

GetMED ³⁶⁰

PLATINUM SERIES

An Affordable and Simple Alternative for you and your loved ones...

Benefits are brought to you through a membership in the United Consumer Awareness Association UCAA

PLANS ARE 100% GUARANTEED ISSUE

- » Insured Benefits
- » Discount Medical Plans
- » Consumer Savings Benefits
- » and much more...

30 DAY
GUARANTEE
MONEY BACK

monthly plan costs*

Platinum 250	\$199⁹⁰ /Individual	\$379⁹⁰ /Plus Spouse or Child	\$499⁹⁰ /Family
Platinum 250 MAX**	\$229⁹⁰ /Individual	\$439⁹⁰ /Plus Spouse or Child	\$559⁹⁰ /Family
Platinum 1000	\$299⁹⁰ /Individual	\$529⁹⁰ /Plus Spouse or Child	\$729⁹⁰ /Family
Platinum 1000 MAX**	\$329⁹⁰ /Individual	\$589⁹⁰ /Plus Spouse or Child	\$789⁹⁰ /Family

*A one-time enrollment fee will be applied to your first month's payment. (Contact your agent for details.)

**Max Plans not available to residents of GA, LA and NC.

NOTE: Your total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverages, marketing and administration costs. If you cancel within the first 30 days, your membership fee will be refunded. The member activation fee is non-refundable, except where refund provisions for such are specified by state law.

The primary member (and spouse) must be between the ages of 18 and 64 years. Plan ends upon the attained age of 65.

Have questions? Ready to enroll? Simply contact your agent.

These plans are for residents of: AL, AZ, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MI, MS, MO, NC, NE, NM, OH, OK, PA, RI, SC, TN, VA, WV, WI, and WY. **Platinum 250 Max and Platinum 1000 Max Plans are not available to residents of GA, LA and NC.**

Benefits are provided to you through membership in the United Consumer Awareness Association (UCAA) which is part of your plan. The UCAA is a mission driven association committed to enhancing the lives of its members by providing access to a wealth of information related to health and wellness, consumer and environmental awareness, and human issues. The UCAA stresses change in consumption habits resulting in a healthier person, community, and world.

What do the plans offer?

1. Limited Medical Indemnity Benefits (page 3)

The Limited Medical Indemnity Benefits included in these plans provide a basic level benefit for individuals (and families) that do not have access to traditional coverage. Limited Medical Indemnity Benefits are not to be confused with major medical insurance and they are not meant to replace major medical plans. Note: Check chart on page 4 for benefit/plan availability.

- Doctor Office Visits
- Wellness Visits
- Hospital Confinement Benefit
- Diagnostic, X-Ray, Laboratory Benefit
- Ambulance Benefit
- Surgical & Anesthesia Benefits

2. Additional Insurance Benefits (page 4)

- Emergency Room Benefit: \$1,000
- Accidental Death & Dismemberment Benefit: \$15,000
- Excess Accident Medical Expense Benefit: \$5,000
- Critical Illness Insurance: \$10,000*
- Guaranteed Issue Term Life Insurance: \$10,000

*Benefit is ONLY included in Platinum 250 Max Plan and Platinum 1000 Max Plan.

3. Association Membership Discount Medical Plans (page 5)

These features provided are designed to help you receive savings (in addition to the benefits listed above) on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more! These plans are not insurance – rather, they are discount healthcare savings programs that will help reduce the expense of obtaining care and treatment.

4. Association Membership Consumer Savings Benefits (page 5)

Practical saving solutions on things like auto care, hotel stays, flowers, magazines, movies, sneakers/apparel, amusement park admissions, car rentals and MORE!

Our Customer Care Consultants will provide you with assistance every step of the way...

Our professional team of Customer Care Consultants will assist you on how to best utilize the plan and truly maximize your savings! They are trained to help find a participating provider or facility to suit your particular needs. Our service does NOT stop until we know you are satisfied.

Keep in mind....

- » Plans are guaranteed issue, no medical underwriting is required.
- » The primary member (and spouse) must be between the ages of 18 and 64 years. Plan ends upon the attained age of 65.
- » 12/12 Pre-ex only applicable to hospital, surgery and anesthesia.

LIMITED MEDICAL INDEMNITY BENEFITS*

PLATINUM 250	PLATINUM 250 MAX	PLATINUM 1000	PLATINUM 1000 MAX
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Doctor Office Visits* This benefit is payable, up to the plan maximum, for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.

» In-network Doctor Office Visit - co-pay (When visiting the Beech Street Limited Benefit Provider Network. Network access provided by the UCAA):	\$20	\$20	\$20	\$20
» Out-of-network Doctor Office Visit Indemnity Reimbursement:	\$40 maximum per visit	\$40 maximum per visit	\$40 maximum per visit	\$40 maximum per visit
» Maximum number of visits/Covered Person/Family per Policy Year:	5/10 visits	5/10 visits	5/10 visits	5/10 visits

Wellness Visits* This benefit is payable, up to the plan maximum, for routine health examinations and immunizations for covered persons.

» In-network Doctor Office Visit - co-pay (When visiting the Beech Street Limited Benefit Provider Network. Network access provided by the UCAA):	\$20	\$20	\$20	\$20
» Out-of-network Doctor Office Visit Indemnity Reimbursement:	\$40 maximum per visit	\$40 maximum per visit	\$40 maximum per visit	\$40 maximum per visit
» Maximum number of visits per Covered Person per Policy Year:	2 visits	2 visits	2 visits	2 visits

Diagnostic, X-ray, Laboratory* This benefit is payable, up to the plan maximum when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day.

» Maximum per visit:	N/A	N/A	Up to \$100	Up to \$100
» Maximum number of visits per Covered Person per Policy Year:	N/A	N/A	3 sittings	3 sittings

Hospital Confinement Benefit* This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room or ICU/CCU). 30 day waiting period for sickness. 12/12 pre-existing conditions apply. Maternity is not covered.

» Maximum per day (31 day max per Covered Person per Policy Year):	\$250	\$250	\$1,000	\$1,000
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Hospital ICU/CCU* This benefit is payable for 15 days, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital ICU or CCU unit.

» Maximum per day (15 day max per Covered Person per Policy Year):	\$1,000	\$1,000	\$2,000	\$2,000
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Ambulance* This benefit is payable, up to the plan maximum, when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.

» Maximum per trip:	N/A	N/A	Up to \$100	Up to \$100
» Maximum number of trips per Covered Person per Policy Year:	N/A	N/A	1 trip	1 trip

Surgery (Inpatient/Outpatient)* When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Doctor's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for Covered Expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. Surgical Schedule can be found on page 6 of this guide.

» Maximum per surgery:	\$10,000	\$10,000	\$10,000	\$10,000
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	2 surgeries	2 surgeries	2 surgeries	2 surgeries

Anesthesia Benefit (Inpatient/Outpatient)* This benefit is payable, up to the Plan Maximum, for Covered Expenses, when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. This benefit is 25% of the surgery benefit amount.

» Maximum per visit:	\$2,500	\$2,500	\$2,500	\$2,500
» Maximum number of treatments per Covered Person per Policy Year:	2 treatments	2 treatments	2 treatments	2 treatments

Members can be enrolled only once. Duplicate or multiple memberships, including United States Fire Insurance Company benefits, is not allowed.

*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best Company (2009 Edition). Benefits not available to residents of AK, CT, KS, MD, NH, NJ, NY, and VT. Maternity is not covered, and there is a 30 day waiting period for sickness. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness.

ADDITIONAL INSURANCE BENEFITS:

PLATINUM 250	PLATINUM 250 MAX	PLATINUM 1000	PLATINUM 1000 MAX
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Emergency Room Benefit** This benefit is payable, up to the Plan Maximum when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only. Subject to 6/12 Pre-Existing Condition Limitations. Subject to a \$100 deductible per Injury or Sickness per Covered Person. Covered Person becomes eligible after 30 continuous days of membership.

» Plan Maximum (up to):	\$1,000	\$1,000	\$1,000	\$1,000
» Maximum number of visits per Covered Person/Family per Policy Year:	2 visits	2 visits	2 visits	2 visits

Accidental Death and Dismemberment Benefit*** If you are injured in a covered accident and the injury from such accident causes death or dismemberment within 365 days from the date of the accident, the insurance company will pay the amount shown. If you sustain more than one such loss as the result of one Accident, the insurance company will pay only one amount, the largest to which you are entitled. Spouse and dependent covered at the amount shown as well.

» Benefit Amount:	\$15,000	\$15,000	\$15,000	\$15,000
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Excess Accident Medical Expense Benefit (per accident)*** If you are injured in a covered accident and receive treatment from a physician within 365 days from the date of the accident, the insurance company will pay up to the amount shown for actual expenses related to: Hospital room and board (up to the semi-private room rate), general nursing care, Hospital miscellaneous expenses during a hospital confinement or for outpatient surgery under general anesthetic, laboratory tests, x-rays, anesthesia, prescription drugs, therapeutic services and supplies, and hospital emergency care, doctor's visits (inpatient and outpatient), dental treatment for injury to sound natural teeth.

Spouse and dependent covered at the amount shown as well. Subject to a \$100 deductible applies per Accident per Covered Person. This benefit will only apply after any valid and collectible insurance for the same claim has been exhausted.

» Benefit Amount:	\$5,000	\$5,000	\$5,000	\$5,000
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Guaranteed Issue Term Life Insurance**** Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage.

» Benefit Amount:	\$10,000	\$10,000	\$10,000	\$10,000
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Critical Illness Insurance***** The Critical Illness Indemnity Benefit is payable for each Insured Person, and will be paid in addition to any other benefit in the Certificate. Subject to 12/12 Pre-Existing Condition Limitations. A benefit is payable for any one of the following: Invasive Cancer, Heart Attack, Major Organ Transplant Surgery, Stroke, Coma, and End Stage Renal Failure.

» Benefit Amount:	N/A	\$10,000	N/A	\$10,000
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**Underwritten by Presidential Life Insurance Company. Benefits not available to residents of AR, CA, CO, ME, MD, MN, MT, NH, NV, OR, SD, UT, VT, and WA. 6/12 Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's Effective Date of coverage under the Group Policy. Pre-Existing Conditions Limitation: Pre-Existing Conditions Limitation: We will not cover a Pre-Existing Condition as follows: (1) For an Insured Person under the age of 65, Pre-Existing Conditions will be excluded for the first twelve (12) months 1. that coverage under the Group Policy is in effect. (2) For an Insured Person age 65 or older, such Pre-Existing Conditions will be excluded from coverage for the first six (6) months that coverage under the Group Policy is in effect.

***Underwritten by Guarantee Trust Life Insurance Company. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Benefits underwritten by Guarantee Trust Life Insurance Company are not available to residents of AR, MD, ME, NY, OR and UT.

**** Underwritten by Hartford Life and Accident Insurance Company.

*****Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a member of AIG Companies® NOT available for residents of AR, CT, GA, LA, ME, MT, NC, NY, OR, SD, TX, VT, and WA.

NOTE: See terms and conditions for definitions and exclusions. Terms and conditions may vary by state. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

Discount Medical Features and Consumer Savings Benefits

The following Discount Medical Plan Features are included in the association membership at NO ADDITIONAL COST to you!

✓ **Doctor/Hospital/Lab Network:** Members save 5% to 40% off doctor office visits, hospital visits, and at least 20% on virtually all laboratory services.

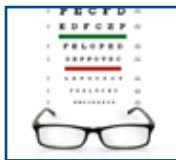
Podiatry Network: Members save 5% to 40% off Podiatry doctor office visits.

✓ **Tiered Dental Program:** Members receive a no-charge exam and full set of x-rays (in conjunction with a paid annual cleaning), at select participating general practitioners across the country! Fixed schedule procedure rate savings are 25% - 60% on dental care services.

Call MD: As a Member you will receive two (2) toll-free physician telephone consultations. You have access to a nationwide network of medical doctors and registered nurses available to discuss your medical issues. You can also access over-the-phone prescriptions. 24/7 access!

✓ **Tiered Vision Program:** Members receive contracted rates of 10% to 50% on eyeglasses, non-prescription sunglasses, eye exams and contact lenses (excluding disposables). Members also save 20% to 60% on ophthalmology exams and surgical procedures including LASIK.

✓ **Tiered Rx Program:** Members have access to savings at over 50,000 participating pharmacies nationwide. Receive drugs up to a \$10 max cost for drugs listed in Tier 1 and up to \$20 max cost on Tier 2 drugs. Receive all other drugs at discounted rates.



Chiropractic Program: Members can save 20% to 50% at Participating Providers on adjustments, therapy, x-rays, exams and specialized procedures.

24 Hour Nurse Hotline: Members receive unlimited, toll-free, 24/7 access to registered nurses! All calls are completely confidential.

Holistic Care: 20% savings on all treatments and services and no limits on the number of visits. Practitioner disciplines include: Acupuncturists, Massage Therapists, Dieticians, and Naturopathic Providers.

Elder Care: Save from 10% to 25% on home health aides, nursing homes, assisted living facilities, Alzheimer's special care units, and respite care facilities.

Diabetic Supplies: 10% to 60% off diabetic supplies. Members receive special pricing on most diabetic supplies such as: test strips, glucose meters, lancing devices and lancets, and convenient free home delivery!

Hearing Care Program: 15% off all Beltone hearing aides, as well as a complimentary hearing aid checkup, hearing screening, cleaning and inspection. 20% to 50% off audiology and hearing aid services at more than 1,400 participating HearPO providers. 100% discounts on repairs, including a 60 day refund policy.

Fitness Program: 10%-50% off membership dues at over 1,500 locations Nationwide!

Medical Records Software: Save time when changing doctors by printing medical history with a mouse click.

24 Hour Counseling Hotline: Members have access to therapists for telephone counseling 24 hours a day, 365 days a year. Free support and self-help group referrals. Referrals to a local licensed therapist for face-face counseling at a specially discounted membership rate.

Also included in your Association Membership are the following Consumer Savings Benefits:

- » Member eShop Savings
- » WeCare Credit Assistance
- » Hotel Savings
- » Vacation Resort Savings
- » Car Rental Savings
- » Gift Basket Savings
- » Auto Maintenance Savings
- » Movie Ticket Discounts
- » Amusement Park Discounts
- » Boca Java Online Coffee Discounts
- » Floral Discounts
- » Magazine Subscription Savings
- » Reebok® Savings
- » Mortgage and Realtor Services
- » Roadside Assistance
- » Legal Program*
- » ID Theft*
- » Tradesman Savings*
- » Medical Records Software*
- » Moving and Storage Services*

*Benefits are only included in Platinum 1000 and Platinum 1000 Max Plans.

Discount Medical Plans are provided by Patriot Health Florida, Inc., a discount medical plan organization. The features are not health insurance policies and are not available in all areas. The features provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, New York 11791. 800-292-3797. Discount Medical Plans are not available in AK, MT, ND, and VT.

Surgical Schedule

IF A SURGICAL PROCEDURE CAN NOT BE LOCATED ON THIS LIST, YOU NEED TO CONTACT THE ADMINISTRATOR TO DETERMINE THE APPROPRIATE DOLLAR REIMBURSEMENT.

Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best Company (2009 Edition). Benefits not available to residents of AK, CT, KS, MD, NH, NJ, NY, and VT. Maternity is not covered, and there is a 30 day waiting period for sickness. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, Surgery and Anesthesia related to Surgery.

<u>Surgical Procedure</u>	<u>Reimbursement</u>	<u>Surgical Procedure</u>	<u>Reimbursement</u>	<u>Surgical Procedure</u>	<u>Reimbursement</u>
ABDOMEN					
Appendectomy.....	\$2,500	Tonsillectomy, with or without adenoidectomy-18 and over	\$1,000	OBSTETRICAL	
Removal of gallbladder.....	\$5,000	Tracheotomy (independent procedure).....	\$1,000	Removal of placenta and/or immediate or early repair of perineum and/or cervix.....	\$5,000
Total Gastrectomy.....	\$8,500	EYE			
Gastrotomy.....	\$2,500	Repair detached retina.....	\$5,000	Cesarean Section, complete procedure including delivery.....	\$5,000
Laparotomy, exploratory.....	\$2,500	Removal of eye.....	\$5,000	Cesarean Section and Hysterectomy, total or subtotal	\$2,500
AMPUTATION					
Amputation of upper arm.....	\$2,500	FRACTURE, TREATMENT OF			
Amputation of finger/thumb.....	\$2,500	Treatment of ankle fracture.....	\$1,000	Removal of pilonidal lesion.....	\$1,000
Amputation of leg at hip.....	\$5,000	Treat finger fracture, each.....	\$1,000	Drainage of pilonidal cyst.....	\$1,000
Amputation of lower leg.....	\$5,000	Treatment of nose fracture.....	\$1,000	PILONIDAL CYST OR SINUS	
Amputation of toe.....	\$2,500	Treat fracture radius & ulna.....	\$1,000	Rectum	
BREAST					
Removal of breast.....	\$2,500	Treat fracture radius & ulna.....	\$2,500	Fissure (Fissurectomy) cutting operation for (Independent Procedure).....	\$1,000
Removal of breast lesion.....	\$2,500	Treatment of fibula fracture.....	\$2,500	Incise external hemorrhoid.....	\$1,000
Breast reconstruction.....	\$5,000	GENITO URINARY TRACT			
CHEST					
Exploratory Thoracotomy.....	\$5,000	Cervix amputation (cervicectomy).....	\$1,000	Destruction of hemorrhoids.....	\$1,000
Bronchoscopy (esophagoscopy).....	\$1,000	Circumcision Newborn Clamp.....	\$1,000	Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$2,500
Esophagectomy.....	\$8,500	Dilation & Curettage (non-Puerperal).....	\$1,000	Papillectomy, single tag (independent procedure)	\$1,000
Lung, removal of or portion of (Lobectomy).....	\$5,000	Partial hysterectomy.....	\$5,000	SKULL	
Valvotomy or commissurotomy, closed.....	\$5,000	Total hysterectomy.....	\$5,000	Osteoplastic craniotomy (other than operation for brain tumor)	\$8,500
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$8,500	Vaginal hysterectomy.....	\$5,000	Trephine.....	\$2,500
Tetralogy of Fallot with Bypass.....	\$8,500	Kidney-Nephropexy.....	\$5,000	Hemispherectomy.....	\$8,500
Double valve procedure replacement and or repair.....	\$8,500	Kidney transplant, unilateral or bilateral, recipient with nephrectomy.....	\$8,500	SPINE OR SPINAL CORD	
DISLOCATION, REDUCTION OF					
Treat ankle dislocation.....	\$1,000	Ureterotomy.....	\$2,500	Laminectomy.....	\$1,000
Treat clavicle dislocation.....	\$1,000	Cystotomy.....	\$2,500	Spinal cord tumor operation.....	\$5,000
Treat elbow dislocation.....	\$1,000	Prostate, removal of (Prostatectomy).....	\$2,500	TUMOR	
Treat hip dislocation.....	\$1,000	Surgical exposure, prostate.....	\$5,000	Remove tumor of arm/elbow.....	\$5,000
Reset dislocated jaw.....	\$2,500	Extensive prostate surgery.....	\$5,000	Remove tumor, neck/chest.....	\$2,500
Treat shoulder dislocation.....	\$1,000	Removal of epididymis.....	\$2,500	VARICOSE VEINS	
Treat wrist dislocation.....	\$2,500	Cystocele, operation for anterior colporrhaphy.....	\$2,500	Revision of leg vein.....	\$1,000
Treat knee dislocation.....	\$5,000	Rectocele operation for posterior colporrhaphy.....	\$1,000	TRANSPLANT & PARTIAL ORGAN REMOVAL	
ARTHROTOMY					
Ankle arthroscopy/surgery.....	\$2,500	Rectocele and cystocele A&P colporrhaphy.....	\$2,500	Lung Transplant.....	\$10,000
Elbow arthroscopy/surgery.....	\$2,500	GOITRE			
Hip arthroscopy/surgery.....	\$2,500	Adenoma or benign tumor of thyroid excecion.....	\$2,500	Lung Transplant with bypass.....	\$10,000
Knee arthroscopy/surgery.....	\$5,000	Thyroidectomy.....	\$5,000	Heart and Lung Transplant.....	\$10,000
Shoulder arthroscopy/surgery.....	\$5,000	HERNIA			
EAR, NOSE, THROAT					
Fenestration.....	\$5,000	Repair Inguinal- unilateral.....	\$1,000	Liver Transplant.....	\$10,000
Mastoidectomy-single.....	\$5,000	Repair Umbilical-under age 5.....	\$2,500	Liver - partial removal.....	\$10,000
Extensive mastoid surgery.....	\$5,000	Repair Umbilical-over age 5.....	\$2,500	Pancreas - partial removal.....	\$10,000
Adnoidectomy (independent procedure).....	\$1,000	Repair Ventral (incisional).....	\$2,500	*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.	
Sinusotomy, frontal, external simple (Trephine).....	\$2,500	Repair Femoral.....	\$2,500		
Submucous resection of nasal septum (septectomy).....	\$2,500	Repair Epigastric.....	\$1,000		
Laryngectomy, without neck dissection.....	\$2,500	LIGAMENTS AND TENDONS			
Tonsillectomy, with or without adenoidectomy-under age 18	\$1,000	Revise lower leg tendons.....	\$2,500		
		Repair hand tendon.....	\$2,500		
		Repair finger/hand tendon.....	\$5,000		
		Transplant hand tendon.....	\$5,000		

United Consumer Awareness Association "UCAA" Terms & Conditions:

- MEMBERSHIP:** UCAA Membership is mission oriented and provides consumer related information and programs encouraging more positive consumption of information, products and services for the benefit of families nationwide. Member means a person whose membership has been accepted by the Association. GETMED360 Membership in the UCAA also includes association limited insurance benefits, non-insurance association benefits, and consumer discount savings.
- MEMBERSHIP PAYMENTS:** You hereby authorize the Association or its' designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership payment will be processed immediately upon enrollment. Your monthly recurring payment due date will be charged as follows: Enrollments received between the 1st and the 15th will be charged on every 15th of the month. Enrollments received between the 16th and the last day of the month will be charged on the 1st of the month. Membership is automatically renewed monthly. Non-payment of monthly membership fees will result in cancellation of Membership benefits.
- CANCELLATION:** If you are not completely satisfied, you may call 877-693-9095 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCAA administration, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 576-9268 or by e-mail to cancellations@unitedconsumer.org within thirty (30) days from your enrollment date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2 - 4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call 877-693-9095 to confirm your request for cancellation was received.
- ADDITIONAL MEMBERSHIP MATERIALS:** If you lose or require additional Membership materials, the cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: a) No charge for an e-mailed package. b) \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
- MEMBER PROXY:** UCAA is a not for profit association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCAA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. Should you wish to do so, you will notify the Secretary of UCAA of your desire in this respect.
- THIRD PARTY INSURANCE DISCLAIMER:** UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.
- THIRD PARTY DISCLAIMER:** Association is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCAA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to these providers. Discount medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.
- RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, and on behalf of any Family Member who uses the Program membership ("Membership Participant"), hereby forever releases, acquits, and discharges each of the Association and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, of Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Member benefits or Program service ("Service"). The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against Association will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
- ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the Company and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.
- HEADINGS:** The headings or captions provided throughout this Agreement are for reference purposes only, and will in no way affect the meaning or interpretation of this Agreement.
- WAIVER OF BREACH:** A waiver of Association of a breach of any provision of this Agreement will not be deemed a waiver by Association of any other breach of the same or different provision.

Insurance Benefits underwritten by the United States Fire Insurance Company LIMITATIONS AND EXCLUSIONS

Benefits will not be paid for charges or loss caused by, or resulting from, any of the following:

- Suicide or any intentionally self inflicted Injury;
- Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
- Commission, or attempt to commit, a felony;
- Participation in a riot or insurrection;
- Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
- Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- Declared or undeclared war or act of war;
- Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is

- sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
- Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
- Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
- Dental care, x-rays, or treatment other than Injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
- Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
- Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
- Rest cures or custodial care, or treatment of sleep disorders;
- Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
- Normal pregnancy or childbirth, except for Complications of Pregnancy;
- Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
- Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
- Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
- Prescription medicines, unless specifically provided for under this Certificate;
- Any Injury that is caused by flight or travel in, or upon: (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger; (b) An ultra light, hang gliding, parachuting or bungi cord jumping; (c) A snowmobile; (d) Any two or three wheeled motor vehicle; (e) Any off road motorized vehicle not requiring licensing as a motor vehicle; (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
- Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
- Services, treatment or loss: (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (c) Which a Covered Person would not have to pay if he did not have insurance; (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family; (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; (f) Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
- Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
- Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows; PLATINUM 250 PLANS: Single = \$88.09, Single/Spouse = \$171.26, Single/Child(ren) = \$171.26, Family = \$253.25 PLATINUM 1000 PLANS: Single = \$139.12, Single/Spouse = \$270.48, Single/Child(ren) = \$270.48, Family = \$399.97 The above Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association membership.

Excess Accident Medical Expense Benefit and Accidental Death & Dismemberment Benefit Terms & Conditions:

Underwritten by Guarantee Trust Life Insurance Company

Non-Duplication of Benefits:

If a Covered Person is covered by any other blanket or group health care plan and would, as a result, receive

total medical expense or service benefits in excess of the expenses actually incurred, then the Excess Accident Medical Expense benefits payable under the Policy will be reduced by such excess amount. This Non-Duplication of Benefits provision does not apply if the Policy is considered primary under any coordination of benefit guidelines contained in the other health care plans.

Exclusions: This Certificate 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. Injury covered by Worker's Compensation or the Occupational Disease Law.
10. Dental treatment, except as specifically stated.
11. Injury sustained while committing or attempting to commit a felony.
12. Prescription Drugs except as specifically stated.
13. Suicide or attempted suicide while sane.
14. 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.
15. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
16. Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
17. Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
18. Injury sustained flying in an ultra light, 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.
19. Injury sustained where the Insured is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
20. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
21. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
22. 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 30 days.

Emergency Room Benefit Terms & Conditions

Underwritten by Presidential Life Insurance Company

We will not pay for any loss as a result of:

1. suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
2. war or any act of war, whether war is declared or not;
3. service in one of the armed forces of any country or international authority;
Note 1: If an Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium.
Note 2: This exclusion (4) does not apply to a Covered Person who is:
 - a. a member of an armed force reserve corps or National Guard unit; and
 - b. in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days.
4. riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
5. hernia, however caused,
6. services or treatment provided by a family member or the Insured Person;
7. experimental or investigational procedures;
8. cosmetic surgery or procedures;
9. hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit;
10. Injury or Sickness arising out of or in the course of employment for wage or profit, unless the Covered Person is ineligible for or legally exempt from Workers' Compensation coverage;
11. any loss to which a contributing cause was the Covered Person's being engaged in any illegal occupation or activity, or commission of or attempt to commit a felony;
12. Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol; or
13. Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician; or
14. related to pregnancy or childbirth.

Guaranteed Issue Term Life Insurance Terms & Conditions:

Underwritten by Hartford Life and Accident Insurance Company Simsbury, CT

PERIOD OF COVERAGE: You will become covered under The Policy on the Certificate Effective Date shown in the Schedule of Insurance.

Eligible Persons:

DESCRIPTION OF ELIGIBLE PERSONS:

All Active Members of the Policyholder who are :

1. under age 65; and
2. citizens or legal residents of the United States, its territories and protectorates.

Change of Premiums:

The Company has the right to change the premium rate on the first Policy Anniversary and on any Premium Due Date thereafter. The Company will give the Policyholder notice of any change at least 30 days before the Due Date on which it is to become effective.

Request for Change in Coverage:

If you give us an application for a change in coverage for which you are eligible and pay the required premium, the change will become effective on the first day of the month on or next following the later of:

1. the date we receive the application; or

2. If Evidence of Insurability is required, the date we determine that you are insurable.

Termination:

Coverage will end on the earliest to occur of:

1. the date The Policy terminates; or
2. the Premium Due Date on or next following the date You: a. cease to be an active member of the Policyholder; b. attain the Policy Age Limit;
3. the date You are no longer in a class eligible for coverage, or the class is cancelled; or
4. the Premium Due Date that you fail to pay any required premium, subject to the individual Grace Period.

Individual Grace Period:
You will be allowed an Individual Grace Period of 31 days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period. The Individual Grace Period will not continue coverage beyond a date shown in the Termination provision.

BENEFITS Life Insurance Benefit:

If You die while covered under The Policy, We will pay Your Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss Provision. The Life Insurance Benefit will be paid according to the General Provisions of the Policy.

Suicide:

If You commit suicide while sane:

1. During the first two years of coverage under The Policy, We will only pay Your Life Insurance Benefit in an amount equal to the premium paid for coverage to the death, if We can show that the deceased person intended suicide when coverage was elected. The full Life Insurance Benefit Amount for You is payable if You are covered under The Policy and commit suicide after the two year period.

Exclusions:

The Life Insurance Benefit does not cover death:

1. caused or contributed to by war act of war whether declared or not;
2. occurring while in the armed forces of any country or international authority;
3. caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft: a. as a pilot, crew member or student pilot; or b. as a flight instructor or examiner. We will refund the pro rata portion of any premium paid for this benefit for You while in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within 12 months of the date You enter the armed forces.

Disclaimer Rates:

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy or Master Policy AGL-1809 as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. Rates and/or benefits may be changed on a class basis.

Critical Illness Insurance Terms and Conditions

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa (AIG)

NOT available for residents of AR, CT, GA, LA, ME, MT, NC, NY, OR, SD, TX, VT, and WA.

Reduction Schedule

Any amount payable under the Policy and any Riders or Endorsements attached thereto will be reduced by 50% if an Insured Person is age 65 on the date the benefit becomes payable. "Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

Pre-Existing Condition Limitation

Benefits under THE POLICY are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Insured Person has been enrolled for coverage under THE POLICY. A Critical Illness resulting from a Pre-Existing Condition commencing thereafter will be covered unless otherwise excluded by THE POLICY.

A pre-Existing Condition means an Injury or Sickness for which an Insured Person incurred charges, received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicines, or had symptoms for which an ordinarily prudent person would have consulted a Physician during the 12 months immediately preceding the Insured Person's effective date under THE POLICY.

Exclusions

THE POLICY does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) the Insured Person's suicide, or intentional self inflicted Injury or Sickness, while sane or insane.
- (b) the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug; or intoxicant unless taken under the advice of and as specified by a Physician.
- (c) the Insured Person's commission of or attempt to commit an assault or felony.
- (d) the Insured Person's engaging in an illegal activity or occupation.
- (e) the Insured Person's voluntary participation in a riot.
- (f) any illness, loss or condition specifically excluded from the definition of any Critical Illness.
- (g) war, whether declared or not
- (h) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure, except as may be provided by Rider.