



VALUE PLAN ACKNOWLEDGMENT

The Value Plan was developed at the request of many school districts for people who wanted more health benefits than those available with the Basic Plan but who had difficulty affording full-coverage plans. The Value Plan has several benefit reductions from other MUST options, the most significant of which are listed below.

The Value Plan

- **Has a Maximum Pharmacy Benefit of \$5,000, a Pharmacy Deductible of \$350, and higher co-payment schedule.** This plan has prescription-drug coverage with a \$5,000 maximum benefit limitation. The deductible and co-payment amounts are higher than those of the Standard and Enhanced pharmacy plans offered with other MUST medical plans. *Note: the \$350 pharmacy deductible is an amount separate from the medical-plan deductible.*
- **Has a Maximum Lifetime Benefit of \$3,000,000** and lower annual / lifetime maximum benefits on Rehabilitation Services and Home Health/Hospice Care.
- **Does not cover Chiropractic/Acupuncture visits.** Charges for chiropractic and acupuncture services do not count toward the major medical deductible and are not paid by this plan option.
- **Has a limited benefit amount of \$10,000 per person per benefit year for Diagnostic X-ray and Lab services.**
- **Has a limited Lifetime Maximum benefit of \$100,000 per person for Transplants.**

I have read and understand the benefit reductions of this plan. I understand that I am entitled to change this coverage during Open Enrollment or if I have a qualifying Special Enrollment event. As a member of the _____ School District, I elect MUST coverage under the **Value Plan**.

Signature

Date

Print Name

Group Number