

BalanceCare

Where Health and Wellness
Meet in Perfect Harmony

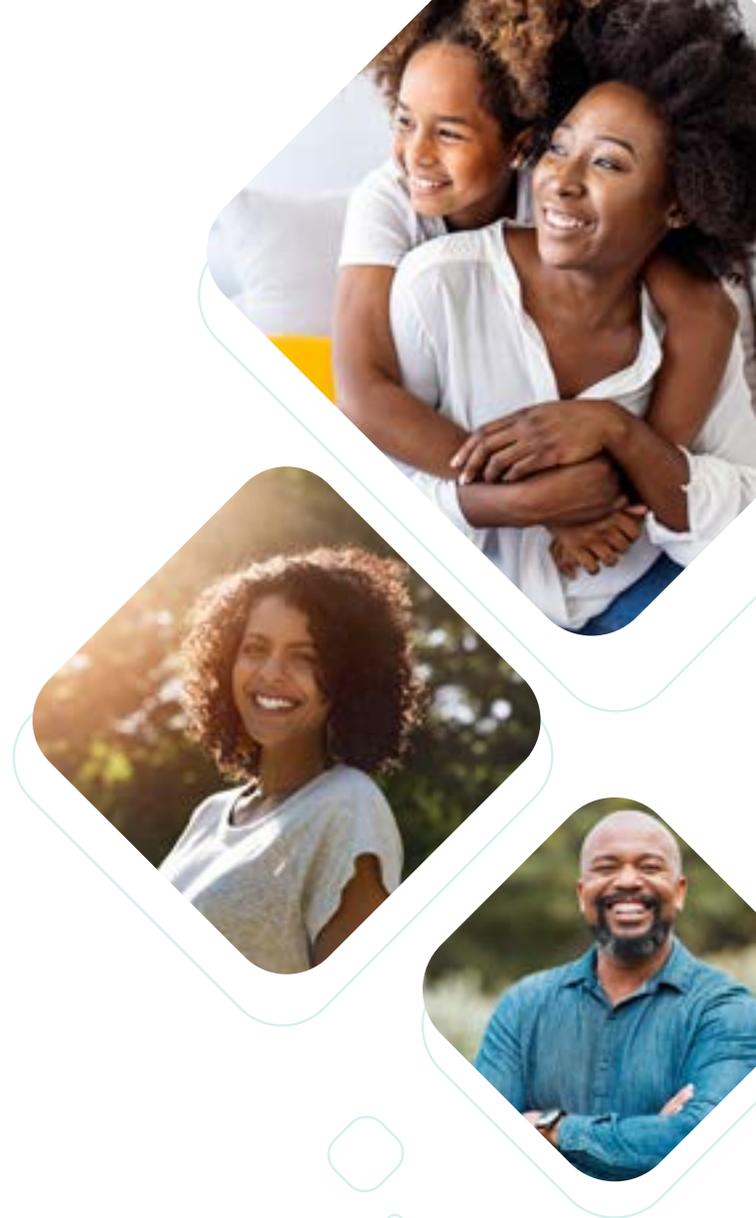
- ✓ Medical Savings Programs
- ✓ Consumer Savings Benefits
- ✓ Association Membership Features
- ✓ Wellness Savings & Service Features
- ✓ Insurance Benefits

Benefits brought to you through a membership in
the Unified Caring Association - UCA

The insurance included in the UCA Membership is not Major Medical or Comprehensive Health Coverage. It is intended to help supplement Comprehensive Health Insurance. It is neither Minimum Essential Coverage under the federal Affordable Care Act (ACA) nor is it Workers' Compensation Insurance under state law. The insurance benefits included with certain memberships are limited and may include pre-existing medical conditions limitations. It is important that you review your fulfillment materials for details on your benefits and your responsibility when submitting a claim. The primary member (and spouse) must be between the ages of 18 and 64 years. Membership ends upon the attained age of 65. The plans outlined in this guide are only available to residents of AL, AZ, DE, DC, FL, GA, IL, IN, IA, KY, LA, MA, MO, MS, NE, OH, OK, SC, TN, TX, VA, WI, and WY.

UCA Base Membership is available nationwide. Visit www.unifiedcaring.org for more details.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. • The payment you get isn't based on the size of your medical bill. • There might be a limit on how much this policy will pay each year. • This policy isn't a substitute for comprehensive health insurance. • Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. Looking for comprehensive health insurance? • Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. • To find out if you can get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? • For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." • If you have this policy through your job, or a family member's job, contact the employer.



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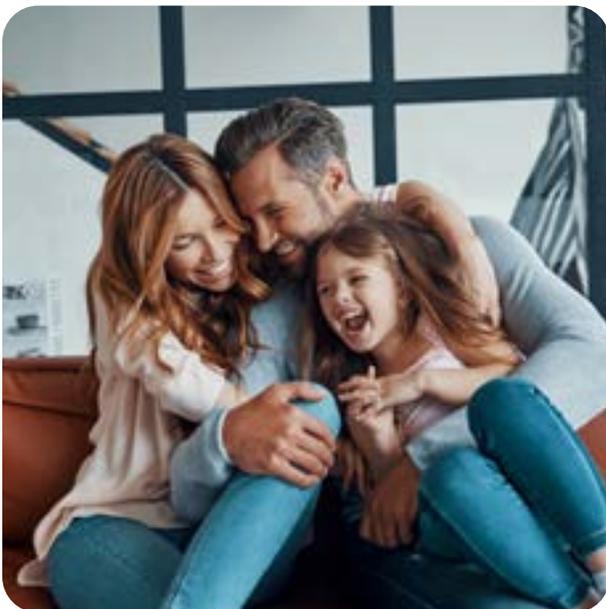
About the Membership Plans

Each Balance Care Plan delivers a unique and customized level of Insurance Benefits and Non-Insurance Savings & Service Programs, all of which are provided through a Membership in the esteemed Unified Caring Association - UCA.

You can rest easy knowing that each plan includes a Group Hospital Indemnity Insurance Policy, underwritten by Zurich American Insurance Company. This type of coverage serves to provide additional medical benefits for those who may not have a major medical plan or seek to enhance their existing coverage.

The Group Hospital Indemnity Insurance Benefits offer coverage for both Outpatient and Inpatient care, including common medical expenses for covered illnesses and injuries.

And that's not all - your Membership offers even more peace of mind with additional Accident Insurance Benefits included in all options. For further details on this, please refer to Pages 10-12.



Why Choose Balance Care?

- 5 Membership Levels to Choose From
- Affordable Plan Costs
- UCA Base Membership Benefits
- MultiPlan Network Access
- Prescription Rx Plan
- Dental & Vision Savings Programs
- Wellness Savings & Service Features
- And Much More

Monthly Membership Plan Costs

Choose the Membership Plan that is right for you.

Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
\$199^{.95} MEMBER	\$234^{.95} MEMBER	\$299^{.95} MEMBER	\$379^{.95} MEMBER	\$439^{.95} MEMBER
\$217^{.95} MEMBER PLUS SPOUSE	\$320^{.95} MEMBER PLUS SPOUSE	\$379^{.95} MEMBER PLUS SPOUSE	\$509^{.95} MEMBER PLUS SPOUSE	\$609^{.95} MEMBER PLUS SPOUSE
\$217^{.95} MEMBER PLUS CHILD	\$320^{.95} MEMBER PLUS CHILD	\$379^{.95} MEMBER PLUS CHILD	\$509^{.95} MEMBER PLUS CHILD	\$609^{.95} MEMBER PLUS CHILD
\$255^{.95} FAMILY	\$389^{.95} FAMILY	\$439^{.95} FAMILY	\$669^{.95} FAMILY	\$809^{.95} FAMILY

A one-time Lifetime Association Fee of \$99.95 will be added to your first monthly Plan Cost.

The Base UCA Membership is available for purchase at www.UnifiedCaring.org for just \$15.00 per month, per household. Total membership plan cost includes association membership costs, non-insurance services costs and insurance premium costs. Please see pages 15-16 of this guide for insurance premiums.

30 Day Free Look Period

If you cancel within 30 days from your start/effective date, your first monthly Plan Cost will be refunded unless a claim has been submitted. The one-time Lifetime Association Fee of \$99.95 is non-refundable, except where refund provisions for such are specified by state law.

Refund requests must be submitted to the plan administrator by email or by phone. See terms and conditions for details. Visit www.UnifiedCaring.org for more details on the UCA Base Membership Benefits.

OUTLINE

Savings & Service Programs



Balance Care Membership Plans include the following services to enhance your plan value and provide increased service.

	Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
UCA Base Membership Benefits	✓	✓	✓	✓	✓
Wellness Savings & Service Features	✓	✓	✓	✓	✓
MultiPlan Provider Network	✓	✓	✓	✓	✓
Tiered Dental Program	✓	✓	✓	✓	✓
Tiered Vision Program	✓	✓	✓	✓	✓
Chiropractic Program	✓	✓	✓	✓	✓
Rx Savings Program	✓	✓	✓	✓	✓
Mail-Order Pharmacy Program	✓	✓	✓	✓	✓
Holistic Care	✓	✓	✓	✓	✓
Hearing Care	✓	✓	✓	✓	✓
Member Bill Negotiation Benefit	✓	✓	✓	✓	✓
Doctor Now Program	✓	✓	✓	✓	✓
Elder Care/Long Term Care Savings	✓	✓	✓	✓	✓
24 Hour Counseling Hotline	✓	✓	✓	✓	✓
Diabetic Supplies	✓	✓	✓	✓	✓
Legal Program	✓	✓	✓	✓	✓
Hotel Savings	✓	✓	✓	✓	✓
Home Mortgage Savings Program	✓	✓	✓	✓	✓
Contact Lenses Savings	✓	✓	✓	✓	✓
Fitness Membership Savings	✓	✓	✓	✓	✓
Gift Basket Savings	✓	✓	✓	✓	✓
Car Rental Savings	✓	✓	✓	✓	✓
Amusement Park Savings	✓	✓	✓	✓	✓
Floral Arrangement Savings				✓	✓
Discount Eyewear				✓	✓
Teeth Whitening Savings				✓	✓
Durable Medical Equipment				✓	✓
Moving & Storage Savings					✓
Tax Hotline					✓

Visit www.UnifiedCaring.org for more details on the UCA Base Membership Benefits.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

MEMBERSHIP

Unified Caring Association - UCA

About the UCA

The association operates and focuses full time on its mission to help members be healthier, inspire more caring acts for self, family, and community, and save through many discount and savings benefits. Being a member of UCA is being a part of a caring community inspired to share ideas, tools, and resources that promote caring.

UCA Base Membership Benefits

These are just some of the benefits included in the UCA Base Membership.

To find out more, please visit UnifiedCaring.org

SELF-CARE

- Health Check Tools
- Medical Information Library
- Well-Being Survey Worksheet
- Meditation Audio & Video Resources
- Download Nutritious Recipes
- Meal Planning Program Discounts

CHILDREN

- Emotional Awareness Product Discounts
- Anti Bullying Worksheets and Downloads
- Teaching Caring Videos

SAVINGS

- Online Shopping Discounts
- PODS Moving and Storage Discounts
- Car Loan Savings

PETS

- Discount Pet Medications and Products
- Discount Pet Tags and Accessories
- Pet Nutrition and Anxiety Resources
- Pet Training Resources

SENIORS

- Honoring the Elder Years Downloadable Guide
- Eldercare Locator
- Mental Health Screening Resources
- Memory Fitness Apps

COMMUNITY

- Virtual Volunteering Network

*UCA Base Membership Benefits are included upon payment of a one-time Lifetime Association Fee. Visit www.UnifiedCaring.org for more details on the UCA Base Membership Benefits.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

MultiPlan Provider Network



MultiPlan is the industry's most comprehensive provider of healthcare cost management solutions. Through MultiPlan's Limited Benefit Plan Network, you will be able to access a nationwide network of providers, specialists & hospitals at discount rates.

See any Doctor

You are free to see any doctor you choose, but your coverage goes further if you select a participating Preferred Network Provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefits are applied.

If there is a benefit that is not covered under the membership insurance benefits, or if you have exhausted your benefits for the policy year, and you use a network provider, your medical bills are re-priced, therefore "reducing" your out-of pocket costs.

Practitioners in all 50 states!

- Doctors and Physicians (includes specialists)
- Hospitals or Surgical Centers (IN/OUT)
- Clinics and Speciality Centers
- Laboratories and Imaging Centers
- Look up participating providers on line at www.multiplan.com
- Look for the logo below:



Laboratory Features

- Members can save significantly on common laboratory tests.
- Two of MultiPlan's most notable national laboratories are Laboratory Corporation of America (LabCorp) and Quest Diagnostics.
- Both LabCorp and Quest Diagnostics have been participating providers since the Network's inception in 1986.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

Medical Savings Programs



Tiered Dental Program

Members enjoy the ease of paying a single, affordable price for their routine annual dental visit, including comprehensive exams, X-Rays, and cleanings, at select participating general practitioners across the nation! Benefit from substantial savings ranging from 25% to 85% on various dental care services through fixed schedule procedure rates.

Tiered Vision Program

Unlock remarkable savings with the Tiered Vision Program! Members receive exclusive contracted rates of 10% to 50% on eyeglasses, non-prescription sunglasses, eye exams, and contact lenses (excluding disposables). Enjoy significant discounts of 20% to 60% on ophthalmology exams and surgical procedures, including LASIK.

Rx Savings Program (by Elixir)

Save big on prescriptions! The Rx Savings Program offers up to 65% savings on generic medications, with an overall average savings of 40% across brand and generic medications combined. Accepted at over 60,000 pharmacies nationwide, including major chains, enjoy substantial savings on your prescription drugs by presenting your prescription card at participating pharmacies.

Mail-Order Rx Services (by Elixir)

ElixirMail, a fully licensed pharmacy, provides hassle-free and cost-effective mail-order prescription services. Enjoy easy access to affordable medications, delivered to your preferred location, with the convenience of avoiding monthly pharmacy visits.

Chiropractic Program

Prioritize your wellness journey with the Chiropractic Program. Members can save between 20% to 50% at Participating Providers on adjustments, therapy, x-rays, exams, and specialized procedures, ensuring comprehensive care tailored to your needs.

Holistic Care

Experience holistic healing at its finest! Enjoy a generous 20% savings on all treatments and services, with no limits on the number of visits. Our practitioners, including Acupuncturists, Massage Therapists, Dieticians, and Naturopathic Providers, are dedicated to supporting your overall well-being.

Hearing Care by Amplifon

Experience prioritized hearing care with an impressive 56% average savings. The Hearing Aid Low Price Guarantee beats local quotes by 5%. Enjoy a risk-free 60-day trial with a 100% money-back guarantee, plus one year of complimentary follow-up care and a three-year warranty. Explore diverse hearing aids from renowned brands, with free evaluations.

Hearing Care by Beltone

Embark on a journey to improved hearing with Beltone, providing complimentary hearing screenings and an exclusive 15% discount on Beltone hearing aids at over 1,300 locations. The comprehensive Lifetime Care Program guarantees ongoing support, featuring free hearing aid checkups, screenings, cleanings, and inspections during the warranty period. Choose Beltone for a lifetime of exceptional hearing care.

Medical Savings Programs 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 2540 Metrocentre Blvd. Ste. 5, West Palm Beach, FL 33407. 800-292-3797. Discount Medical Plans are not available in all states.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

Additional Benefits



These benefits provide practical saving and service resources for health, legal, entertainment, retail, lifestyle, and more.

DoctorNow DoctorNow is a Telehealth Program offering 24/7 access to state-licensed physicians for you and your immediate family, allowing consultations via phone or video. It covers common ailments like colds, sinus infections, allergies, pink eye, and more, providing prescriptions when necessary.

Member Bill Negotiation Benefit If you have \$2,500 or more in out of pocket expenses remaining on your medical bills after plan benefits have been paid, you may qualify for this service. Following a call with Member Services, if you qualify, a professional negotiator will be assigned to work with you. Your negotiator will phone you to discuss your situation, will make recommendations and will work with providers, on your behalf, to find solutions for the remaining balance on your medical bills.

24 Hour Counseling Convenient access to therapists for telephone counseling 24 hours a day, 365 days a year. Free support and self-help group referrals.

Legal Program Need to make a will, create a power of attorney or write a living will? Save hundreds of dollars in attorney's fees with LawAssure, a new kind of legal service designed to make the law easy for you.

Diabetic Supply Savings Members can save 10% to 60% off diabetic supplies.

Durable Medical Equipment Members can save 50% on discounted medical equipment and supplies.

Pet Care Savings Save 25% on all in-house medical services provided by network veterinarians, including office visits, surgical procedures, x-rays, shots and dental care.

Car Rental Discounts Save 10% - 25% off rental rates!

Gift Basket Savings Members save 20% off Gift Baskets and Gifts.

Tax Hotline Members have access to unlimited phone calls and prompt, qualified advice on their tax issues, all year long.

Other Consumer Savings include:

- Hotel Savings
- Fitness Membership Savings
- Contact Lens Discounts
- Eyeglasses Savings
- and more!

The benefits described on this page may not be included in every plan level. Please see page 4 for details.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

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Wellness Savings & Service Features

Enhance your health and save money!



eDoc Program Get peace of mind with the eDoc Program's 24/7 online medical support. Enjoy unlimited email access to a team of healthcare professionals covering lab results, common cold remedies, allergies, mental health, medications, and more. Receive physician health tips and manage your care conveniently through our online application for the entire family.



Lab Network Savings Program* Significantly reduce your out-of-pocket costs for lab tests with the Lab Network Savings Program. Enjoy nationwide access to labs and save up to 80% on routine, genetic, molecular, and complex tests. Simply call to schedule your appointment, pay the reduced rate, and experience affordable and convenient lab testing. Referrals required, but virtual doctor consultations are available if needed.



Radiology Network Savings Program* Access discounted radiology providers at up to 80% off through the Radiology Network Savings Program. Enjoy reduced rates, same-day scheduling, and financial assistance by calling the concierge scheduling line to find in-network providers, secure the lowest price, and schedule appointments. Provider referrals are required, but virtual doctor consultations can be arranged for an additional fee.



Gastroenterology Network Savings Program* Ensure affordable cancer screening with the Gastroenterology Network Savings Benefit, granting you access to a network of providers at discounts of up to 70%. Simply call our convenient concierge scheduling line to locate an in-network participating provider, receive assistance in finding the lowest price, and schedule your appointment hassle-free. Attend your appointment and enjoy the reduced rate!



e-Wellness Program Achieve comprehensive health and wellness support, regardless of age, gender, or fitness level. Access daily wellness articles, personalized fitness programs, assessment tools, disease prevention studies, health tips, nutrition guidance, and exercise routines.



Vitamins & Supplements Save 20% to 60% on a wide range of natural health and wellness products. Discover discounts on supplements, cosmetics, organic care, pet products, sports nutrition, and more. Live naturally, save, and enhance your well-being.



Colorectal Screening Kits Receive a 10% discount on accurate at-home screening tests as a member. Take control of your health with convenient, affordable self-pay rates and skip the doctor's visit. Detecting and preventing colon cancer has never been easier or more affordable!

*This program cannot be used by participants of state or federal funded programs such as Medicare, Medicaid.

The services described above are not insurance and are not provided by Zurich American Insurance Company or Guarantee Trust Life Insurance Company.

Insurance Benefits

Group Hospital Indemnity Insurance	Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
Daily Physician's Office Visits Benefit					
Benefit Amount Per Day:	\$50 per day	\$50 per day	\$50 per day	\$75 per day	\$75 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	3 days	2 days	2 days	3 days	4 days
Wellness Benefit					
Benefit Amount Per Day:	N/A	N/A	\$50 per day	\$50 per day	\$50 per day
Payable number of days per calendar year for each Covered Person:			1 day	1 day	1 day
Urgent Care Facility Benefit					
Benefit Amount Per Day:	N/A	N/A	\$50 per day	\$50 per day	\$50 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:			2 days	2 days	2 days
Daily Hospital Confinement Benefit					
Benefit Amount Per Day:	\$100 per day	\$200 per day	\$200 per day	\$400 per day	\$1,000 per day
Payable number of days per period of Confinement per Covered Illness or Injury, per calendar year for each Covered Person:	30 days	31 days	31 days	31 days	31 days
Daily Intensive Care Unit Benefit					
Benefit Amount Per Day:	N/A	\$200 per day	\$200 per day	\$400 per day	\$1,000 per day
Payable number of days per period of Confinement per Covered Illness or Injury, per calendar year for each Covered Person:		5 days	5 days	5 days	5 days
Ambulance - Air Benefit					
Benefit Amount Per Day:				\$100 per day	\$100 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	N/A	N/A	N/A	2 days	2 days
Ambulance transportation must occur within three (3) day(s) after the Covered Illness or Covered Injury occurs.					
Ambulance - Ground or Water Benefit					
Benefit Amount Per Day:				\$100 per day	\$100 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	N/A	N/A	N/A	2 days	2 days
Ambulance transportation must occur within three (3) day(s) after the Covered Illness or Covered Injury occurs.					
Diagnostic Exam-Outpatient Only Benefit					
Benefit Amount Per Day:	\$25 per day	N/A	N/A	\$25 per day	\$30 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	1 day			1 day	2 days

The Group Hospital Indemnity Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 65. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Benefits underwritten by Zurich American Insurance Company are not dependent on the use of the Multiplan network. For a full list of exclusions, see page 15.

Insurance Benefits Continued...

Group Hospital Indemnity Insurance	Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
Lab Tests-Outpatient Only Benefit					
Benefit Amount Per Day:	\$25 per day	N/A	\$25 per day	\$25 per day	\$30 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	1 day		1 day	1 day	2 days
X-Ray Benefit Outpatient Only Benefit					
Benefit Amount Per Day:	\$25 per day	N/A	\$25 per day	\$25 per day	\$30 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:	1 day		1 day	1 day	2 days
Inpatient Surgery Benefit					
Benefit Amount Per Day:	N/A	N/A	\$500 per day	\$1,000 per day	\$1,000 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:			1 day	1 day	1 day
Outpatient Surgery - ASC or Hospital Benefit					
Benefit Amount Per Day:	N/A	N/A	\$500 per day	\$1,000 per day	\$1,000 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:			1 day	1 day	1 day
Anesthesia Benefit					
Benefit Amount Per Day:	N/A	N/A	\$100 per day	\$250 per day	\$250 per day
Payable number of days per Covered Illness or Injury, per calendar year for each Covered Person:			2 days	2 days	2 days
Daily Emergency Room Visits Benefit - Illness Only					
Benefit Amount Per Day:	\$50 per day	N/A	N/A	N/A	N/A
Payable number of days per Covered Illness, per calendar year for each Covered Person:	1 day				
Daily Emergency Room Visits Benefit - Injury Only					
Benefit Amount Per Day:	\$50 per day	N/A	N/A	N/A	N/A
Payable number of days per Covered Injury, per calendar year for each Covered Person:	1 day				
<i>Emergency Room Treatment must occur within three (3) day(s) after the Covered Injury occurs.</i>					

The Group Hospital Indemnity Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 65. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Benefits underwritten by Zurich American Insurance Company are not dependent on the use of the Multiplan network. For a full list of exclusions, see page 15.

Insurance Benefits

Continued...

Accidental Death Insurance*	Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
If you are injured in a covered accident and the covered injury from such accident causes death within 365 days from the date of the accident, the insurance company will pay the amount shown. On a plan covering spouse and/or child(ren), spouse is covered at 60% of primary member coverage and children are covered at 20% of primary member coverage.					
Primary Member Coverage:	\$50,000	\$50,000	\$50,000	\$100,000	\$200,000
Covered Spouse/Domestic Partner Coverage (If spouse or family coverage is elected)	\$30,000	\$30,000	\$30,000	\$60,000	\$120,000
Covered Dependent Child Coverage (If child or family coverage is elected)	\$10,000	\$10,000	\$10,000	\$20,000	\$40,000

*This policy provides Accident only coverage. The Accidental Death Insurance benefits described are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 65. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Benefits underwritten by Zurich American Insurance Company are not dependent on the use of the Multiplan network. For a full list of exclusions, please see page 15.

Group Accident Only Insurance Benefits**	Prime Plan	Core Plan	Essential Plan	Vitality Plan	Peak Plan
Accident Medical Expense					
Maximum Benefit Amount Per Covered Accident:	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Deductible Amount:	\$100	\$100	\$100	\$100	\$100
Emergency Room¹					
Maximum Benefit Amount	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Accidental Death & Dismemberment					
Maximum Benefit Amount	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Accident Disability Income					
Maximum Benefit Amount (per week)	N/A	N/A	N/A	N/A	\$125 26 weeks
Air Ambulance					
Maximum Benefit Amount	N/A	N/A	N/A	N/A	\$4,000

**Group Accident Only Insurance is issued on Form Series MP-1400/GC-1400 or MP-1300/GC-1300 by Guarantee Trust Life Insurance Company, Glenview, IL.

The policy is issued to United Caring Association (UCA) and includes the following: exclusions, limitations, reductions of benefits, and termination. Subject to state availability, variability, and GTL's right to increase premium rates.

Cancellation/Termination of Benefits/Renewability: Coverage terminates when UCA terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by the Association, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of UCA to provide required information; or at GTL's option with 30 days notice. Notice of termination provided to UCA is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.

GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCA.

¹The Emergency Room Maximum Benefit Amount is subject to the Accident Medical Expense Maximum Benefit per covered Accident.

GROUP ACCIDENT ONLY INSURANCE POLICIES INCLUDED IN THE UCA MEMBERSHIP ARE NOT MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE COVERAGE, AND ARE NEITHER MINIMUM ESSENTIAL HEALTH BENEFIT PLANS UNDER AFFORDABLE CARE ACT OR POLICIES OF WORKERS' COMPENSATION INSURANCE UNDER STATE LAW.

FAQs



Group Hospital Indemnity Insurance

Underwritten by Zurich American Insurance Company.

How do the Group Hospital Indemnity Insurance Benefits work? The plan pays the eligible Indemnity Benefit amount after a claim is submitted to the insurance company. The benefit amount depends on the plan level that you choose.

Is pregnancy covered?

No. This insurance does not apply to normal pregnancy. Complications of Pregnancy are covered as any other Sickness.

Is there a waiting period?

No. There are no waiting periods.

Is there a Pre-existing Condition Limitation?

Yes. The insurance does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 6 months that a Covered Person is insured under this policy.

What does a Pre-Existing Condition mean?

Pre-existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 6 months prior to the Covered Person's Effective Date of coverage.

Additional Non-Insurance Membership Benefits

What are Medical Savings Programs?

The Medical Savings Program features are designed to help you reduce your out of pocket cost on things like Doctor Visits, Dental Care, Chiropractic Visits, Vision Care Services, Diabetic Supplies and more.

How can I locate participating (In-Network) Medical Savings Providers? Simply call Member Services or lookup providers online by visiting www.MemberProviders.com.

Is there an Rx feature included in this plan? Yes. There is a Discount Rx Benefit included in every plan option.

Why should I visit an in-network MultiPlan Provider? By selecting your health care provider from the MultiPlan Network, you will receive the greatest out-of-pocket savings possible.

How do Medical Savings Plan Features work? Just present your Medical Savings Program Member ID Card to the Participating Provider and pay the discounted membership rates directly.

How can I find out more about the UCA? Simply visit www.UnifiedCaring.org or call Member Services for assistance.

UNIFIED CARING ASSOCIATION "UCA" TERMS & CONDITIONS

1. **MEMBERSHIP:** UCA Membership is mission oriented, dedicated to helping members live a life filled with more caring and happiness. In a desensitized and challenging world, the UCA is committed to increasing emotional awareness in support of a more loving and caring environment through the provision of information, education, inspirational materials, and programs. As part of its' ongoing mission, UCA sponsors caring initiatives in the developing and developed world by teaming with projects that help Children, Animals, Reforestation and the Elderly. Member means a person whose membership has been accepted by the UCA.
2. **MEMBERSHIP PLAN COST:** You hereby authorize the UCA 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 plan cost 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 plan cost will result in cancellation of monthly Membership benefits included in those costs. It is your responsibility to make sure that you are being charged each month. If you fail to make a payment or your payment is declined, your monthly membership benefits will cease, and unfortunately no benefits will be available to you. Visit www.UnifiedCaring.org for more details on your UCA Base Membership Benefits. The UCA Base Membership does not include any insurance benefits and can be purchased by visiting www.UnifiedCaring.org.
3. **CANCELLATION:** If you are not completely satisfied, you may call the Member Services phone number on the back of your ID Card or e-mail to support@mymemberinfo.com to cancel at any time. You will be sent a full refund of the first monthly plan cost (which includes association membership costs, non-insurance services costs and insurance premium costs) only if cancellation is received within thirty (30) days from your effective date. The Member Lifetime Association Fee is non-refundable, except where refund provisions for such are specified by state law. Prorated refunds are not offered. Refunds can take up to five (5) business days to process. 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, monthly membership benefits will terminate at the end of the billing cycle for which you have paid. Please call to confirm your request for cancellation was received.
4. **THIRD PARTY INSURANCE DISCLAIMER:** UCA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCA 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. Any insurance coverage is made available by licensed insurance companies which issued policies to the UCA. Classes of membership that include insurance benefits may be subject to age, limitations, conditions and exclusions. If any such benefits are no longer available to member, membership class may be changed or cancelled at member discretion. Policies included in the UCA membership are not Major Medical or Comprehensive Medical Insurance coverage. Policies included in the UCA membership are not Minimum Essential Health Benefit Plans under Affordable Care Act nor Policies of Workers' compensation Insurance under state law.
5. **THIRD PARTY DISCLAIMER:** UCA is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCA. UCA 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.
6. **CONSENT TO ELECTRONIC DELIVERY:** Membership materials can be downloaded electronically, including instruction guides, certificates, and ID cards. Important notifications regarding memberships will be delivered by email and the privacy policy and terms and conditions can be viewed by logging into www.mymemberinfo.com. You are consenting to accept electronic delivery of your membership materials. Your electronic membership documents have the same affect, validity and enforceability as paper copies. You also have the right at any time to receive a paper copy of any document that was provided to you electronically, at no charge by calling member services. You are responsible for providing updated contact information should your information change from what was previously provided. Please call member services or email support@mymemberinfo.com to make changes to your contact information.
7. **COMMUNICATIONS:** You may be contacted via text message and/or telephone at the number you provided using automated technologies and/or prerecorded messages. You may opt-out from receiving text messages and automated calls by calling the member services telephone number listed on your welcome email and membership materials.
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 UCA 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 UCA 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 UCA 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 UCA of a breach of any provision of this Agreement will not be deemed a waiver by the UCA of any other breach of the same or different provision(s).

These terms and conditions are subject to change without notice.

Ocean Consulting Group, Inc.* is the third-party administrator collecting your association fees and remitting the premium to the carriers providing insurance coverage as part of your association membership. *Otherwise known as "Ocean Consulting Group Administrators, Inc." in the state of New Jersey and OCG Administrators and OCG Insurance Services in the state of California and Oregon

GROUP HOSPITAL INDEMNITY INSURANCE LIMITATIONS AND EXCLUSIONS:

Underwritten By Zurich American Insurance Company. For complete listing of limitations and exclusions please see the policy.

GENERAL LIMITATIONS:

No benefits are payable for any Covered Illness or Covered Injury that results from, or is caused or contributed to by, a Pre-existing Condition. A condition will no longer be considered a Pre-existing Condition after the Your coverage under the Policy has been in effect for 6 consecutive months. A Pre-existing Condition limitation will also apply to any benefit amount increase or the addition of any benefit under the Policy, including any changes from the Prior Policy (if applicable).

If You or a Covered Person becomes Confined as the result of a Pre-Existing Condition prior to completing the 6-month limitation period, benefits will only be payable for any day of Confinement that extends after the end of the limitation period.

This provision does not apply to any Dependent Child that you recently became legally responsible for.

Other Hospital Indemnity Policy Limitation (Over- Insurance Limitation)

If You are the Covered Person is insured under any Other Hospital Indemnity Policy, any claim for benefit is only payable under the one policy elected by You or Your beneficiary or estate, in the event of death.

We will return the amount of premium paid for any Other Hospital Indemnity Policy that is declined by You retroactive to the later of:

1. the last date any benefit was paid for any Covered Person under the Other Hospital Indemnity Policy; or
2. the effective date of insurance for You under the Other Hospital Indemnity Policy.

Limitation on Multiple Options. If You suffer a Covered Loss under more than one Option, We will pay only one benefit, the largest benefit.

GENERAL EXCLUSIONS:

Benefits will not be provided under the Policy for any Illness or Injury that is caused by, contributed to or results from:

1. suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service, Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days.; If you notify us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
4. participation in the commission or attempted commission of any felony, an assault, insurrection or Participation in a Riot.
5. engaging in an illegal activity.
6. being intoxicated while operating a motor vehicle.
 - a Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in a Covered Person's blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.
7. being under the influence of any Prescription Drug, controlled substance, or hallucinogen, unless such Prescription Drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
8. occupation or employment for compensation, wage or profit or for which benefits may be payable under a workers' compensation law, occupational disease law or similar law, whether or not application for such benefits has been made.
9. ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/ stunts (for motor vehicles), acrobatic/ stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles),

or racing;

10. participation in any organized sport in a professional or semi-professional capacity;
11. participation in abseiling, base jumping, bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, free-running, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luge, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying or other similar extreme sports or high risk activities;

In addition, We will not pay for any benefits under the Policy, unless required by law for:

12. elective abortion or complications thereof;
13. artificial insemination, in vitro fertilization, test tube fertilization;
14. gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;
15. aroma therapeutic, herbal therapeutic, or homeopathic services;
16. any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate;
17. Substance Abuse, unless specifically allowed by a provision of this Certificate;
18. medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
19. Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a Covered Person;
20. Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
21. elective or cosmetic surgery or procedures, except for reconstructive surgery;
 - incidental to or following surgery for disease, infection or trauma of the involved body part; or
 - due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;
22. dental care or Treatment, except for Treatment due to an Injury to sound natural teeth within 12 months of the Accident;
23. Treatment necessary due to Congenital Anomaly or disease;
24. Congenital Anomalies of newborn and newly adopted children are not excluded if otherwise covered under the terms of the Policy.
25. pregnancy or childbirth, except Complications of Pregnancy.

The Insurance Rate related to coverage underwritten by Zurich American Insurance Company, as part of your membership is as follows:

PRIME PLAN: Individual = \$14.83, Individual Plus Spouse = \$29.36,

Individual Plus Child(ren) = \$33.00, Family = \$48.17

CORE PLAN: Individual = \$17.60, Individual Plus Spouse = \$35.20,

Individual Plus Child(ren) = \$34.55, Family = \$56.52

ESSENTIAL PLAN: Individual = \$30.91, Individual Plus Spouse = \$61.84,

Individual Plus Child(ren) = \$54.55, Family = \$91.48

VITALITY PLAN: Individual = \$59.97, Individual Plus Spouse = \$120.01,

Individual Plus Child(ren) = \$105.07, Family = \$176.61

PEAK PLAN: Individual = \$94.08, Individual Plus Spouse = \$188.40,

Individual Plus Child(ren) = \$172.08, Family = \$286.53

ACCIDENTAL DEATH INSURANCE BENEFITS - LIMITATIONS AND EXCLUSIONS:

Underwritten By Zurich American Insurance Company. For complete coverage details, including limitations and exclusions please see the policy.

GENERAL EXCLUSIONS:

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted

- Injury or any attempt at intentionally self-inflicted Injury;
- 2. War or any Act of War, whether declared or undeclared;
- 3. involvement in any type of active military service;
- 4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
- 5. participation in the commission or attempted commission of any crime or any felony;
- 6. parasailing, bungee jumping, heli-skiing, scuba diving;
- 7. being legally intoxicated while operating a motorized vehicle.
 - a. a Covered Person will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motorized vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication;
- 8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage and in accordance with drug interaction warnings;
- 9. travel or flight in any aircraft except to the extent stated below: Coverage for air travel is limited to a Covered Loss sustained by Covered Person as a passenger, during a trip while riding in or on, boarding, or alighting from:
 - 1. an Air Travel Carrier; or
 - 2. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of American or the Armed Forces of any foreign government.

- Are not prescribed by a Doctor as necessary to treat an Injury;
- Are received without charge or legal obligation to pay;
- Are received from persons employed or retained by any Family Member, unless otherwise specified; or
- Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Covered Person's Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury which occurs while a Covered Person 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.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay;
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

GENERAL LIMITATIONS

- Limitation on Multiple Covered Losses. If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.
- Limitation on Multiple Coverages and Benefits. If a Covered Person suffers a Covered Loss which is payable under more than one benefit as a result of the same Accident, the most We will pay for these benefits in total is the Covered Person's Principal Sum.
- Limitation on Multiple Hazards. If a Covered Person suffers a Covered Loss under more than one Hazard, We will pay only one benefit, the largest benefit.

Notice of Claim: Written notice of claim must be given to the claims administrator within 90 days after a covered loss, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

The Insurance Rate related to coverage underwritten by Zurich American Insurance Company, as part of your membership is as follows:

PRIME PLAN: Individual = \$1.85, Individual Plus Spouse = \$2.67, Individual Plus Child(ren) = \$2.23, Family = \$3.16
 CORE PLAN: Individual = \$1.85, Individual Plus Spouse = \$2.67, Individual Plus Child(ren) = \$2.23, Family = \$3.16
 ESSENTIAL PLAN: Individual = \$1.85, Individual Plus Spouse = \$2.67, Individual Plus Child(ren) = \$2.23, Family = \$3.16
 VITALITY PLAN: Individual = \$3.71, Individual Plus Spouse = \$5.33, Individual Plus Child(ren) = \$4.45, Family = \$6.32
 PEAK PLAN: Individual = \$7.41, Individual Plus Spouse = \$10.67, Individual Plus Child(ren) = \$8.91, Family = \$12.64

GROUP ACCIDENT INSURANCE BENEFITS LIMITATIONS & EXCLUSIONS:

Underwritten by Guarantee Trust Life Insurance Company
 The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;

The Insurance Rate related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows; PRIME PLAN: Individual = \$5.24, Individual Plus Spouse = \$13.06, Individual Plus Child(ren) = \$13.06, Family = \$13.06
 CORE PLAN: Individual = \$5.24, Individual Plus Spouse = \$13.06, Individual Plus Child(ren) = \$13.06, Family = \$13.06
 ESSENTIAL PLAN: Individual = \$5.24, Individual Plus Spouse = \$13.06, Individual Plus Child(ren) = \$13.06, Family = \$13.06
 VITALITY PLAN: Individual = \$5.24, Individual Plus Spouse = \$13.06, Individual Plus Child(ren) = \$13.06, Family = \$13.06
 PEAK PLAN: Individual = \$9.25, Individual Plus Spouse = \$17.07, Individual Plus Child(ren) = \$17.07, Family = \$17.07
 Notice of Claim: Written notice of claim must be given to the claims administrator within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.