

# GetMED 360

## SILVER SERIES

Association plans for you and the ones you love.



Ready to enroll? Simply contact your agent!

Benefits are provided to you through membership in the United Consumer Awareness Association (UCAA). 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.

These plans are for residents of: AR, MN, NV and UT.

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

# About the plans...

## Plans are provided to you through membership in the United Consumer Awareness Association (UCAA) and include the following types of features and benefits:



- **Consumer Savings Benefits:** Practical saving solutions on things that include auto care, hotel stays, flowers, magazines, movies, sneakers/apparel, amusement park admissions, car rentals and MORE!



- **Discount Medical Plans:** Extend your savings even further on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more!



- **Insurance Benefits:** Benefit amounts and descriptions can be found on the following pages of this brochure.

## Consumer Savings Benefits

### The following benefits are included in ALL plan options:

**Member eShop Savings** Shop at your favorite stores, earn points and save money! Receive up to 20% in rebates and 60% in discounts!

**Hotel Savings** You and your family can receive up to 15%-30% off room rates at: Ramada, Amerihost, Days Inn, Howard Johnson, Travelodge, Wingate, & Knights Inn.

**Car Rental Services** Save 10% - 25% off rental rates!

**Gift Basket Savings** Members receive 10% off gift baskets and gifts at GiftTree.com! GiftTree offers a wide-assortment of high-quality gifts including wine baskets, gourmet baskets, flowers, fruit, personalized gifts and much more.

**Auto Maintenance** Simply call the toll-free number to locate participating service centers who can provide up to 10% off auto maintenance items such as brake service, tire and battery service and various other general auto maintenance needs. Participating locations include: Aamco, Jiffy Lube, Meineke, Maaco, Mr. Transmission, Dr. Nicks, Pep Boys, Pro-Care, MultiState Transmission, Milex Centers, and many more!

**Movie Ticket Discounts** Take advantage of 20% (or more) off movie tickets! Participating theaters include: AMC, Lowes, Regal, and Edwards.

**Amusement Park Discounts** Receive discounts at Seaworld in Orlando, FL, San Diego, CA and San Antonio, TX, Busch Gardens in Tampa Bay, FL and Williamsburg, VA and for Adventure Island, Water County and Sesame Place!

**Boca Java Online Coffee Discounts** You and your family can receive discounts on coffee, Tea, Food, gifts and much more! Simply visit the Boca Java website and receive up to a 20% discount on your entire order.

**Floral Discounts** Receive 15% off all floral arrangement orders!

**Magazine Subscription Savings** Receive 30% off most magazine orders.

**Reebok® Savings** Receive 15% off all items at Reebok outlet stores!

**Mortgage and Realtor Services** You are able to save up to \$3000 on the sale and financing of your home!

**Roadside Assistance** Provides you and your family with 24 hour toll-free Emergency Roadside Dispatch Assistance.

**Legal Program\*** Provides five (5) initial telephone consultations per year, 1 per legal matter. Provides one 1/2 hour office consultation (1 per legal matter), unlimited online consultations (where available) with a local attorney.

**ID Theft\*** Provides resolution services and connects members with a professional customer service representative in the event of an identity theft occurrence.

**Tradesman Referral\*** Get matched to pre-screened home improvement contractors who are reviewed by ServiceMagic's 10 point contractor screening process. \$1,000 service guarantee! Get matched with maids, plumbers, electricians, handymen, painters and much more!

**Moving and Storage Services\*** Receive up to 60% savings off retail prices depending on the region of the country and service available at the time of need.

\*Benefits are not included in the Choice, Choice Plus and Elite Plans.

# Discount Medical Plans

## The following features are included in all plan options 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.



**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.



**Discount 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.



**Call MD™** As a Member you will receive UNLIMITED 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!

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

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

**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.

**Discount Home Medical Equipment and Orthotics/Prosthetics** Members save 50% on discounted medical equipment and supplies.

**Discount Medical Imaging** Members save 50-75% on MRI, PET, PET/CT scans and more!

Discount Medical Plans are administered 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, VT and WA.

# Benefit Outline

## LIMITED MEDICAL INDEMNITY BENEFITS\*

SILVER 200	SILVER 250	SILVER 500	SILVER 1000
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**Doctor Office Visits\*** This benefit is payable 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.

» Doctor Office Visit - Indemnity Reimbursement:	\$95	\$105	\$105	\$105
» Maximum number of visits/Covered Person/Family per Policy Year:	3/6 visits	5/10 visits	5/10 visits	5/10 visits

**Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons.

» Doctor Office Visit - Indemnity Reimbursement:	N/A	\$105	\$105	\$105
» Maximum number of visits per Covered Person per Policy Year:	N/A	2 visits	2 visits	2 visits

**Diagnostic, X-ray, Laboratory\*** This benefit is payable 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.

» Benefit amount per visit:	N/A	N/A	\$100	\$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 when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). 30 day waiting period for sickness. 12/12 pre-existing conditions apply. Maternity is not covered.

» Benefit amount per day (31 day max per Covered Person per Policy Year):	\$200	\$250	\$500	\$1,000
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**Hospital ICU/CCU\*** This benefit is payable for 15 days 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):	\$500	\$1,000	\$1,000	\$2,000
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**Ambulance\*** This benefit is payable 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.

» Benefit amount per trip:	N/A	N/A	\$100	\$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.

» Per surgery:	<b>Benefit Amount</b> \$1,000	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>
» 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 for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness.

» Per visit:	<b>Benefit Amount</b> \$250	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>
» Maximum number of treatments per Covered Person per Policy Year:	2 treatments	2 treatments	2 treatments	2 treatments

\*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2011 Edition). Benefits not available to residents of AK, CT, KS, MD, MA, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

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.

# Benefit Outline

## ADDITIONAL INSURANCE BENEFITS:

SILVER 200	SILVER 250	SILVER 500	SILVER 1000
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**Emergency Room Benefit\*\*** This benefit is payable 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.

» Benefit amount:	\$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

**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. Member becomes eligible for this benefit 6 months after plan effective date.

» Benefit Amount:	\$10,000	\$10,000	\$10,000	\$10,000
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\*\* Underwritten by Lloyds of London.

\*\*\* Underwritten by ReliaStar Life Insurance Company, policy form LP08GPMO. Not available to residents of: ID, NH, NC, NY, VT and WV. These benefits are solicited by the group and embedded in the association dues. This is a summary of benefits only. Member becomes eligible for this benefit 6 months after plan effective date.

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.

# 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 (2010 Edition). Benefits not available to residents of AK, CT, KS, MA, MD, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. 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.

<b>Surgical Procedure</b>	<b>Surgical Reimbursement \$10,000</b>	<b>Anesthesia Reimbursement \$10,000</b>
<b>ABDOMEN</b>		
Appendectomy	\$2,500	\$625
Removal of gallbladder	\$5,000	\$1,250
Total Gastrectomy	\$8,500	\$2,125
Gastrostomy	\$2,500	\$625
Laparotomy, exploratory	\$2,500	\$625

<b>AMPUTATION</b>		
Amputation of upper arm	\$2,500	\$625
Amputation of finger/thumb	\$2,500	\$625
Amputation of leg at hip	\$5,000	\$1,250
Amputation of lower leg	\$5,000	\$1,250
Amputation of toe	\$2,500	\$625

<b>BREAST</b>		
Removal of breast	\$2,500	\$625
Removal of breast lesion	\$2,500	\$625
Breast reconstruction	\$5,000	\$1,250

<b>CHEST</b>		
Exploratory Thoracotomy	\$5,000	\$1,250
Bronchoscopy (esophagoscopy)	\$1,000	\$250
Esophagectomy	\$8,500	\$2,125
Lung, removal of or portion of (Lobectomy)	\$5,000	\$1,250
Valvotomy or commissurotomy, closed	\$5,000	\$1,250
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$8,500	\$2,125
Tetralogy of Fallot with Bypass	\$8,500	\$2,125
Double valve procedure replacement and or repair	\$8,500	\$2,125

<b>DISLOCATION, REDUCTION OF</b>		
Treat ankle dislocation	\$1,000	\$250
Treat clavicle dislocation	\$1,000	\$250
Treat elbow dislocation	\$1,000	\$250
Treat hip dislocation	\$1,000	\$250
Reset dislocated jaw	\$2,500	\$625
Treat shoulder dislocation	\$1,000	\$250
Treat wrist dislocation	\$2,500	\$625
Treat knee dislocation	\$5,000	\$1,250

<b>ARTHROTOMY</b>		
Ankle arthroscopy/surgery	\$2,500	\$625
Elbow arthroscopy/surgery	\$2,500	\$625
Hip arthroscopy/surgery	\$2,500	\$625
Knee arthroscopy/surgery	\$5,000	\$1,250
Shoulder arthroscopy/surgery	\$5,000	\$1,250

<b>EAR, NOSE, THROAT</b>		
Fenestration	\$5,000	\$1,250
Mastoidectomy-single	\$5,000	\$1,250
Extensive mastoid surgery	\$5,000	\$1,250
Adenoidectomy (independent procedure)	\$1,000	\$250
Sinusotomy, frontal, external simple (Trepine)	\$2,500	\$625
Submucous resection of nasal septum (septectomy)	\$2,500	\$625
Laryngectomy, without neck dissection	\$2,500	\$625
Tonsillectomy, with or without adenoidectomy-under age 18	\$1,000	\$250
Tonsillectomy, with or without adenoidectomy-18 and over	\$1,000	\$250
Tracheotomy (independent procedure)	\$1,000	\$250

<b>EYE</b>		
Repair detached retina	\$5,000	\$1,250
Removal of eye	\$5,000	\$1,250

<b>FRACTURE, TREATMENT OF</b>		
Treatment of ankle fracture	\$1,000	\$250
Treat finger fracture, each	\$1,000	\$250
Treatment of nose fracture	\$1,000	\$250
Treat fracture radius & ulna	\$1,000	\$250
Treatment of fibula fracture	\$2,500	\$625

<b>GENITO URINARY TRACT</b>		
Cervix amputation (cervicectomy)	\$1,000	\$250
Circumcision Newborn Clamp	\$1,000	\$250
Dilation & Curettage (non-Puerperal)	\$1,000	\$250
Partial hysterectomy	\$5,000	\$1,250
Total hysterectomy	\$5,000	\$1,250
Vaginal hysterectomy	\$5,000	\$1,250

<b>Surgical Procedure</b>	<b>Surgical Reimbursement \$10,000</b>	<b>Anesthesia Reimbursement \$10,000</b>
Kidney -Nephropexy	\$5,000	\$1,250
Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$8,500	\$2,125
Ureterotomy	\$2,500	\$625
Cystotomy	\$2,500	\$625
Prostate, removal of (Prostatectomy)	\$2,500	\$625
Surgical exposure, prostate	\$5,000	\$1,250
Extensive prostate surgery	\$5,000	\$1,250
Removal of epididymis	\$2,500	\$625
Cyctocele, operation for anterior colporrhaphy	\$2,500	\$625
Rectocele operation for posterior colporrhaphy	\$1,000	\$250
Rectocele and cystocele A&P colporrhaphy	\$2,500	\$625

<b>GOITRE</b>		
Adenoma or benign tumor of thyroid excision	\$2,500	\$625
Thyroidectomy	\$5,000	\$1,250

<b>HERNIA</b>		
Repair Inguinal- unilateral	\$1,000	\$250
Repair Umbilical-under age 5	\$2,500	\$625
Repair Umbilical-over age 5	\$2,500	\$625
Repair Ventral (incisional)	\$2,500	\$625
Repair Femoral	\$2,500	\$625
Repair Epigastric	\$1,000	\$250

<b>LIGAMENTS AND TENDONS</b>		
Revise lower leg tendons	\$2,500	\$625
Repair hand tendon	\$2,500	\$625
Repair finger/hand tendon	\$5,000	\$1,250
Transplant hand tendon	\$5,000	\$1,250

<b>PILONIDAL CYST OR SINUS</b>		
Removal of pilonidal lesion	\$1,000	\$250
Drainage of pilonidal cyst	\$1,000	\$250

<b>RECTUM</b>		
Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$1,000	\$250
Incise external hemorrhoid	\$1,000	\$250
Destruction of hemorrhoids	\$1,000	\$250
Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$2,500	\$625
Papillectomy, single tag (independent procedure)	\$1,000	\$250

<b>SKULL</b>		
Osteoplastic craniotomy (other than operation for brain tumor)	\$8,500	\$2,125
Trepine	\$2,500	\$625
Hemispherectomy	\$8,500	\$2,125

<b>SPINE OR SPINAL CORD</b>		
Laminectomy	\$1,000	\$250
Spinal cord tumor operation	\$5,000	\$1,250

<b>TUMOR</b>		
Remove tumor of arm/elbow	\$5,000	\$1,250
Remove tumor, neck/chest	\$2,500	\$625

<b>VARICOSE VEINS</b>		
Revision of leg vein	\$1,000	\$250

<b>TRANSPLANT &amp; PARTIAL ORGAN REMOVAL</b>		
Lung Transplant	\$10,000	\$2,500
Lung Transplant with bypass	\$10,000	\$2,500
Heart and Lung Transplant	\$10,000	\$2,500
Liver Transplant	\$10,000	\$2,500
Liver - partial removal	\$10,000	\$2,500
Pancreas - partial removal	\$10,000	\$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.

## LIMITED MEDICAL INDEMNITY BENEFITS

### **How do the Limited Medical Indemnity Benefits work?**

The plan contains Limited Medical Indemnity Benefits and does not require you to go to a doctor listed in the Association Membership Discount Doctor Network\*. The plan pays indemnity benefits directly to your provider or facility of choice. The amount the provider is paid is indicated in the descriptions on the previous pages. The Limited Medical Indemnity benefits are NOT major medical insurance, nor are they meant to replace major medical insurance.

### **How are medical claims processed?**

If you visit an in-network provider: After the visit to the health care provider he/she will submit the claim to Coordinated Benefit Plan (CBP), a third party administrator. CBP will reprice the claim and the health care provider will then balance bill you if necessary.

### **What happens when I use up all my benefits?**

If your Limited Medical Indemnity Benefits are used to completion you still have access to bill repricing if you utilize the Association Membership Discount Doctor Network\*. Bills will be discounted if an in-network provider facility is visited.

### **What does the phrase “there is a 12/12 Pre-Ex for Hospital benefits” mean?**

Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person’s effective date of coverage under this Policy and for which the Covered Person has received diagnosis, medical advice, care or treatment within the 12-month period immediately preceding his effective date of coverage. Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as defined, unless the loss is incurred at least 12-months after the Effective Date of coverage for a Covered Person. This provision does not apply to newborn or newly adopted children.

### **Is there a waiting period?**

Yes. There is a 30 day waiting period for all sickness benefits.

### **How do I find providers in the network?**

Simply call a Customer Care Consultant or look up providers online.

\*NOTE: THE ASSOCIATION MEMBERSHIP DISCOUNT DOCTOR NETWORK IS NOT INSURANCE AND IS NOT AFFILIATED WITH THE UNITED STATES FIRE INSURANCE COMPANY.

# Plan Pricing

*monthly plan costs\**

**30 Day Money Back Guarantee\*\***

Plan Type	Individual	Plus Spouse or Child	Family
Base UCAA Membership		\$22 <sup>00</sup> Per Household	
Silver 200*	\$149 <sup>95</sup>	\$259 <sup>95</sup>	\$359 <sup>95</sup>
Silver 250*	\$219 <sup>95</sup>	\$399 <sup>95</sup>	\$529 <sup>95</sup>
Silver 500*	\$269 <sup>95</sup>	\$489 <sup>95</sup>	\$679 <sup>95</sup>
Silver 1000*	\$319 <sup>95</sup>	\$569 <sup>95</sup>	\$779 <sup>95</sup>

**BASE UCAA MEMBERSHIP WITH MINIMAL BENEFITS IS AVAILABLE AT [WWW.UNITEDCONSUMER.ORG](http://WWW.UNITEDCONSUMER.ORG)**

\*A one-time enrollment fee will be applied to your first month's payment. (Contact your agent for details.) Total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverage's, marketing and administration costs.

\*\*If you cancel within 30 days from your start/enrollment date, your first monthly membership fee will be refunded. The one time member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Request for refund must be made in writing and sent to the plan administrator ONLY.

*Our Customer Care Consultants will provide you 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.



# Terms and Conditions

## United Consumer Awareness Association "UCAA" Terms & Conditions:

1. **MEMBERSHIP:** UCAA Membership is mission oriented encouraging consumption of more positive information and access to such information, products and services for the benefit of members nationwide. UCAA also invests in materials to create a better world for children. Member means a person whose membership has been accepted by the UCAA.
2. **MEMBERSHIP PAYMENTS:** You hereby authorize the UCAA 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. Membership is automatically renewed monthly and your recurring payment will routinely draw from your specified account each month thereafter. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **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 cancellations, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 495-7195, by phone or by e-mail to [service@unitedconsumer.org](mailto:service@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, phone 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.
4. **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.
5. **MEMBER PROXY:** UCAA is a membership 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.
6. **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.
7. **THIRD PARTY DISCLAIMER:** UCAA 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.
8. **RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, or Family Member ("Membership Participant") who uses any information, programs, services or benefits included in membership (hereafter "Membership Benefits"), hereby forever releases, acquits, and discharges each of the UCAA 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, or 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 Membership Benefits. The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against the UCAA will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
9. **ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the UCAA 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.
10. **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.
11. **WAIVER OF BREACH.** A waiver by the UCAA of a breach of any provision of this Agreement will not be deemed a waiver by the UCAA of any other breach of the same or different provision(s).

## Insurance Benefits underwritten by the United States Fire Insurance Company

### LIMITATIONS AND EXCLUSIONS (MAY VARY BY STATE)

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

1. Suicide or any intentionally self inflicted Injury;
2. 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.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;

# Terms and Conditions

8. 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;
9. 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;
10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
11. 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;
12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
14. Rest cures or custodial care, or treatment of sleep disorders;
15. 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.;
16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
17. 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;
18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
19. 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;
20. 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;
21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
22. 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;
23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
25. Prescription medicines, unless specifically provided for under this Certificate;
26. 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;
27. 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);
28. 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;
29. 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;
30. 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; SILVER 200: Single = \$39.64, Single + Spouse or Child = \$77.08, Family = \$113.98 SILVER 250: Single = \$66.07, Single + Spouse or Child = \$128.45, Family = \$189.94 SILVER 500: Single = \$85.40, Single + Spouse or Child = \$166.04, Family = \$245.52 SILVER 1000: Single = \$104.34, Single + Spouse or Child = \$202.86, Family = \$299.98

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.

# Terms and Conditions

## Emergency Room Benefit Terms & Conditions

Notice of Claim: Written notice of claim must be given to the claims administrator within 30 days after a covered loss starts, or as soon thereafter as is reasonably possible.

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: ReliaStar Life Insurance Company

Not available to residents of: ID, NH, NC, NY, VT, WV

PERIOD OF COVERAGE: Member becomes eligible for this benefit 6 months after plan effective date.

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.

BENEFITS Life Insurance Benefit:

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 1 years of the date your insurance or increase in insurance starts, ReliaStar Life will refund only the amount of premiums paid for your insurance or increase in insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death

*Get***MED** 360