GAP 10000

GAP TO STRESS LESS.







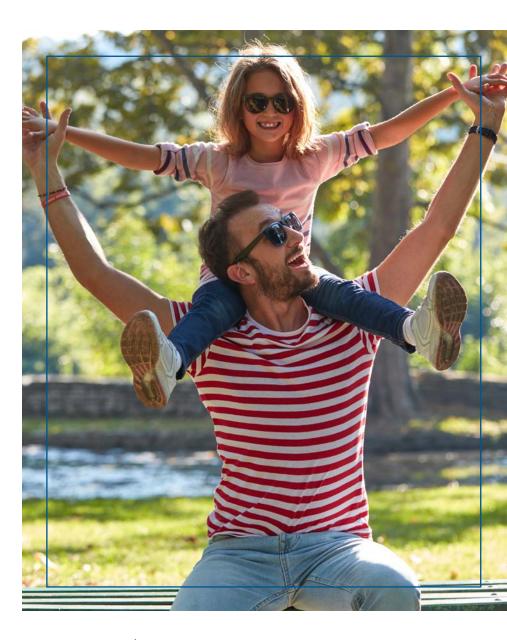
GAP 10000 INCLUDES

Blanket Group Accident Insurance* which includes:

Group Accidental Death & Dismemberment Benefit
Group Accident Medical Expense Benefit

Group Critical Illness Insurance*

*Blanket Group Accident Insurance and Group Critical Illness are underwritten by Sirius America Insurance Company.



ASSOCIATION BENEFITS PROVIDED BY:



BLANKET GROUP ACCIDENT INSURANCE & GROUP CRITICAL ILLNESS INSURANCE COVERAGE UNDERWRITTEN BY:

Sirius America Insurance Company



FULFILLMENT, & CUSTOMER SERVICE PROVIDED BY:



BILLING PROVIDED BY:



The following monthly insurance rates apply to coverage underwritten by Sirius America Insurance Company¹. Your overall total association membership dues for the optional supplemental Gap 10000 Product also include these monthly insurance rates:

¹Blanket Group Accident Insurance: \$6.00(Individual), \$12.00 (Ind+1), \$22.61 (Family) ¹Group Critical Illness Insurance: \$6.18 (Individual), \$12.36 (Ind+1), \$12.36 (Family)

Sirius America Insurance Company does not offer and is not affiliated with the additional non-insurance Benefit Boost services and discount programs offered in connection with membership in the United Business Association (UBA).

Along with the long-established services available with your UBA Membership, the Gap 10000 Product offers valuable coverage for young families, people who tend to be accident-prone or with a family history of cancer, heart attack, stroke, or those that want that extra layer of protection for some of their out-of-pocket costs due to an accident or being diagnosed with a Critical Illness.

Gap 10000 is designed to help <u>supplement</u> your comprehensive health insurance plan for additional protection. This optional supplemental UBA Gap Product helps to enhance and add more value to your membership in the United Business Association.

INSIDE GAP 10000

PGS 4-7 Blanket Group Accident Insurance

PGS 8-13 Group Critical Illness Insurance

PGS 15-17 Covered Conditions, Exclusions & Limitations

Blanket Group Accident Insurance

PG 19 Exclusions & Limitations

Group Critical Illness Insurance

PG 20 State Availability for Gap 10000

PGS 22-27 About United Business Association & other Membership Details

Networking, Member Portal, Billing & Refund Policy

THE INSURANCE PORTIONS OF THIS PRODUCT PROVIDE LIMITED COVERAGE. THEY DO NOT PROVIDE COMPREHENSIVE MAJOR MEDICAL INSURANCE. COVERAGE IS PROVIDED UNDER BLANKET ACCIDENT AND GROUP CRITICAL ILLNESS ONLY POLICIES.

Read this guide carefully. This is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Blanket Group Policy and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance. Blanket Accident Insurance and Group Critical Illness Insurance are underwritten by Sirius America Insurance Company, New York, NY. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Covered Critical Illnesses are subject to the definitions, limitations and exclusions of the Group Policy. Coverage for Critical Illness is for Member and eligible Spouse between the ages of 18-64. Benefit for Group Critical Illness Insurance ends at age 65. Group Critical Illness Insurance Benefit Maximum is reduced if the first diagnosis occurs in the first year from the effective date.

United Business Association, Sirius America Insurance Company, First Enroll, and Healthy America are separate legal entities and have sole financial responsibility for their own products.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

A benefit will be paid for any of the Covered Losses shown below, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident within 365 days of the date the Covered Accident occurs.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, the Covered Loss for which the largest benefit is payable will be the benefit that is paid.

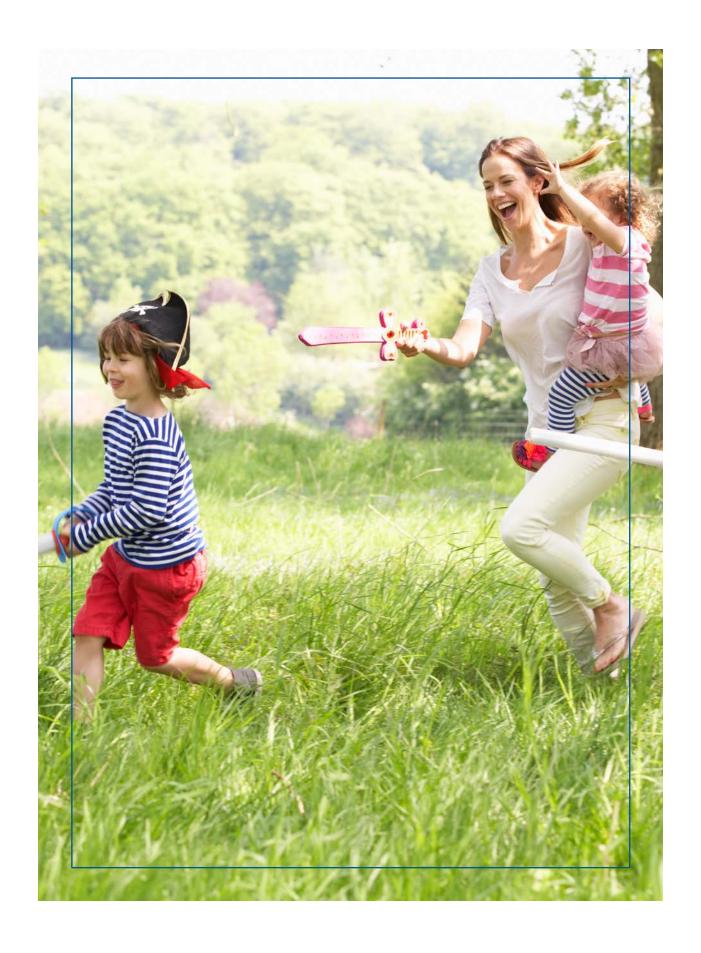
MAXIMUM PRINCIPAL SUM

\$5,000

Available to all active members of the United Business Association, ages 18-79 who have chosen to enroll themselves in the Gap 10000 Product option and their enrolled Spouse up to age 70 as well as their enrolled dependent children.

Covered Loss (as defined by the policy)		% of Principal Sum	
Loss of Life	WE PAY:	100%	
Loss of Both Hands or Both Feet	WE PAY:	100%	
Loss of Sight of Both Eyes	WE PAY:	100%	
Loss of Speech and Hearing (in both ears)	WE PAY:	100%	
Loss of One Hand or Foot	WE PAY:	50%	
Loss of Speech	WE PAY:	50%	
Loss of Hearing (both ears)	WE PAY:	50%	
Loss of Sight (one eye)	WE PAY:	50%	
Loss of Thumb & Index Finger (same hand)	WE PAY:	25%	

^{*}Please make sure to read the full terms, definitions, limitations, and exclusions in the Blanket Group Accident Insurance Policy and Certificate and on pages 15-17 of this guide.



Full Excess Medical Expense Provision

Benefits will be payable for Covered Expenses:

- 1. after the Covered Person satisfies any Deductible; and
- 2. only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides.

Benefits will be paid without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the amount the Health Care Plan would have paid had its services or facilities been utilized if:

- 1. the Covered Person has coverage under another Health Care Plan; and
- 2. the other Health Care Plan is an HMO, PPO or similar arrangement; and
- 3. the Covered Person does not use the facilities or services of the HMO, PPO, or similar arrangement.

ACCIDENT MEDICAL EXPENSE ANNUAL MAXIMUM BENEFIT

GROUP ACCIDENT

MEDICAL

EXPENSE

INSURANCE

\$10,000 per year

Available to all active members of the United Business Association, ages 18-79 who have chosen to enroll themselves in the Gap10000 Product option and their enrolled Spouse up to age 70 as well as their enrolled dependent children.

ADDITIONAL DETAILS OF ACCIDENT MEDICAL EXPENSE INSURANCE (as defined by the Certificate of Insurance)

*Please make sure to read the full terms, definitions, limitations, and exclusions in your Blanket Group Accident Insurance Policy and Certificate and on pages 15-17 of this guide.

LOSS PERIOD (First Covered Expenses)	90 days after the Covered Accident or Injury
BENEFIT PERIOD	365 days from the date of the Covered Accident or Injury, provided the injury occurs prior to the Expiration Date and the Covered Person receives Appropriate Treatment.
DEDUCTIBLE	\$100 (each covered Accident)

When another Health Care Plan provides benefits in the form of services rather than cash payments, the reasonable cash value of such service will be considered in determining whether any Deductible has been satisfied, or any amount for which any benefit provided by the Policy will be reduced.

Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.



HOW TO FILE AN ACCIDENT CLAIM

United Business Association Claims Unit

Health Special Risk (HSR) 4100 Medical Parkway

Carrollton, TX 75007

Phone: 1.866.523.3452

Fax: 1.972.512.5820

Email: ubaclaims@hsri.com

For Claim forms, go to the Member Portal at: https://members.ubaapplication.com

BENEFITS ARE <u>NOT</u> PAYABLE FOR LOSS DUE TO SICKNESS.

THE BLANKET ACCIDENT POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

CRITICAL ILLNESS BENEFITS

Benefits will be payable as shown below, to a Covered Person who is diagnosed by a Physician with a Covered Critical Illness listed below, subject to all applicable conditions, exclusions and limitations, provided that:

- 1. the Critical Illness occurs and is diagnosed after the Covered Person's effective date of insurance; and
- 2. coverage of the Covered Person is in force under the Policy and Certificate.

Benefits payable will equal the Amount of Insurance applicable to the Covered Person as shown below, multiplied by the percentage of the Benefit Amount applicable to the diagnosis of each Covered Critical Illness as shown below.

MAXIMUM LIFETIME BENEFIT AMOUNT

(Payable once per Covered Person)

\$10,000

\$1,000 (<u>in</u> the first year)

\$10,000 (after the first year)

COVERED CRITICAL ILLNESSES (as defined by the policy)		% of Lifetime Benefit Amount (to be paid - lump sum only)	
*Please make sure to read the full definition of covered critical illnesses in your Certificate and also on page 11 of this guide. To qualify as a Covered Critical Illness, it must meet all qualifications outlined in the definition.		FIRST YEAR	<u>AFTER</u> FIRST YEAR
HEART ATTACK (myocardial infarction)	WE PAY:	\$1,000	100%
STROKE	WE PAY:	\$1,000	100%
INVASIVE CANCER	WE PAY:	\$1,000	100%

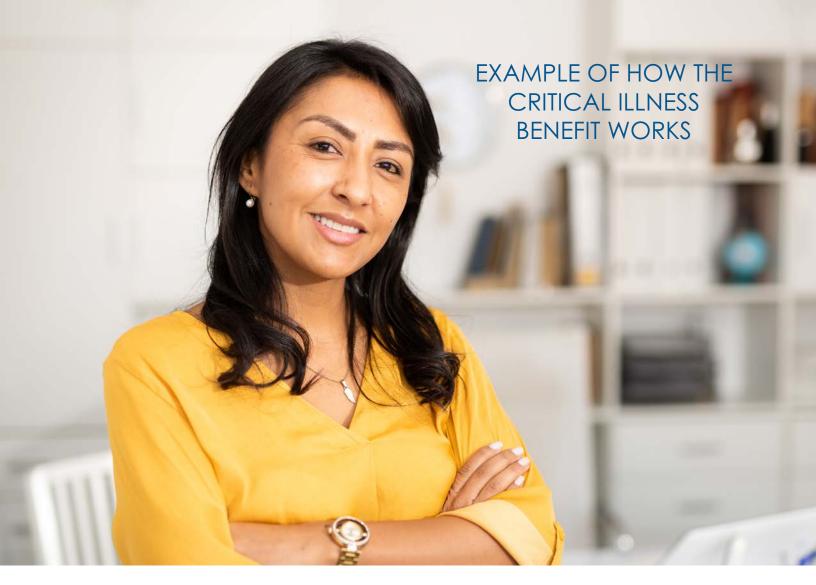
COVERAGE ELIGIBILITY

- Coverage is available to active members of the Association ages 18-64 and is available <u>only</u> to Covered Member and their eligible spouse.
- Coverage ends when the covered member turns 65.
- This coverage is not available to dependent children.



Claims for benefits shall be administered based on the Certificate of Insurance. When a Critical Illness for which benefits are provided under the Policy and the Certificate of Insurance is contributed to or caused by another Critical Illness, only one benefit will be paid. The benefit paid will be the larger of the two. If the benefits are equal, the Covered Person may choose the benefit to be paid. Carefully read your Certificate of Insurance to view full definitions, limitations, exclusions and terms of coverage.

*Please make sure to read the full terms, definitions, limitations, and exclusions in your Certificate of Insurance and on page 19 of this guide.



Rosa's family has a history of heart disease. Rosa was concerned for the future welfare of her family upon the event of treatment if or when she had a heart attack for the first time. Rosa has a comprehensive medical insurance plan but knows that she still is liable for some out-of-pocket expenses like deductibles, coinsurance, and out-of-network costs. So with some financial exposure possible, Rosa and her husband John looked at a Critical Illness Plan to help offset some of these out-of-pocket costs.



1st Occurrence Happens:

The unexpected happened and Rosa was rushed to the hospital after having a heart attack for the first time.

Received Care & Filing Claim:

Rosa received the care she needed and began to recover. Rosa went to the member portal at members.ubaapplication.com and downloaded the Sirius CI Claim Form. She filled it out and sent it off to the insurance company. The insurance company verifies the diagnosis and claim.

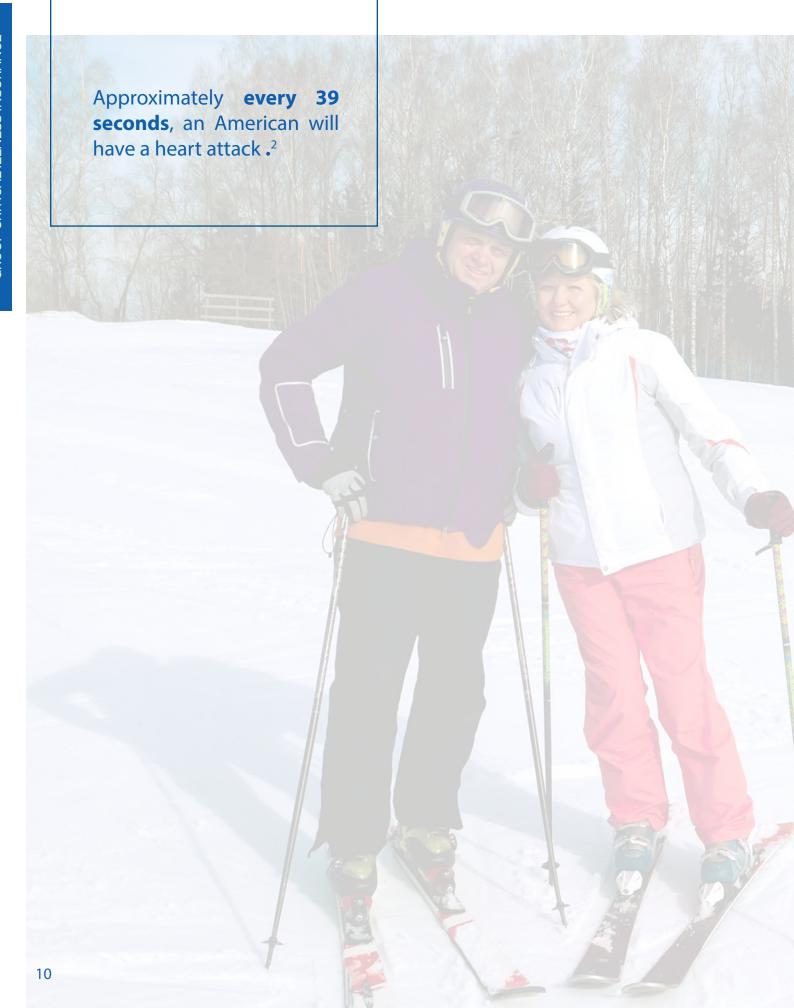


Our Critical Illness Insurance would provide Rosa¹

Diagnosis occurred <u>in</u> 1st year from effective date: Rosa would receive **benefit amount of \$1,000**.

Diagnosis occurred <u>after</u> 1st year from effective date: Rosa would receive **benefit amount of \$10,000**.

¹Rosa's Group Critical Illness Insurance would end once a claim has been paid. *Please refer to the Certificate of Insurance for full terms, limitations, exclusions and definitions.*



COVERED CRITICAL ILLNESS DEFINITIONS AS DEFINED BY THE CERTIFICATE OF INSURANCE

HEART ATTACK (Myocardial Infarction)

Means the death of a portion of the heart muscle resulting from blockage of one or more coronary arteries.

The term Heart Attack <u>does not include</u> the following:

- 1. an EKG change consistent with transient ischemic change;
- 2. angina;
- 3. chance finding of EKG changes suggestive of a previous Heart Attack; or
- 4. the death of the heart muscle coincidental with death from other causes.

STROKE (or Cerebrovascular Accident (CVA)

Means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least 60 days.

The term Stroke does not mean:

A transient ischemic attack, transient global amnesia, chronic cerebrovascular insufficiency, attacks of vertebrobasilar ischemia or a cerebrovascular event resulting from accidental Injury.

INVASIVE CANCER

Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of local or distant tissue. The term Invasive Cancer also includes Leukemia, Lymphoma and malignant melanoma with a maximum thickness of more than 1.0 mm. as determined by histological examination using the Breslow Method.

The term Invasive Cancer does not include:

- 1. Carcinoma in Situ;
- 2. All skin cancers, unless there is evidence of metastasis; or
- 3. Malignant melanoma of less than 1.0 mm. maximum thickness as determined by histological examination using the Breslow Method.

It is estimated there will be **1,800,000** new cancer cases in 2020.³

Stats taken from:

²https://www.heart.org/-/media/phd-files-2/science-news/2/2021-heart-and-stroke-stat-update/2021_heart_disease_and_stroke_statistics_update_fact_sheet_at_a_glance.pdf?la=en.

Heart Attack

This benefit will be paid when Proof of Loss is received with a Date of Diagnosis showing that a Covered Person is diagnosed with a Heart Attack that:

- 1. displays new EKG changes consistent with and supporting the diagnosis of a Heart Attack;
- 2. exhibits elevation of cardiac biomarkers / enzymes (such as Troponin and Creatine Kinase) above generally accepted laboratory levels of normal (in case of CPK, a CPK-MB measurement must be used); and
- 3. is confirmed by imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

For the purposes of this benefit, the Date of Diagnosis means the date of ischemic death of an area of the heart muscle, as confirmed by criteria outlined above. The diagnosis must be made based on generally accepted principles of medicine.

Benefits will not be paid for a Heart Attack that occurs during or within 48 hours after a cardiac or coronary artery procedure.

Stroke

This benefit will be paid when Proof of Loss is received showing that a Covered Person is diagnosed with a Stroke based on all of the following criteria:

- 1. documented neurological impairment or deficits;
- 2. evidence of brain tissue damage shown by neuroimaging (CT, MRI, or PET Tomography or similar test); and
- 3. permanent neurological deficit measured three months or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Invasive Cancer

This benefit will be paid when Proof of Loss is received, supported by a Pathological Diagnosis made more than 45 days after the Covered Person's effective date of insurance, showing that Covered Person suffers from Invasive Cancer. Benefits will not be paid based on a Tentative Diagnosis of Invasive Cancer.

A Clinical Diagnosis will be accepted in place of a Pathological Diagnosis and this benefit will be paid only if:

- 1. a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- 2. there is medical evidence to support the diagnosis; and
- 3. a Physician is treating the Covered Person for cancer.

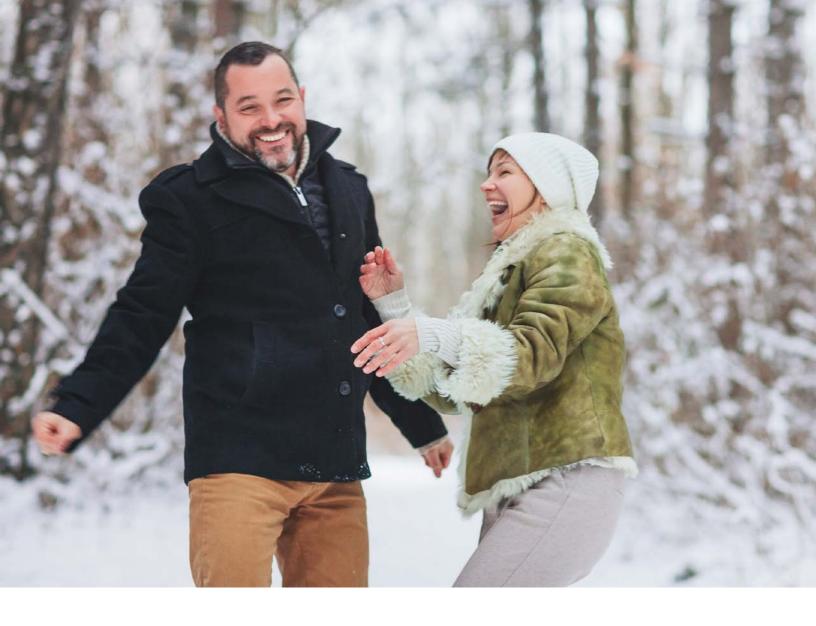
Proof of Loss must include the Date of Diagnosis. For the purposes of this benefit, Date of Diagnosis means the later of the date of:

- 1. a Pathological Diagnosis;
- 2. a Clinical Diagnosis, if acceptable as indicated above; or
- 3. the day the tissue specimen, culture and/or titer(s) are taken, upon which the Clinical or Pathologic Diagnosis of Invasive Cancer is made.

PRE-EXISTING CONDITIONS

Means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's effective date of insurance:

- 1. Heart Attack;
- 2. Stroke; or
- 3. Invasive Cancer.



HOW TO FILE A CRITICAL ILLNESS BENEFIT CLAIM

United Business Association Claims Unit

Health Special Risk (HSR)

4100 Medical Parkway

Carrollton, TX 75007

Phone: 1.866.523.3452

Fax: 1.972.512.5820

Email: ubaclaims@hsri.com

For Claim forms, go to the Member Portal at: https://members.ubaapplication.com



Review your Certificate of Insurance for your state specific limitations and exclusions.

Blanket Group Accident Insurance

THE COVERAGE IS A LIMITED BENEFIT ACCIDENT ONLY COVERAGE. READ THE CERTIFICATE CAREFULLY. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

Conditions of Coverage

This section describes the Conditions of Coverage under which benefits provided by the Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the General Exclusions section on page 18 in order to understand all of the terms, conditions and limitations of coverage.

EXPOSURE AND DISAPPEARANCE COVERAGE

Benefits provided by the Policy will be paid, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Injury which results directly and independently of all other causes from a Covered Accident that results in the Covered Person's unavoidable exposure to the elements following the forced landing, sinking, stranding or wrecking of a vehicle.

If the Covered Person disappears and is not found within one year from the date of wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under the Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident

24-HOUR COVERAGE

Benefits provided by the Policy will be paid, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Injury resulting directly and independently of all other causes from a Covered Accident that occurs any time while insured by the Policy.

Exclusions

This coverage will not be in effect while the Covered Person is participating in any activity including tryouts, practice or any competitions or games for school or professional sports.

Other exclusions that apply to this Condition of Coverage are in the General Exclusions Section (located on page 18).

ACCIDENT MEDICAL EXPENSE BENEFIT

Benefits will be paid as shown on page 6 of this guide for Covered Expenses incurred by the Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of a Covered Injury that resulted directly and independently of all other causes from a Covered Accident.

Benefits will be paid:

- When the Covered Expenses exceed any applicable Individual Deductible within 365 days from the date of the Covered Accident;
 and
- 2. as long as the first Covered Expense has been incurred within 90 days after the Covered Accident or Injury; and
- 3. until Benefits paid for all Covered Persons insured under the Policy equal to the Accident Medical Expense Maximum Annual Benefit shown on page 6 of this guide.

Limitations & Exclusions

Blanket Group Accident Insurance - General Exclusions

THE COVERAGE IS A LIMITED BENEFIT ACCIDENT ONLY COVERAGE. READ THE CERTIFICATE CAREFULLY. BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury, Covered Loss or Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by the name in the Policy.

- 1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
- 2. commission or attempt to commit a felony or an assault;
- 3. active participation in a riot or insurrection;
- 4. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- 5. declared or undeclared War or act of War;
- 6. flight in, boarding or alighting from an Aircraft, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
- 7. travel in or on any on-road motorized vehicle that does not require licensing as a motor vehicle;
- 8. participation in any motorized race or contest of speed;
- 9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor:
- 10. Sickness, disease bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 11. medical or surgical treatment, diagnostic procedure, or administration of anesthesia unless it occurs during treatment of injuries sustained in a Covered Accident;
- 12. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occured;
- 13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- 14. injuries compensable under Workers' Compensation law or any similar law;
- 15. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
- 16. a Covered Accident that occurs while on active duty in the military, naval or air force of any country or international organization.

 Upon our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- 17. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- 1. retained by the Policyholder;
- 2. living in the Covered Person's household;
- 3. an Immediate Family Member of either the Covered Person or the Covered Person's spouse;
- 4. the Covered Person or Covered Person's Spouse;
- 5. a person providing homeopathic, aroma therapeutic, or herbal therapeutic services.

Limitations & Exclusions

Blanket Group Accident Insurance -

General Limitations & Exclusions Applicable to Accident Medical Expense Benefits

Non-Duplication of Benefits When The Policy and Other Plans are Excess:

This provision applies if benefits under any other Health Care Plan are covered under the Policy, and coverage under the Policy and the other Plan are excess.

We pay a pro rata share of the total amount of Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses.

Our pro rata share equals the total of benefits payable under the Policy multiplied by a fraction, of which the numerator is the benefits We pay and the denominator is the total of benefits payable by all Health Care Plans for the same Covered Accident.

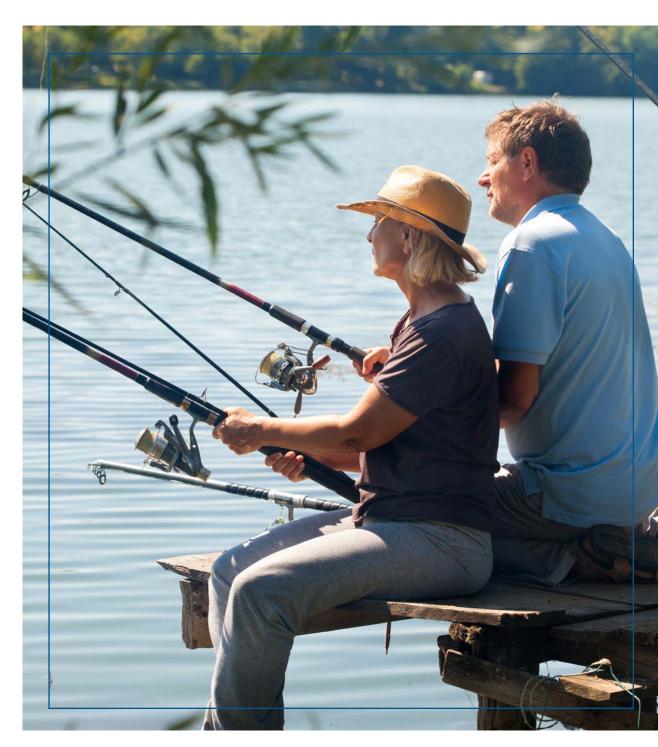
Excluded Expenses:

The following will not be considered Covered Expenses unless coverage is specifically provided.

- 1. Any service, treatment or supply that is not considered Appropriate Treatment as defined in the Policy.
- Expenses Incurred after the end of the Benefit Period, even if Incurred for continuing services or treatment of a Covered Injury.
- 3. Whole blood, concentrated red blood cells or blood storage except expenses by a Hospital for processing or administration of blood.
- 4. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from a Covered Accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Covered Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident;
 - c. any unplanned and unintended adverse consequences that may result during the treatment of a Covered Accident.
- 5. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that:
 (a) are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
- 6. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
- 7. Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay.
- 8. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
- 9. Rest cures or custodial care.
- 10. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
- 11. Personal services such as television and telephone or transportation.
- 12. Expenses payable by the automobile insurance policy without regard to fault.
- 13. Treatment or service provided by a provide duty nurse.
- 14. Repair or replacement of existing artificial limbs, eyes and larynx.
- 15. Treatment of hernia of any kind.

Other Exclusions that apply to this benefit are in the General Exclusions Section on page 16 and in the Blanket Accident Policy.

GROUP CRITICAL ILLNESS LIMITATIONS & EXCLUSIONS



Review your Certificate of Insurance for your state specific limitations and exclusions.

Limitations & Exclusions

Group Critical Illness Insurance

THE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED PROVIDES LIMITED BENEFITS FOR CERTAIN SPECIFICALLY DEFINED AND DESCRIBED CRITICAL ILLNESSES. BENEFITS ARE NOT PAYABLE FOR LOSSES FROM ANY OTHER CAUSE.

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY.

No benefits will be payable for any of the following unless coverage is specifically provided for and described by name in the Certificate of Insurance:

- 1. A Critical Illness diagnosed outside of the United States.
- 2. Any Critical Illness suffered by a Covered Person that is caused by, contributed to, or that occurs during any of the following:
 - a. Any intentionally self-inflicted injury;
 - b. Suicide, or attempted suicide, while sane or insane;
 - c. Active duty military service;
 - d. Participation in the commission or attempted commission of a felony;
 - e. Active participation in a riot or insurrection;
 - f. Being intoxicated or under the influence of alcohol, drugs or narcotic (including overdose) unless administered on, and taken in accordance with, the instruction of a Physician;
 - g. Psychosis; or
 - h. Alcoholism or drug addiction.
- 3. Treatment by the Primary Covered Person or someone related to Him by blood or marriage.

Pre-Existing Condition Limitation

Benefits will not be paid for a Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition.

This Limitation will not apply to a Critical Illness that occurs after coverage under the Certificate is in force for the Covered Person for at least 12 months after the Covered Person's most recent effective date of insurance.

This is a brief description of coverage provided under the Certificate of Insurance and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the Certificate of Insurance for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by Sirius America Insurance Company, New York, NY. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

STATE	GAP 10000 PRODUCT AVAILABILITY
ALABAMA (AL)	✓
ALASKA (AK)	
ARIZONA (AZ)	✓
ARKANSAS (AR)	✓
CALIFORNIA (CA)	✓
COLORADO (CO)	✓
CONNECTICUT (CT)	
DELAWARE (DE)	✓
DISTRICT OF COLUMBIA (DC)	✓
FLORIDA (FL)	✓
GEORGIA (GA)	✓
HAWAII (HI)	
IDAHO (ID)	
ILLINOIS (IL)	✓
INDIANA (IN)	✓
IOWA (IA)	
KANSAS (KS)	✓
KENTUCKY (KY)	/
LOUISIANA (LA)	√ ·
MAINE (ME)	
MARYLAND (MD)	
MASSACHUSETTS (MA)	
MICHIGAN (MI)	/
MINNESOTA (MN)	
MISSISSIPPI (MS)	✓
MISSOURI (MO)	· · · · · · · · · · · · · · · · · · ·
MONTANA (MT)	·
NEBRASKA (NE)	/
NEVADA (NV)	
NEW HAMPSHIRE (NH)	
NEW JERSEY (NJ)	
NEW MEXICO (NM)	
NEW YORK (NY)	
NORTH CAROLINA (NC)	/
NORTH DAKOTA (ND)	/
OHIO (OH)	/
OKLAHOMA (OK)	/
OREGON (OR)	
PENNSYLVANIA (PA)	
RHODE ISLAND (RI)	✓
SOUTH CAROLINA (SC)	
SOUTH DAKOTA (SD)	
TENNESSEE (TN)	✓
TEXAS (TX)	✓
UTAH (UT)	
VERMONT (VT)	
VIRGINIA (VA)	/
WASHINGTON (WA)	
WEST VIRGINIA (WV)	/
WISCONSIN (WI)	
	V
WYOMING (WY)	✓



Blanket Accident Insurance and Group Critical Illness Insurance are underwritten by the Sirius America Insurance Company, 140 Broadway, 32nd Floor, New York, NY. Sirius America Insurance Company is rated A- (Excellent) by AM Best Company 2020.





Network with other UBA Members & Share Small Business Knowledge

By selecting this UBA Product and becoming a member of the United Business Association (UBA), you will have access to advertise your small business on our networking page of ubamembers.com. Since UBA is an association made up of small business owners and employees, we have provided a service for each member to network their small business with other members on our website. Not only can we help you with the ad creation, but you can also select the category of your choosing to place the ad. Healthy America, as the exclusive marketer of the United Business Association, is driving more viewers to UBA's website. This in turn increases the viewability of UBA's website to more than just members. It creates the potential of your ad to reach a broader audience. Also, UBA provides helpful small business articles, videos, and links in the Knowledge section of the website along with past issues of UBA Matters newsletters.

- 1. SUBMIT REQUEST FOR AD PLACEMENT
- 2. SELECT CATEGORY OF AD
- 3. GET AD CREATED OR SUPPLY ONE OF YOUR OWN
- 4. YOUR AD WILL BE UPLOADED TO UBAMEMBERS.COM

CALL WHEN YOU NEED CUSTOMER SERVICE 866-438-4274

We Care.

UBA Offers Knowledgeable & Caring Customer Service.

Our customer service department is always willing to go the extra mile to help a customer understand the UBA Membership and the services and discounts provided in their membership along with any additional optional supplemental products the member has added. We value our members and our experienced staff will provide members understanding of their membership and products, digital ID cards, member guides and much more. United Business Association also provides a Member Portal for the member to be able to access their product information including the following:

- 1. Member Guides for all products Member is enrolled
- 2. Certificates of Insurance for all additional supplemental group insurance products (if applicable)
- 3. Claim Forms for all additional supplemental group insurance products (if applicable)
- 4. Digital ID cards for all products Member is enrolled
- 5. How to Use section that explains how to use membership services and discounts including links

HOW TO REGISTER ON THE MEMBER PORTAL:

https://members.ubaapplication.com

Select REGISTER HERE under the Forgot your Password under the Log in Button. Once you register and create your password, you will get an email to finalize registration. Once the registration is finalized, you will be able to access the Member Portal. UBA is constantly updating and improving the Member Portal to make accessing your membership as simple as possible.



WHO IS UBA

United Business Association

The United Business Association (UBA) is a nationwide membership of small business owners and employees. UBA leverages our purchasing power to secure benefits and discounts that may not be otherwise available on an individual basis. With association group insurance programs, shared business knowledge, business and lifestyle benefits and services and opportunities to network, We are Better Togethersm. Your membership in the United Business Association allows you to access and enroll in association group insurance programs and to apply for short term medical insurance. Various insurance companies have issued group insurance policies to the United Business Association as the group master policyholder. Product features, additional products and availability may vary by state. You do not have to purchase any additional optional supplemental product on the enrollment application in order to join the United Business Association. UBA makes the purchase of optional supplemental group insurance coverage available to members who choose to add this optional coverage in an effort to offer more to our members. No member is required or expected to purchase any additional supplemental group insurance product or non-insurance Benefit Boost Subscription products to join UBA. Membership dues for is UBA is \$10 a month for the entire family. The \$10 UBA Membership dues are in addition to the Gap 10000 Product Costs.

GAP 10000 & UBA MEMBERSHIP

The Gap 10000 Product is only available to United Business Association members. You can view the Member Guide for UBA Membership on the Member Portal at https://members.ubaapplication.com.



UBA REFUND / CANCELLATION POLICY

Any quotation or price information of UBA membership dues is without obligation and subject to change with a thirty (30) day notice. Notice may be by mail at last known mailing address or by last known email address. Your payment information is protected on a PCI-DSS certified secure server. It is your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable group insurance programs on your behalf, whether you use the membership services or file a claim with the group insurance programs. Please refer to our Refund Policy below for details on refunds.

If you are not completely satisfied with your UBA Product, **please call your billing TPA**, **First Enroll at 732-876-9733 or email at members@firstenroll.com**. We will be happy to issue a complete refund of membership dues within the first thirty (30) days. We want you to be 100% satisfied with your UBA benefits and services. Please be aware that premium & dues can't be refunded if a claim was filed.

Note: This membership is separate from any other insurance or supplemental products you have purchased. Please contact your agent for any products other than a UBA Membership, Benefit Boost Subscription Product, or UBA Gap Product. If you are canceling, please make sure to cancel with the billing TPA, First Enroll at 732-876-9733 or email at members@firstenroll.com. Please do not cancel through your agent. Cancel directly with your First Enroll to make sure your cancellation request is handled promptly and correctly.

NON-INSURANCE UBA MEMBERSHIP BENEFIT & SERVICES HIGHLIGHTS

- 24-Hr Nurse Helpline
- Lab Discounts
- Discount Hearing Service
- · Gateway Medicard
- Health Savings Account HSA Bank®
- Travel Assistance Plan
- VSP Individual Savings Pass
- GymAmerica.com
- 24-Hr Roadside Assistance
- TrueCar Buying Network
- Graduate Scholarship Program
- LuckyDiem
- LegalConnect®
- TravNow.com
- Child ID Card Services
- Car Rental Discounts

- ADP Payroll Processing
- 1800Flowers.com Discounts
- Office Supplies & Furniture
- Hewlett (HP) Computers & Equipment
- UPS Express Delivery Service
- UBA Savings Perks Program
- National Theme Park Discounts
- Business Owners Policy
- Data Breach / Cyber Liability
- Tickets at Work
- Choice Hotels
- Trupoint Tax Service*
- Constant Contact Email Marketing Solution*
- Safelite® AutoGlass Discounts*
- Discounts on Spot Pet Insurance*

*New UBA Membership Services added 09/2021



UBA PROUDLY SUPPORTS



SOLES 4 SOULS Turning shoes and clothing into opportunity









Dear New Member,

While we believe you will be pleased with your overall membership product, we cannot, however, warrant or guarantee the performance of any service. Services and product cost are subject to change.

For billing questions, to cancel, or to speak to your Personal Member Concierge: Call 1.866.438.4274.

Again, a most cordial welcome.





