

Value Rx Drug Card

Tiered Prescription Drug Discount Card

- Members pay no more than **\$10, \$20, or \$40 for most Generics and Preferred Brand Name Drugs**. Our tiered pricing on Preferred Generic and Brand Name Drug products allows you to know your cost immediately.
- A fourth tier offers substantial discounts on other Brand Name Drugs
- **Mail order pharmacy service is included**. Purchase up to a 90 day supply. Orders are shipped within 48 hours at our standard shipping rate - FREE

The Value Rx Drug Card is not affiliated with an insurance company nor is it a part of the Value Health Platinum Plus or Value Med insurance plans.

Administered by: GEM Administrators, Phoenix AZ
Exclusively for The CEO Clubs by Value Benefits of America
Marketed by:

Value Health Platinum Plus

SICKNESS & ACCIDENT HOSPITAL & SURGICAL BENEFITS SCHEDULE

IN HOSPITAL BENEFITS	
\$1,000 per day:	Daily hospital confinement from the 1st day up to 1 year per hospital confinement due to sickness or accidental injury
\$4,000 per day:	Daily intensive care INCLUDES hospital confinement benefit up to 30 days per sickness or accidental injury
SURGICAL BENEFITS	
\$20,000 for Surgery:	Pays the scheduled amount for surgery due to sickness or accidental injury
\$4,000 for Anesthesia:	Pays 20% of the scheduled surgical expenses for administration of anesthesia during a covered surgery
AMBULANCE BENEFIT	
\$500 for Ambulance:	Pays expenses incurred for ambulance services due to sickness or accidental injury
ACCIDENTAL INJURY BENEFITS	
\$2,500 per Accident:	After a \$100 deductible, we pay for Medical Services with any doctor, emergency room, clinic or hospital. Medical Services means the reasonable and customary 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, prescription drugs, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment.
\$250 per Accident:	Pays the medical expenses incurred for emergency treatment due to an accidental injury
\$5,000 Accidental Death & Dismemberment:	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, the carrier will pay per the schedule of benefits for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits.

VALUE HEALTH PLATINUM PLUS MONTHLY UNISEX RATES

Issue Age	MEMBER	SPOUSE
Ages 18-39	\$110.40	\$70.40
Ages 40-49	\$128.00	\$88.00
Ages 50-59	\$172.00	\$132.00
Ages 60-64	\$198.20	\$158.40
Per Child*	\$35.20	

*Your Dependent child(ren) ages 0-18 or age 25 if a full time student.

The MEMBER rates include the \$15 monthly administration fee and \$10 monthly VBA dues.

Value Health Platinum Plus is insured 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
Association Membership through: Value Benefits of America Administered by: GEM Administrators of Phoenix, AZ

VBA Platinum Level Additional Features

Galaxy PPO ValueCare Network

The VBA Platinum program provides access to High Quality Healthcare for VBA Members through participating GALAXY Providers and Facilities. Previously negotiated fees* that can result in ZERO balance billings from these Selected Facilities and significant reductions in charges from other Providers combined with the **Platinum Value Health Plan** generous Hospital and Surgical benefits have bought this unique opportunity to the marketplace.

The VBA Platinum program is currently available in many communities across the nation. Contact your General Agent or check out www.protectorbenefits.com/valueCare to learn if your community is among those already developed. We are working to develop this ValueCare Network Nationwide. The GALAXY Standard PPO Network is available Nationwide.

“GALAXY Health Network has always been committed to providing access to the Highest quality Providers at the Low-est negotiated rates possible. Galaxy currently provides service access to over 3 and 1/2 million individuals nationwide. We are proud and excited to be pioneering this concept through Value Benefits of America”. P.J. Shane., President, Galaxy Health Network

*Negotiated PPO fees are based upon payment of charges within 30 days of receipt of service.

Galaxy PPO Physician Network

With over 310,000 doctors in the United States participating in this Referral program, you can save on your doctors bills. At a minimum, you will receive a **20% savings** on your actual bill from the **doctor's office**. Additionally, our Patient Advocacy Program will help you select a participating provider.

The Galaxy Medical Savings Card Program is valid at All participating “**MSC Network**” providers.

This includes a network of **Over 370,000 Healthcare Professionals** and **Over 35,000 Hospitals and Ancillary Facilities**.

The services offered include, but are not limited to:

- Primary Care Physicians
- Hospitals
- OB/GYN
- Pediatrics
- Chiropractic
- Home Health
- Alternative Care
- Specialists
- Labs / Clinics
- X-Ray
- Imaging
- Cosmetic
- Psychiatric
- Counseling
- Tertiary Care
- Acupuncture
- Vision and Much More.

MEDICAL SAVINGS 20% TO 30% OR MORE ON MEDICAL SERVICES**

How it works – Member/Patient DOES NOT DIRECTLY CONTACT THE FACILITY, unless instructed to do so by a Galaxy Health Network Patient Advocacy Representative (PA). Scheduled Services include elective surgeries and other Hospital/Facility based non-emergency treatment and services and must be arranged in advance through a PA. To be eligible for a discount, All Scheduled Services must be “paid-in-full” at the time they are rendered. Prior to admission, the PA will contact the Hospital/Facility to obtain a “good-faith” estimate of Discounted charges that may be incurred and confirm that the Member/Patient has secured adequate funds to make payment-in-full. When confirmation is made, a Referral Form including a Referral Number and “estimated charges” will be provided to the Member/Patient in writing by the PA.

**Newly negotiated Discounted fees at SPECIFIC Participating Hospitals and Facilities can be as high as 65%. ALL “MSC” Negotiated Discounts are based upon payment of charges at or before performance of services.

VBA has no liability for providing or guaranteeing service or for the quality of service rendered.

Discount Benefits Are Not Insurance

VALUE HEALTH PLATINUM PLUS PLAN

EXCLUSIONS AND LIMITATIONS: HOSPITAL, SURGICAL, AMBULANCE AND EMERGENCY COVERAGE

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

PRE-EXISTING CONDITION means an injury or sickness for which a person: incurred charges received medical treatment consulted a physician, or took prescribed drugs within 12 months before he became insured under a given benefit section of the group policy. In spite of any other provision of the group policy: No benefits will be paid under a benefit section for charges incurred for a pre-existing condition **until**:

1. the person has not: incurred charges received medical treatment consulted a physician, or taken prescribed drugs for such condition, or any complication of it, for 12 continuous months, while insured; or
2. the person stays insured under such benefit section for 12 continuous months.

GENERAL EXCLUSIONS FOR MEDICAL CARE BENEFITS

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 care 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 plan 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 any medical procedure, equipment, treatment or course of 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 medical 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. (3) would be given free of charge if the person was not insured. However, medical care benefits **will be paid** for covered 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.

EXCLUSIONS AND LIMITATIONS: \$2,500 ACCIDENT MEDICAL AND \$5,000 ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE

This benefits does not provide benefits for treatment, services or supplies which: (1) Are not Medically Necessary; (2) are not prescribed by a Doctor as necessary to treat an Injury; (3) are determined to be Experimental/Investigational in nature; (4) are received without charge or legal obligation to pay; (5) Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified; (6) are not specifically listed as Covered Charges in this Certificate; (7) injury by acts of war, whether declared or not; (8) injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline; (9) suicide, attempted suicide or intentionally self-inflicted Injury while sane; (10) repetitive motion Injuries, strains, hernia, tendonitis, and bursitis and health exhaustion not related to a specific Injury; (11) hernia, any type, regardless of cause or slipped femoral capital epiphysis or pathological fracture; (12) injury sustained while committing or attempting to commit a felony; (13) loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs; (14) loss resulting from intoxication; or the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor (15) injury sustained skiing or participating in a rodeo; (16) injury which occurs while the Insured is on active duty service in any armed forces; (17) Injury sustained flying in an ultra light aircraft, hang gliding, parachuting or bungi-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere; (18) covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 90 days.

**THE CERTIFICATE CONTAINS A MORE COMPLETE DISCRPTION OF THE LIMITATIONS AND EXCLUSIONS,
PLEASE BE SURE TO REVIEW YOUR CERTIFICATE COMPLETELY WHEN YOU RECEIVE IT.**

The coverage described in this brochure provides limited benefits only, which are less than the minimum standards for benefits for major medical expenses coverage as prescribed by the insurance regulatory authority of your state. Coverage may not be available in all states.

Value Health Platinum Plus Plan is 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

Value Med Insurance Plan

**Benefits Paid Directly to You
In Addition to Any Other Insurance You May Have
NO PPO and NO HMO**

SICKNESS & ACCIDENT MEDICAL BENEFITS SCHEDULE

MEDICAL SERVICE

WE PAY PER INSURED PERSON

Doctor's Office Calls

\$75.00 per visit up to 10 per calendar year

With any Licensed Provider

Outpatient Benefit

\$250 per visit up to a maximum of \$1,000 per calendar year

Medical Supplies, X-rays and Lab

Ambulance Benefit

\$200 per sickness or accident

Hospital Benefit

\$200 Per day, after the first three days

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 12month period (6 months in ID) 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. 9. Doctor's Office Calls are limited to one call per week, except Maryland. 10. Outpatient Benefit maximum is \$1,000.00 per calendar year.

Stable Premiums:

Your premiums cannot be changed due to declining health. Your premiums stay as of the issue age. 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.

UNISEX RATES*

ISSUE AGE	MONTHLY	SEMI ANNUAL	ANNUAL
18-49	\$31.00	\$177.29	\$348.31
50-59	\$49.00	\$280.24	\$550.56
60-64	\$70.00	\$400.34	\$786.52
** Dependent Children	\$	\$	\$

*Plus Savers VBA Membership ** This charge covers all dependent children under age 18 or age 25 if a full time student at an accredited university or college. Association Membership through: Value Benefits of America

The Value Med Plan is underwritten by Guarantee Trust Life Insurance Company in All Other States Except NY. Group Policy #GP2005LA 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

The Value Med Plan is 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-OKSD Policy Form U0552-SD, WV Policy Form U0552.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of your Policy. Coverage may vary or may not be available in all states.

Form ADH- 7-06 (Rev.10/06)

Value Rx Drug Card

In addition to your insurance plan, you have an option to purchase the **Value Rx Drug Card**. This plan incorporates VBA membership discounts with MemberHealth* deep discount plan available at over 60,000 pharmacies nationwide. Our long standing relationships with pharmaceutical manufacturers combined with the negotiated pharmacy discount add up to significant savings for members and their dependents. This program provides the members with tremendous buying power, offering a multi-tier prescription discount program covering over 53 therapeutic classes of prescription drugs.

Since the **Value Rx Drug Card** is not insurance, there are no deductibles, waiting periods, claim forms or preexisting conditions limitation. Best of all, the **Value Rx Drug Card** program includes a **30-day money back guarantee**.**

Members pay no more than **\$10, \$20, or \$40 for most generics and preferred brand drugs**. Our tiered pricing on Preferred Generic and Brand Name Drug Products allows you to know your cost immediately. Additionally, a fourth tier offers substantial discounts on other brand name medications.

Value Rx Drug Card offers Drug Utilization Review or DUR. DUR electronically advises the pharmacist of a cardholder's drug history, possible adverse reactions to different drug combinations, and how long it has been since their last prescription was filled.

A mail order pharmacy option is included. A 90-day supply is available at preferential pricing through the convenient mail order option. Mail order pharmacy orders are ship within 48 hours and the standard shipping rate is FREE!

* MemberHealth is a national Prescription Benefit Management company (PBM) established in 1998 with headquarters in Solon, Ohio. As a pharmacy benefit manager, MemberHealth administers prescription drug benefits for commercial and government organizations.

**The Value Rx Drug Card is not affiliated with an insurance company nor is it a part of the Value Health Platinum Plus or Value Med insurance plans.

VALUE RX DRUG CARD MONTHLY COST

ISSUE AGE	MEMBER	FAMILY*
18-64	\$18.00	\$28.00

One time enrollment fee of \$20.00 if purchased alone, or \$10.00 if purchased with either or both the Value Health or Value Med Plans.

*Family includes spouse and or dependent child(ren) under the age of 19 (or age 25 if a fulltime student at an accredited university or college.)

VALUE RX DRUG CARD ENROLLMENT FORM

Member Information:

Last Name	First Name	MI	Date of Birth	Age
-----------	------------	----	---------------	-----

Street Address	City	State	Zip
----------------	------	-------	-----

Phone Number	Fax Number	Email
--------------	------------	-------

Complete if enrolling for Family coverage:

Spouse's Name	Date of Birth	Age	Child's Name	Date of Birth	Age
---------------	---------------	-----	--------------	---------------	-----

Child's Name	Date of Birth	Age	Child's Name	Date of Birth	Age
--------------	---------------	-----	--------------	---------------	-----

I understand that a membership kit will be mailed to me within 30 days. To receive savings from my membership, I must use the services of the network providers. My membership has a 30-day money back guarantee. This is a service and discount program, NOT insurance, and is not intended to replace any insurance I may have.

Member Signature	Date
------------------	------

Representative Name	Phone	Fax	GAC Code #
---------------------	-------	-----	------------

VRXDC ENROLL-10/06

COMPLETE VBA MEMBERSHIP FORM, BANK DRAFT DATA AND CALCULTION FORM ATTACHED

VALUE PLUS PLAN COST & AVAILABILITY

PLAN COSTS

VALUE HEALTH PLATINUM PLUS MONTHLY UNISEX RATES

ISSUE AGE	MEMBER	SPOUSE
Ages 18-39	\$110.40	\$70.40
Ages 40-49	\$128.00	\$88.00
Ages 50-59	\$172.00	\$132.00
Ages 60-64	\$198.20	\$158.40
Per Child *	\$35.20	

*Your Dependent child(ren) ages 0-18 or age 25 if a full time student. The MEMBER rates include the \$15 monthly administration fee and \$10 monthly VBA Association dues, covers all three plans.

VALUE MED PLAN UNISEX RATES

ISSUE AGE	MONTHLY	SEMI ANNUAL	ANNUAL
18-49	\$31.00	\$177.29	\$348.31
50-59	\$49.00	\$280.24	\$550.56
60-64	\$70.00	\$400.34	\$786.52
** Dependent Children	\$	\$	\$

*Plus \$10 monthly VBA Association dues, which covers all three plans.

** This charge covers all dependent children under age 18 or age 25 if a full time student at an accredited university or college.

VALUE RX DRUG CARD MONTHLY COST

ISSUE AGE	MEMBER	FAMILY*
18-64	\$18.00	\$28.00

One time enrollment fee of \$20.00 if purchased alone, or \$10.00 if purchased with either or both the Value Health or Value Med Plans.

*Family includes spouse and or dependent child(ren) under the age of 19 (or age 25 if a fulltime student at an accredited university or college.)

Please mail completed forms and your check(s) to your representative listed in the brochure or to:

VALUE BENEFITS OF AMERICA
15575 N. 79TH PLACE, SUITE 100
SCOTTSDALE, AZ 85260

STATE AVAILABILITY (Effective 10/1/06)

Value Health Platinum Plus

This plan is approved to sell in the states listed below. Use Application Form G-19027 (EM)

AL *
AR
AZ
CA
CO
DC
DE
FL
GA
HI
IA
ID
IL
IN
KS
KY
LA
MA
MD
ME
MI
MN
MO
MS
MT
NC
ND
NE
NH
NM
NV
NY
OH
OK
PA
RI
SC
SD
TN
TX
UT
VA
VT
WI
WV
WY

Value Med Plan

This plan approved in states listed, except if indicated Pending Approval. Use the Application Form indicated.

AK GAPPH15-05
 AL GAPPH15-05 **
 AR UAPPH19-05-AR *+
 AZ GAPPH15-05
 CA GAPPH15-05-CA
 CO GAPPH15-05 *
 DC GAPPH15-05-DC
 DE GAPPH15-05
 FL GAPPH15-05-FL
 GA GAPPH15-05
 HI GAPPH15-05
 IA GAPPH15-05
 ID UAPPH15-05 *+
 IL UAPPH15-05 +
 IN GAPPH15-05
 KS Pending Approval
 KY GAPPH15-05 +
 LA APPH19-05-LA +
 MA GAPPH15-05 +
 MD APPH19-05-MD +
 ME APPH19-05-ME *+
 MI GAPPH15-05-MI
 MN Pending Approval
 MO UAPPH15-05
 MS GAPPH15-05
 MT APPH19-05 *+
 NC Pending Approval
 ND UAPPH19-05-ND +
 NE UAPPH15-05-NE
 NH GAPPH15-05-NH *+
 NJ Pending Approval
 NM UAPPH15-05-NM
 NV UAPPH15-05 +
 OH GAPPH15-05
 OK UAPPH15-05-OK *+
 OR APPH19-05 *+
 PA GAPPH15-05
 RI Pending Approval
 SC APPH19-05-SC *+
 SD UAPPH19-05-SD +
 TN GAPPH15-05-TN
 TX UAPPH15-05-TX +
 UT UAPPH19-05 *+
 VA GAPPH15-05 +
 VT Pending Approval
 WA Pending Approval
 WI GAPPH15-05-WI
 WV UAPPH19-05 *+
 WY GAPPH15-05

Please be sure to have applicant complete the Consumer Form. If replacing coverage, list reason, either on the application or a separate sheet of paper.
 * Must include Alabama Arbitration Endorsement

Please be sure to use the state specific application as listed, based on the applicant's residence.
 * Needs Outline of Coverage
 + Needs Replacement Form if replacing coverage
 ** Must include Alabama Arbitration Endorsement