

The VAEA Supplemental Health Insurance Plan (SHIP)

Underwritten by: New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

SHIP PLAN BENEFITS

HOSPITAL INDEMNITY BENEFITS*:

Daily benefits payable for:
Employee, Spouse or Child(ren)

\$65 (Red Plan), \$125 (White Plan), or \$190 (Blue Plan) as per plan selected by Insured.

Maximum Benefit Period: 365 days

INTENSIVE CARE BENEFIT*:

Daily Benefit

\$65 (Red Plan), \$125 (White Plan), or \$190 (Blue Plan) as per plan selected by Insured.

AT HOME RECUPERATION*

(after hospital confinement)

\$40 (Red Plan), \$75 (White Plan), or \$115 (Blue Plan) as per plan selected by Insured. Benefit equal to the number of days of hospital confinement.

PRE-ADMISSION TESTING*:

\$65 (Red Plan), \$125 (White Plan), or \$190 (Blue Plan) as per plan selected by Insured.

OUT-PATIENT SURGERY*

\$125 (Red Plan), \$250 (White Plan), or \$375 (Blue Plan) benefit per session - coverage as per plan selected by Insured.

ACCIDENT BENEFIT*:

Daily Benefit:

\$65 (Red Plan), \$125 (White Plan), or \$190 (Blue Plan) as selected by Insured – one benefit payment per accident.

*No Waiting (Elimination) Period except for Pre-Existing Conditions (see “Definition: Pre-Existing Condition” below).

Not available to residents of: DE, FL, IN, KY, ME, MN, MS, NC, NH, NY, OR, TN, TX, VT, WA.

Benefits are paid directly to you - in addition to any other medical benefits you may have.

	RED PLAN BI-WEEKLY RATES			WHITE PLAN BI-WEEKLY RATES			BLUE PLAN BI-WEEKLY RATES		
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Insured's Attained Age	MEMBER ONLY	MEMBER PLUS 1	MEMBER PLUS 2 OR MORE	MEMBER ONLY	MEMBER PLUS 1	MEMBER PLUS 2 OR MORE	MEMBER ONLY	MEMBER PLUS 1	MEMBER PLUS 2 OR MORE
Under 40	4.00	7.00	9.00	8.00	14.00	18.00	12.00	21.00	27.00
40 - 44	5.00	10.00	12.00	10.00	20.00	24.00	15.00	30.00	36.00
45 - 49	6.00	12.00	14.00	12.00	24.00	28.00	18.00	36.00	42.00
50 - 54	8.00	14.00	17.00	16.00	28.00	34.00	24.00	42.00	51.00
55 - 59	9.00	18.00	20.00	18.00	36.00	40.00	27.00	54.00	60.00
60 - 64	12.00	23.00	25.00	24.00	46.00	50.00	36.00	69.00	75.00
65 - 69	15.00	28.00	30.00	30.00	56.00	60.00	45.00	84.00	90.00

Coverage terminates for employees and dependents when employee reaches attained age 70.

COVERAGE IS GUARANTEED

You are guaranteed to be accepted when you enroll in SHIP no matter what the condition of your health is. You will NOT be required to take a physical exam or answer a health questionnaire. As a government employee, under age 70 and enrolled in a Federal Employee Health Benefit Plan (FEHB), you are eligible and qualify to enroll for SHIP benefits.

PREMIUM CALCULATION

All premiums are based on the member's age at issue and at renewal and is determined on the immediately preceding December 31, except that if a person's birthday is December 31, then age is determined as of that day. Rates increase as the member attains a new age bracket. Premium rates shown are current and may be changed by New York Life on any premium due date and on any date on which benefits are changed. Benefits are subject to change by agreement between New York Life and the policyholder. Monthly, Quarterly, Semi-Annual and Annual billing available – see following rate charts.

WHEN COVERAGE BECOMES EFFECTIVE

Insurance on you and your eligible dependents will take effect on the first of the month following the date your enrollment form is received and approved by New York Life, provided the initial premium deposit for insurance is paid for monthly Check Service or Quarterly Direct Bill, or the first day of the pay period following the date the first deduction is received for Bi-Weekly Direct Deposit. You and any person to be insured must be performing the normal activities of a person in good health of like age and sex on the later of the date of approval and the premium is paid.

Additional Dependents may be automatically covered:

Generally you must apply for coverage for new dependents. But there is an important exception: If you have any dependent hospital indemnity insurance in force, newborn children are automatically covered from birth for 31 days. This coverage will be continued if there is medical insurance in force on other dependent children. You must inform the SHIP Administrator in writing of the child's name and date of birth. If there is no dependent coverage, you must notify the SHIP Administrator within 31 days and remit the extra premium needed.

WHEN COVERAGE ENDS

You may continue your coverage as long as you: remain a member; pay your premiums when due; don't enter in the armed forces for more than 30 days of active duty; are under age 70; or, the Master Policy is not terminated or modified to end your coverage. Dependent coverage ends when they are no longer eligible or when your coverage ends.

Definition: Pre-Existing Condition

Conditions for which an individual consulted a doctor or received any medical services or supplies, or took any medical, during the 12 months prior to their effective date of coverage won't be covered until after: 12 consecutive months have elapsed while insured and during which no treatment, care or advice was received for that condition; or, if earlier, 24 consecutive months of coverage under the plan.

Definition: Hospital

A "hospital" is a licensed institution primarily engaged in providing in-patient medical services. It must have permanent facilities for diagnosis and surgery, 24-hour nursing by registered nurses and continuous supervision by one or more doctors. It does not include a convalescent home, nursing home, rest home, an extended care facility or a place for the aged.

PLAN EXCLUSIONS:

Benefits provided only for confinements, which begin while insured for which a room and board charge is made, and which are recommended by a doctor as medically necessary to treat a sickness or accident. Benefits are not provided for confinements caused by, resulting from or contributed to by: intentionally self-inflicted injury, while sane or insane (Missouri while sane); treatment of nervous or mental condition, alcoholism or drug addiction; injuries resulting from active military service; dental care, except as a result of injury to sound natural teeth; well-baby care of a newborn dependent child; treatment or service rendered in any Hospital or Convalescent Facility owned or operated by the Government where, in the absence of insurance, there is no legal obligation to pay (Exclusions may differ in your state. See your Certificate of Insurance for details); declared or undeclared war or any act of war; pregnancy (except Complication of Pregnancy, as defined in your certificate of insurance); expenses incurred or care received outside of the United States; participating in a crime, illegal activity; or a pre-existing condition as defined below.

ENROLLMENT IS EASY.....

You can give your family the extra protection of SHIP in minutes.....

- 1. Complete the Enrollment Form.**
- 2. Make sure you check which coverage options you want.**
- 3. Choose your payment option -
(Monthly, Quarterly, Semi-Annual and Annual rate
charts are linked below.)**
- 4. Mail the application and payment to:
Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828**

YOUR PERSONAL GUARANTEE OF SATISFACTION

After your Enrollment Form has been accepted, you will receive a Certificate of Insurance describing the Plan's benefits in detail. If you decide, for any reason, that you do not want to continue coverage, return the Certificate within 30 days. You'll get a full refund, with no questions or obligations.

YOUR PLAN ADMINISTRATOR

Mass Benefits Consultants, Inc. (MBC) is the administrator of the SHIP Plan.

ANY QUESTIONS REGARDING THE SHIP PLAN?

CALL TOLL-FREE 1-800-221-3083

OR e-mail mbc@massbenefits.com

Although every attempt has been made to verify the accuracy of the information contained on this website, errors and omissions may occur. This information is a brief description of important features of the SHIP Hospital Indemnity Plan. It is not a contract. Terms and conditions of coverage are set forth in group policy number G-29162-0, on policy form GMR issued to the Government Employees Voluntary Benefit Trust (GEVBT).