Value Benefits of America
a Not-For-Profit Association



MEMBERSHIP WITH ACCIDENT COVERAGE

24 HOUR BENEFITS

$2,000 / $5,000 / $7,500 / $10,000

Proud to be celebrating 26 years!

M.D. hotline™ Your Health Concierge

Pet Assure

MOBILE DEVICE Protection

IDENTITY RESTORATION

Accident Medical Coverage

BenefitHub

GlobalFit®

vivint Home Security

ALOE CARE HEALTH Medical Alert System

BBB ACCREDITED BUSINESS A+ rating

VALUE BENEFITS OF AMERICA
8700 E. Vista Bonita Dr., Suite 174, Scottsdale, AZ 85255

This brochure depicts only a summary of services provided. For complete details, including exceptions & limitations, refer to Membership material.

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Full List of Association Benefits

Visit **www.VBAMembers.com** for benefit details.



MDhotline

70% of ER Visits are avoidable.
Unlimited MD Hotline; treating Members every day for common conditions and sickness through live Nurses and Dr's giving our Members peace of mind. No required copays!



Mobile Device Protection

Smart Device coverage.
Crack your screen?
We got you covered!
Up to $600 per claim ($1,000 per year) as a Member



ID Recovery

ID Recovery Pros is an added benefit we include in memberships for all our Members, and it is the key to protecting your identity! This provides immediate & complete assistance in resolving ALL threats if you identification or credit has ben compromised.



Pet Assure

Pets aren't cheap!
With Pet Assure Membership you can at least save 25% on any medical bill by visiting a Pet Assure Vet (Ask about Mobile Vets in your area)
Unlimited Use with no pet restrictions.

GlobalFit® BenefitHub vivint Home Security ALOE CARE HEALTH Medical Alert System

Accident Medical Coverage

Coverage Options:
$2,000 / $5,000 / $7,500 / $10,000

Insurance is underwritten by Federal Insurance Company, a member insurer of Chubb Group of Insurance Companies. The coverage described in this literature may not be available in all jurisdictions. This is descriptive only. Actual coverage is subjective to the language of the policies as issued. Exclusions & Limitations apply. This policy provides ACCIDENT insurance only. It DOES NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 85%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Chubb, Box 1615, Warren, N.J. 07061-1615

The benefit amount shown is your accidental death benefit amount. The benefit amount for accidental dismemberment is a percentage of the accidental death amount. The benefit amount for your spouse / domestic partner is 50% of your amount and for your dependent children is 20% of your amount. If you have no dependent children, your spouse / domestic partner's benefit is equal to 60% of your amount. If you have no spouse / domestic partner your dependent children's benefit amount is equal to 25% of your amount.



24 HOUR ACCIDENTAL DEATH and DISMEMBERMENT ("AD&D") & ACCIDENT MEDICAL EXPENSE INSURANCE*

VBA Membership includes your choice of four Accident Medical Expense Options:	OPTION 1	OPTION 2	OPTION 3	OPTION 4
AD&D Maximum[1] Benefit Amount	$2,500	$5,000	$7,500	$10,000
Accident Medical Expense ("AME") Maximum Benefit Amount	$2,000	$5,000	$7,500	$10,000
AME Deductible	$50	$100	$250	$275

AD&D Insurance provides coverage for accidental loss of life or dismemberment according to the following schedule.	% of BENEFIT
Accidental loss: of life; or speech and hearing; or speech and one of one hand, foot or sight of one eye; or hearing and one hand, foot or sight in one eye; or both hands; or both feet; or sight of both eyes; or any combination of any two of a hand, foot or sight of an eye.	100%
Accidental loss: of one hand; or one foot; or sight of one eye; or speech; or hearing.	50%
Accidental loss: of thumb and index finger of the same hand.	25%

*Please see the enclosed Summary of Benefits for a complete description of the benefits, exclusions and limitations.

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VALUE BENEFITS OF AMERICA ENROLLMENT

NO ENROLLMENT FEE

MONTHLY BANK DRAFT RATES SHOWN
If paying by credit card, add $3.00 to monthly rates.

Discounted Bank Draft Rates!

OPTION 1	❑ $39.95 / Family	❑ $31.95 / Individual
OPTION 2	❑ $49.95 / Family	❑ $45.95 / Individual
OPTION 3	❑ $59.95 / Family	❑ $47.95 / Individual
OPTION 4	❑ $69.95 / Family	❑ $58.95 / Individual

Monthly price varies based upon the AD&D and Excess Accident Medical insurance plan selected. Price indicated is a package price including AD&D insurance. Excess Accident Medical Expense insurance and all other benefits and services included with membership in Value Benefits of America (VBA). For all plans available, the cost of the insurance is no more than 30% of the total package price.

Rates Listed Include a $9.95 Monthly Administration Fee.

Accident Insurance Summary of Benefits

Maximum Benefit Accident Medical Expense (AME) Per Covered Accident	(AME) Deductible	(AME) Dental Sub-Limit[2]	(AME) Physical Therapy Sub-Limit[2]	(AME) Orthopedic Appliance Sub-Limit[2]	(AME) Transportation Sub-Limit[2]
OPTION 1: $2,000	$50	$500	$500	$500	$200
OPTION 2: $5,000	$100	$1,250	$1,250	$1,250	$500
OPTION 3: $7,500	$250	$1,875	$1,875	$1,875	$750
OPTION 4: $10,000	$275	$2,500	$2,500	$2,500	$1,000

[2] *The Benefit Amounts shown above for Dental, Physical Therapy, Orthopedic Appliance, and Transportation are part of, and not in addition to, the Maximum Benefit Amount for Accident Medical Expense. Payment of these Benefit Amounts reduces and does not increase the Benefit Amount for Accident Medical Expense.*

If an insured person has multiple losses as the result of one accident, the policy will only pay the single largest benefit amount applicable.

24-Hour AD&D Insurance: Covers you 24 hours a day, 365 days a year, anywhere in the world while at work or at play.

Accident Medical Expense: This benefit will reimburse up to the maximum amount if accidental bodily injury causes you to first incur medical expenses for care and treatment within 90 days after an accident. The benefit amount for accident medical expense is payable only for medical expenses incurred within 52 weeks after the date of the accident causing the accidental bodily injury. The benefit amount is subject to the deductible and the maximum benefit amount. Payment of the benefit amount for accident medical expense is subject to the sub-limits for dental, physical therapy, orthopedic appliances and transportation expenses shown. In no event will total payments for your dental care and treatment, physical therapy, orthopedic appliances, transportation and medical expense exceed the benefit amount for Accident Medical Expense. For residents of CT, ID, IN, MD, NJ, NY, and SD, this benefit is payable on a primary basis. For residents in all other jurisdictions, this benefit is payable on an excess basis; we will determine the reasonable and customary charge for the covered medical expense. We will then reduce that amount by amounts already paid or payable by any other plan and will pay the resulting amount less the deductible. In no event will we pay more than the maximum benefit amount. The deductible will be deducted from any benefit amount for Accident Medical Expense that is paid. This Deductible applies separately to each Insured Person and each Accident. Limitation on Accident Medical Expense: This benefit does not apply to charges and services **1)** for which you have no obligation to pay; **2)** for any injury where worker's compensation benefits or occupational injury benefits are payable; **3)** for any injury occurring while fighting, except in self-defense; **4)** for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; **5)** for treatment by a person employed or retained by the Policyholder; or **6)** for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an accidental bodily injury. This insurance applies only to medically necessary charges and services.

Extensions of Insurance: Exposure – If an accident causes you to be unavoidably exposed to the elements and as a result of such exposure you have a loss, then such loss will be insured under the policy.

Disappearance – If you have not been found within 1 year of a disappearance, stranding, sinking, or wrecking of any conveyance in which you were an occupant at the time of the accident, then it will be assumed, that you have suffered loss of life insured under the policy.

Exclusions: Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade sanctions or there is another legal prohibition to providing the insurance, or when caused or resulting from: **1)** an Insured Person acting/training as a pilot or crew member. (unless temporarily performing duties in a life threatening emergency.); **2)** an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (unless the bacterial infection is caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.), bodily malfunctions or medical or surgical treatment thereof. ; **3)** an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; **4)** an Insured Person being incarcerated after conviction; **5)** an Insured Person being intoxicated, at the time of an Accident.; **6)** an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (unless taken and used as prescribed by a Physician.); **7)** an Insured Person's participation in active military service (except for the first 60 consecutive days of active military service); **8)** an Insured Person's suicide or intentionally self-inflicted injury; **9)** a declared or undeclared War.

Description of Coverage: Once you are enrolled in the plan, you will receive a description of coverage. WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Insurance is underwritten by Federal Insurance Company, a member insurer of the **Chubb Group of Insurance Companies**. The coverages described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued.

(Policy # 9907-05-81 & 9907-05-82). Exclusions Apply. This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 85%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. **Chubb, Box 1615, Warren, N.J. 07061-1615**.

Value Benefits of America (VBA) Terms and Conditions

1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by 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 web site 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.** Member hereby appoints, Value Benefits of America (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August. **5.** 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 fee will apply. **6.** In the event of any dispute, member agrees to resolve said 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 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 the cancellation. **8.** Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement: By signing your enrollment form, Member expresses desire to become a member of **Value Benefits of America (VBA)**. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverage's. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may change for all members, but not individually, with notification.

VALUE BENEFITS OF AMERICA, 8700 E. Vista Bonita Dr., Suite 174, Scottsdale, AZ 85255

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