

SELECT RATES:

Single	\$118.00
Member & Spouse	\$198.00
Member & Dependent(s)	\$173.00
Family	\$234.00

ADVANCE RATES:

Single	\$161.00
Member & Spouse	\$269.00
Member & Dependent(s)	\$247.00
Family	\$344.00

PREMIUM RATES:

Single	\$192.00
Member & Spouse	\$331.00
Member & Dependent(s)	\$303.00
Family	\$428.00

FOR MORE INFORMATION CONTACT:

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Advantages of **MED+VALUE**

- Hospital Network available in most States.
- Guaranteed Issue.**
- Cover pre-existing conditions after 12 months.
- Cover both In and Out of the Hospital.
- Includes Out-patient surgical benefit.
- First dollar coverage (No deductibles, No co-payments)
- 1st and 15th of the month effective dates available.
- Available to Individuals, families and Groups.
- Assignable benefits.
- Fully Insured.
- Portable, HIPPA compliant – “Credible Coverage”
- In Hospital Maternity benefit.

MED+VALUE Benefits

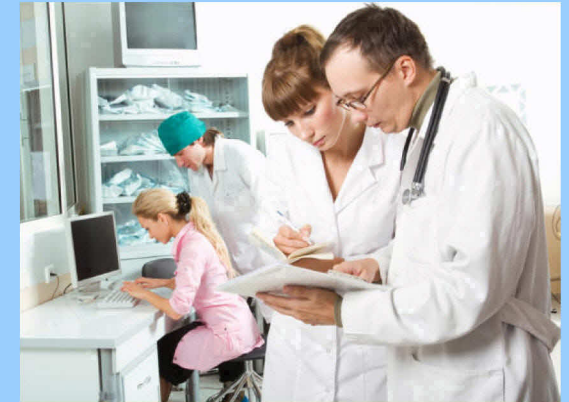
- High Hospital & Surgical Benefit
- Daily Hospital Benefit up to \$1,500 and 100 Days Annually
- ICU/CCU Benefit up to \$1,500 per day, up to 10 Days Annually
- Surgeon's Charges up to 100% of Medicare / RBRVS* reimbursements Schedule per Surgery
- Anesthesia Benefit up to 30% of Surgeon's Benefit.
- Includes Out-Patient Surgery Benefit
- Hospital Maternity Benefit.
- Up to \$500 Emergency Medical Benefit
- \$5,000 Life Insurance for the Primary Insured

Additional Options / Riders

- \$10,000 Critical Illness Benefit
- \$5,000 Emergency Accident Benefit
- \$500 Hospital Indemnity



Health Insurance



- A Guaranteed Issue Health Insurance Plan
- Affordable Health Insurance for Individuals, Families and Small Groups.
- Covers Hospital & Surgical Benefits. For benefit details see inside.
- Network of Hospital providers in most States.

MED+VALUE plans are available exclusively for the members of AIM -The Association for Independent Managers.



Guaranteed Issue

MED+VALUE is a Defined Benefit Health Insurance Plan not a Major Medical Health Plan – For details see inside.



PLANS AND BENEFITS

B E N E F I T S	SELECT	ADVANCE	PREMIUM
Hospitalization Confinement Benefit: The Insurance Co. will pay the benefit shown if you are admitted to a Hospital as a patient because of a covered sickness or injury. You are allowed unlimited hospital stays per calendar year; limited to 100 total days per year including first day hospital stays.	\$500 per day Maximum 100 days	\$1,000 per day Maximum 100 days	\$1,500 per day Maximum 100 days
ICU/CCU Benefit: The Insurance Co. will pay the Benefit Amount shown if you are confined in a hospital as a patient in an Intensive Care Unit or Critical Care Unit, limited to 10 days per year.	\$500 per day Maximum 10 days	\$1,000 per day Maximum 10 days	\$1,500 per day Maximum 10 days
Surgical Benefit (In or Outpatient, (No Yearly or Lifetime maximum limit): The Insurance Co. will pay up to the Benefit Amount shown for required surgery because of a covered procedure. Reimbursements are based on the Medicare/RBRVS* benefit schedule.	60% of Medicare - RBRVS* Benefit Schedule. Anesthesia Benefit 20% of Surgeon's Benefit	80% of Medicare - RBRVS* Benefit Schedule. Anesthesia Benefit: 25% of Surgeon's Benefit	100% of Medicare - RBRVS* Benefit Schedule. Anesthesia Benefit: 30% of Surgeon's Benefit
Emergency Medical Benefit: For Sickness or Accident, limited to 2 Visits per Year	\$250	\$500	\$500
Life Insurance Benefit (Accident/Natural causes): Life Insurance Benefit for the Principal insured	\$5,000	\$5,000	\$5,000
Plan Network: The largest Provider Network in the US with approx. 98% of all Hospitals Facilities in the US.	MultiPlan	MultiPlan	MultiPlan

Additional Available Benefit Riders

Emergency Accident Benefit: The Insurance Co. will pay up to the Benefit Amount per covered accident	\$5,000 per accident \$100 co-payment	\$5,000 per accident \$100 co-payment	\$5,000 per accident \$100 co-payment
Critical Illness Benefit : The Insurance Co. will pay the amount shown if the primary applicant has been diagnosed with a covered Critical Illness.	\$10,000	\$10,000	\$10,000
Hospital Indemnity Benefit: The Insurance Co. will pay the amount shown per hospital stay. (This is in addition to the standard benefits)	\$500 per day	\$500 per day	\$500 per day

"The above may not include certain-state-specifics mandate benefits." The benefits will be administered in accordance with any state-specific extra territorial requirements.

***RBRVS is the methodology used by the Federal Government to determine benefits payable under Medicare. Important: This is just a brief description of the plans, for specific coverage; please refer to your policy(s)**

DISCLAIMER Our medical plans are low-cost alternative (Limited Medical), providing medical insurance at fixed amounts, and these limited benefits are paired with medical discount to designated providers. The Limited Benefit Medical Plan offered thru AIM is a group insurance program. The group insurance benefits vary depending in the plan selected.

This insurance is not a basic or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit which will mailed to the applicant by the effective date of coverage. "For costs and complete details of the coverage, call your insurance agent for the company."

**This policy has a preexisting conditions limitation. Preexisting conditions are not covered until the policy has been in effect for more than 12 months. A preexisting condition is any condition you have now or had within a six month period prior to the effective date of coverage for each covered person.

The MED+VALUE plans; Select, Advance, and Premium are HIPAA compliant. The riders are not. The MED+VALUE plans; Select, Advance, and Premium are insured by American Medical and Life Insurance Company.

"The benefits represented in this brochure are contracted thru a combination of carriers."

AIM/AML MV 09/08