



## PLATINUM SERIES

Association plans for you and the ones you love.

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

Brought to you through an exclusive benefits class of membership in the Unified Caring Association - UCA.



**Have questions? Ready to enroll?  
Simply contact your agent!**

THESE PLANS ARE FOR RESIDENTS OF: AL, AZ, CA, CO, DC, DE, FL, HI, IA, IL, IN, KY, LA, MO, MS, NE, NM, OH, OK, PA, SC, TN, TX, VA, WI, AND WY. MAX PLANS ARE NOT AVAILABLE TO RESIDENTS OF CA AND CO.

NOTE: THE PRIMARY MEMBER (AND SPOUSE) MUST BE BETWEEN THE AGES OF 18 AND 64 YEARS. PLAN ENDS UPON THE ATTAINED AGE OF 65.

BENEFITS ARE PROVIDED TO YOU THROUGH MEMBERSHIP IN THE UNIFIED CARING ASSOCIATION (UCA). THE UCA IS DEDICATED AND COMMITTED TO HELPING MAKE THE LIVES OF OUR MEMBERS MORE JOYFUL AND REWARDING. OUR GOAL IS TO SHARE AS MUCH INFORMATION, TOOLS AND PRODUCTS THAT WILL ENHANCE YOUR LIFE IN A HEALTHIER AND HAPPIER WAY.

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**Plans are provided to you through membership in the Unified Caring Association (UCA) and include the following types of features and benefits:**



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



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



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

## Consumer Savings Benefits

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Discount Medical Plans

**The following features are included in all plan options at no additional cost to you:**

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



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

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



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



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



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

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

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

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

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

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

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

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

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

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

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

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

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



# Benefit Outline

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.

## LIMITED MEDICAL INDEMNITY BENEFITS\*

CHOICE	CHOICE PLUS	ELITE	ELITE PLUS	ENCORE	ENCORE PLUS
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**Doctor Office Visits\*** This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.

» Doctor Office Visit - Indemnity Reimbursement:	\$75	\$75	\$75	\$75	\$65	\$65
» Maximum number of visits/Covered Person/Family per Policy Year:	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits

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

» Doctor Office Visit - Indemnity Reimbursement:	N/A	\$75	\$75	\$75	N/A	N/A
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	2 visits	2 visits	2 visits	N/A	N/A

**Adult Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons (ages 6 to 64).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$65	\$65
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

**Child Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons (birth to age 5).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$65	\$65
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

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

» Benefit amount per visit:	N/A	\$100	N/A	\$100	\$250	\$250
» Maximum number of visits per Covered Person per Policy Year:	N/A	3 sittings	N/A	3 sittings	2 sittings	2 sittings

**Diagnostic, X-ray, Laboratory Wellness Benefit\*** Benefits are paid for routine wellness diagnostic testing, X-rays and laboratory testing. Wellness diagnostic testing, X-rays and laboratory testing include but are not limited to pap test, colonoscopy, prostate cancer screening, mammography and bone density screening.

» Benefit amount per visit:	N/A	N/A	N/A	N/A	\$250	\$250
» Maximum number of visits per Covered Persons per Policy Year:	N/A	N/A	N/A	N/A	1 sitting	1 sitting

**Hospital Confinement Benefit\*** This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of ICU/CCU Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
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**ICU/CCU Benefit\*** This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of Hospital Confinement Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
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**Ambulance\*** This benefit is payable when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.

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

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

» Per surgery:	N/A	N/A	See Surgical Schedule on page. 6			
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	N/A	N/A	2 surgeries	2 surgeries	1 surgery	1 surgery

**Anesthesia Benefit (Inpatient/Outpatient)\*** This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness.

» Per visit:	N/A	N/A	See Surgical Schedule on page. 6			
» Maximum number of treatments per Covered Person per Policy Year:	N/A	N/A	2 treatments	2 treatments	1 treatment	1 treatment

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

## ADDITIONAL INSURANCE BENEFITS:

CHOICE CHOICE PLUS ELITE ELITE PLUS ENCORE ENCORE PLUS

**Emergency Room Benefit\*\*** This benefit is payable when, as the result of a covered injury, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only. Subject to a \$100 deductible per Injury per Covered Person. Emergency Room Coverage is included as part of the Excess Accident Medical Expense Benefit.

» Benefit Amount: Up to \$1,000 Up to \$1,000 Up to \$1,000 Up to \$1,000 Up to \$1,000 Up to \$1,000

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

» Benefit Amount: \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000

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

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

» Benefit Amount: \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000

**Guaranteed Issue Term Life Insurance\*\*\*** Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage. Member becomes eligible for this benefit 6 months after plan effective date.

» Benefit Amount: \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000

Our MAX Plans provide members an additional layer of security with the \$10,000 Critical Illness Insurance benefit and an additional \$10,000 Accidental Death and Dismemberment benefit.



**MAX PLANS:** MAX plan options are exactly the same as the regular plans, but include a \$10,000 Critical Illness benefit and an additional \$10,000 Accidental Death and Dismemberment Benefit

CHOICE PLUS MAX ELITE MAX ELITE PLUS MAX ENCORE MAX ENCORE PLUS MAX

**Critical Illness Insurance\*\*\*\*** The Critical Illness Indemnity Benefit is payable for each Insured Person, and will be paid in addition to any other benefit in the Certificate. Subject to 6/6 Pre-Existing Condition Limitations. A benefit is payable for any one of the following: Invasive Cancer, Heart Attack, Major Organ Transplant Surgery, Stroke, Coma, and End Stage Renal Failure.

» Benefit Amount: \$10,000 \$10,000 \$10,000 \$10,000 \$10,000

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

» Benefit Amount: \$10,000 \$10,000 \$10,000 \$10,000 \$10,000

\*\*The Emergency Room benefit, the Accident Medical Expense benefit and the Accidental Death and Dismemberment benefit insurance is subject to the terms, definitions, condition, exclusions, and limitations of the group policy. All members of UCA are eligible to receive these benefits. These insurance benefits are underwritten by Guarantee Trust Life Insurance Company policy form MP-1300 issued to UCA. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCA. Coverage becomes effective on the date provided in your membership material. These benefits are not available to residents of AK, AR, MD, ME, MN, MT, NC, NH, NV, NY, OR and UT.

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

\*\*\*\*Underwritten by Starr Indemnity & Liability Company, a Texas insurance company. Member becomes eligible for this benefit 30 days after plan effective date. NOT available for residents of AR, CA, CO, CT, MA, MD, ME, MN, MT, NC, ND, NH, NJ, NV, NY, OR, SD, UT, VT and WA.

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

<b>Surgical Procedure</b>	<b>Surgical Reimbursement \$5,000</b>	<b>Anesthesia Reimbursement 25% of Surgical Reimbursement</b>
<b>ABDOMEN</b>		
Appendectomy	\$1,250	\$313
Removal of gallbladder	\$2,500	\$625
Total Gastrectomy	\$4,250	\$1,063
Gastrotomy	\$1,250	\$313
Laparotomy, exploratory	\$1,250	\$313

<b>AMPUTATION</b>		
Amputation of upper arm	\$1,250	\$313
Amputation of finger/thumb	\$1,250	\$313
Amputation of leg at hip	\$2,500	\$625
Amputation of lower leg	\$2,500	\$625
Amputation of toe	\$1,250	\$313

<b>BREAST</b>		
Removal of breast	\$1,250	\$313
Removal of breast lesion	\$1,250	\$313
Breast reconstruction	\$2,500	\$625

<b>CHEST</b>		
Exploratory Thoracotomy	\$2,500	\$625
Bronchoscopy (esophagoscopy)	\$500	\$125
Esophagectomy	\$4,250	\$1,063
Lung, removal of or portion of (Lobectomy)	\$2,500	\$625
Valvotomy or commissurotomy, closed	\$2,500	\$625
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$4,250	\$1,063
Tetralogy of Fallot with Bypass	\$4,250	\$1,063
Double valve procedure replacement and or repair	\$4,250	\$1,063

<b>DISLOCATION, REDUCTION OF</b>		
Treat ankle dislocation	\$500	\$125
Treat clavicle dislocation	\$500	\$125
Treat elbow dislocation	\$500	\$125
Treat hip dislocation	\$500	\$125
Reset dislocated jaw	\$1,250	\$313
Treat shoulder dislocation	\$500	\$125
Treat wrist dislocation	\$1,250	\$313
Treat knee dislocation	\$2,500	\$625

<b>ARTHROTOMY</b>		
Ankle arthroscopy/surgery	\$1,250	\$313
Elbow arthroscopy/surgery	\$1,250	\$313
Hip arthroscopy/surgery	\$1,250	\$313
Knee arthroscopy/surgery	\$2,500	\$625
Shoulder arthroscopy/surgery	\$2,500	\$625

<b>EAR, NOSE, THROAT</b>		
Fenestration	\$2,500	\$625
Mastoidectomy-single	\$2,500	\$625
Extensive mastoid surgery	\$2,500	\$625
Adenoidectomy (independent procedure)	\$500	\$125
Sinusotomy, frontal, external simple (Trephine)	\$1,250	\$313
Submucous resection of nasal septum (septectomy)	\$1,250	\$313
Laryngectomy, without neck dissection	\$1,250	\$313
Tonsillectomy, with or without adenoidectomy-under age 18	\$500	\$125
Tonsillectomy, with or without adenoidectomy-18 and over	\$500	\$125
Tracheotomy (independent procedure)	\$500	\$125

<b>EYE</b>		
Cataract, operation for intracapsular, extracapsular unilateral	\$2,500	\$625
Repair detached retina	\$5,000	\$625
Removal of eye	\$5,000	\$625

<b>FRACTURE, TREATMENT OF</b>		
Treatment of ankle fracture	\$500	\$125
Treat finger fracture, each	\$500	\$125
Treatment of nose fracture	\$500	\$125
Treat fracture radius & ulna	\$500	\$125
Treatment of fibula fracture	\$1,250	\$313

<b>GENITO URINARY TRACT</b>		
Cervix amputation (cervicectomy)	\$500	\$125
Circumcision Newborn Clamp	\$500	\$125
Dilation & Curettage (non-Puerperal)	\$500	\$125
Partial hysterectomy	\$2,500	\$625
Total hysterectomy	\$2,500	\$625
Vaginal hysterectomy	\$2,500	\$625
Kidney -Nephropexy	\$2,500	\$625
Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$4,250	\$1,063
Ureterotomy	\$1,250	\$313
Cystotomy	\$1,250	\$313
Prostate, removal of (Prostatectomy)	\$1,250	\$313
Surgical exposure, prostate	\$2,500	\$625
Extensive prostate surgery	\$2,500	\$625
Removal of epididymis	\$1,250	\$313
Cyctoceles, operation for anterior colporrhaphy	\$1,250	\$313
Rectocele operation for posterior colporrhaphy	\$500	\$125
Rectocele and cyctoceles A&P colporrhaphy	\$1,250	\$313

<b>GOITRE</b>		
Adenoma or benign tumor of thyroid excecion	\$1,250	\$313
Thyroidectomy	\$2,500	\$625

<b>HERNIA</b>		
Repair Inguinal- unilateral	\$500	\$125
Repair Umbilical-under age 5	\$1,250	\$313
Repair Umbilical-over age 5	\$1,250	\$313
Repair Ventral (incisional)	\$1,250	\$313
Repair Femoral	\$1,250	\$313
Repair Epigastric	\$500	\$125

<b>LIGAMENTS AND TENDONS</b>		
Revise lower leg tendons	\$1,250	\$313
Repair hand tendon	\$1,250	\$313
Repair finger/hand tendon	\$2,500	\$625
Transplant hand tendon	\$2,500	\$625

<b>PILONIDAL CYST OR SINUS</b>		
Removal of pilonidal lesion	\$500	\$125
Drainage of pilonidal cyst	\$500	\$125

<b>RECTUM</b>		
Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$500	\$125
Incise external hemorrhoid	\$500	\$125
Destruction of hemorrhoids	\$500	\$125
Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$1,250	\$313
Papillectomy, single tag (independent procedure)	\$500	\$125

<b>SKULL</b>		
Osteoplastic craniotomy (other than operation for brain tumor)	\$4,250	\$1,063
Trephine	\$1,250	\$313
Hemispherectomy	\$4,250	\$1,063

<b>SPINE OR SPINAL CORD</b>		
Laminectomy	\$500	\$125
Spinal cord tumor operation	\$2,500	\$625

<b>TUMOR</b>		
Remove tumor of arm/elbow	\$2,500	\$625
Remove tumor, neck/chest	\$1,250	\$313

<b>VARICOSE VEINS</b>		
Revision of leg vein	\$500	\$125

<b>TRANSPLANT &amp; PARTIAL ORGAN REMOVAL</b>		
Lung Transplant	\$5,000	\$1,250
Lung Transplant with bypass	\$5,000	\$1,250
Heart and Lung Transplant	\$5,000	\$1,250
Liver Transplant	\$5,000	\$1,250
Liver - partial removal	\$5,000	\$1,250
Pancreas - partial removal	\$5,000	\$1,250

\*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

## FREQUENTLY ASKED QUESTIONS: Limited Medical Indemnity Benefits

### ***What is a Limited Medical Indemnity Plan?***

Limited Medical Indemnity Plans provide specific benefit amounts for specific medical care expenses due to a covered Injury or Sickness. Any costs incurred in excess of the stated benefit amount are the responsibility of the insured. Any costs incurred for medical care expenses not listed in the schedule of benefits are the responsibility of the insured. Please review the plan benefits, benefit amounts, limitations and exclusions to determine if they meet your needs.

### ***Can I use any doctor, clinic, or hospital?***

Yes. Covered members and dependents can use any licensed medical provider.

### ***What is the definition of Pre-existing Condition limitation?***

Pre-existing Condition means a medical condition, Injury or Sickness, for which: (1) Medical advice, Consultation, care or treatment was recommended by, or received from, a Doctor within 12-months immediately prior to the Effective Date of coverage; or (2) Symptoms existed within 12-months immediately prior to the Effective Date of coverage that would cause a reasonable person to seek Consultation, care, or treatment from a Doctor. Benefits are not provided for any loss resulting from a Pre-existing Condition, unless the loss is incurred at least 12-months after the Effective Date of coverage.

The Pre-existing Condition Limitation only applies to Hospital, ICU/CCU, Surgery and Anesthesia related to Surgery benefits.

### ***Is there a Waiting Period?***

Yes. There is a 30-day waiting period, from coverage effective date, for all sickness benefits.

### ***How are claims filed?***

Simply provide your UCA member ID card to your provider (doctor/hospital). Your provider may submit the claim on your behalf. In some situations, a provider will not submit the claim on your behalf. If this occurs, you can submit the claim yourself.

### ***Following are steps to submit a claim yourself:***

1. Make sure to get a receipt from the provider that has on it a CPT code, Diagnosis code, Date of Service, Amount Charged per code, and the Total amount you have paid;
2. Write a letter stating that you the insured should be the one reimbursed for the services provided;
3. Place both a copy of your receipt and copy of your letter in an envelope and mail it to the claims address on the back of your card.

## FREQUENTLY ASKED QUESTIONS: Additional Membership Benefits

### ***Is there a provider network of doctors (PPO option)?***

Yes, simply call a Customer Care Consultant or lookup providers in your area online at [mymemberinfo.com/basicnetwork](http://mymemberinfo.com/basicnetwork).

Network is provided through membership in the UCA and not provided or affiliated with United States Fire Insurance Company.

### ***How can I find out more about the UCA?***

Simply visit [www.UnifiedCaring.org](http://www.UnifiedCaring.org) or call a Customer Care Consultant.

Our team of highly trained Customer Care Consultants are here to make your experience a pleasant one.

Our representatives work closely with you, as well as the participating providers to ensure a stress-free experience when using the plan.

Our "Care-Team" is always willing to listen and offer you personal consultation advice tailored to your specific needs.



In addition to our "Care-Team" we also provide you with a Patient Advocacy Benefit.

### **Patient Advocacy Benefit** by Karis Group

The Karis flagship Patient Advocacy service could be the most cost effective and valuable health benefit we provide to take care of your self-pay balances. Karis mediators work directly with patients and providers to resolve bills, allowing patients to focus on their health while Karis focuses on the most cost effective solutions.

Facts and figures say a lot about what Karis does. Stories about the people that Karis helps everyday say even more. Below you will find personal stories describing what Karis does for patients, and how their knowledgeable and attentive staff has impacted their lives.

- » John owned his company and medical insurance was unfortunately low on the priority list. When a symptom-free aneurysm burst and caused a stroke, John had to be airlifted to his local care hospital where it was decided that he needed more extensive care at a regional center. Four weeks later the total bills – including the flight, two hospitals and rehab – exceeded \$46,000. John did not qualify for Medicaid and lacked the funds to pay bills of this size. After much negotiation, we reached a settlement with all of the parties involved, averting financial ruin for John. Savings: Over \$42,000.
- » Brandon cut and dislocated his finger playing hockey. He drove himself to the emergency room where he waited for two hours before a doctor saw him. The doctor put his finger back in place and stitched up the cut. The whole procedure took less than thirty minutes. Two weeks later Brandon received a bill for \$5,500. We contacted the doctor who agreed to reduce the bill to \$2,500 and accept monthly payments to pay off the balance. Savings: \$3,000.
- » Hannah broke her hip following a nasty fall a year ago. The hip had to be replaced, resulting in medical bills of \$44,000. We managed to obtain a 50% discount off the hospital bill. The doctor's bill of \$6,500 was reduced by 25%. Hannah now needs to have her other hip replaced. Both the hospital and the doctor have agreed to give her the same discounts as before. Savings: \$47,250 plus ongoing savings.

To maintain patient privacy, names and other sensitive information has been changed or removed.



monthly plan costs\*

30 Day Money Back Guarantee\*\*

Plan Type	Individual	Plus Spouse or Child	Family
<b>Base UCA Membership</b>	\$22 <sup>00</sup> Per Household		
<b>Choice*</b>	\$150 <sup>55</sup>	\$230 <sup>55</sup>	\$280 <sup>55</sup>
<b>Choice Plus*</b>	\$245 <sup>55</sup>	\$410 <sup>55</sup>	\$550 <sup>55</sup>
<b>Choice Plus MAX*</b>	\$280 <sup>55</sup>	\$470 <sup>55</sup>	\$620 <sup>55</sup>
<b>Elite*</b>	\$210 <sup>55</sup>	\$390 <sup>55</sup>	\$495 <sup>55</sup>
<b>Elite MAX*</b>	\$240 <sup>55</sup>	\$455 <sup>55</sup>	\$555 <sup>55</sup>
<b>Elite Plus*</b>	\$310 <sup>55</sup>	\$540 <sup>55</sup>	\$720 <sup>55</sup>
<b>Elite Plus MAX*</b>	\$340 <sup>55</sup>	\$600 <sup>55</sup>	\$780 <sup>55</sup>
<b>Encore*</b>	\$380 <sup>55</sup>	\$675 <sup>55</sup>	\$940 <sup>55</sup>
<b>Encore MAX*</b>	\$410 <sup>55</sup>	\$735 <sup>55</sup>	\$1,000 <sup>55</sup>
<b>Encore Plus*</b>	\$410 <sup>55</sup>	\$745 <sup>55</sup>	\$1,050 <sup>55</sup>
<b>Encore Plus MAX*</b>	\$440 <sup>55</sup>	\$805 <sup>55</sup>	\$1,110 <sup>55</sup>

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

\*There is a one-time enrollment fee of \$99.95 that will be applied to your first month's payment. Total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverage's, marketing and administration costs.

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

MAX Plans not available to residents of CA and CO.

# Terms and Conditions

## Unified Caring Association "UCA" Terms & Conditions:

1. **MEMBERSHIP:** UCA Membership is mission oriented encouraging consumption of more positive information and access to such information, products and services for the benefit of members nationwide. UCA also invests in materials to create a better world for children. Member means a person whose membership has been accepted by the UCA.
2. **MEMBERSHIP PAYMENTS:** 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 payment will be processed immediately upon enrollment. Membership is automatically renewed monthly and your recurring payment will routinely draw from your specified account each month thereafter. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **CANCELLATION:** If you are not completely satisfied, you may call 888-633-5080 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCA cancellations, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 495-7195, by phone or by e-mail to service@UnifiedCaring.org within thirty (30) days from your enrollment date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2 - 4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax, phone or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call 888-633-5080 to confirm your request for cancellation was received.
4. **MEMBER PROXY:** UCA is a membership association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. Should you wish to do so, you will notify the Secretary of UCA of your desire in this respect.
5. **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. The insurance coverages are made available by licensed insurance companies which issued master policies to UCA.
6. **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.
7. **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.
8. **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.
9. **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.
10. **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).
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
11. Dental care, x-rays, or treatment other than Injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
14. Rest cures or custodial care, or treatment of sleep disorders;
15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
22. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
25. Prescription medicines, unless specifically provided for under this Certificate;
26. Any Injury that is caused by flight or travel in, or upon: (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger; (b) An ultra light, hang gliding, parachuting or bungi cord jumping; (c) A snowmobile; (d) Any two or three wheeled motor vehicle; (e) Any off road motorized vehicle not requiring licensing as a motor vehicle; (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
27. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
28. Services, treatment or loss: (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (c) Which a Covered Person would not have to pay if he did not have insurance; (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family; (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; (f) Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
30. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated

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

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

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

1. Suicide or any intentionally self inflicted injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded);

dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows;

CHOICE: Single = \$23.41, Single + Spouse or Child = \$48.77, Family = \$67.30 CHOICE PLUS: Single = \$63.00, Single + Spouse or Child = \$122.49, Family = \$181.13 CHOICE PLUS MAX: Single = \$63.00, Single + Spouse or Child = \$122.49, Family = \$181.13 ELITE: Single = \$61.91, Single + Spouse or Child = \$120.36, Family = \$177.98 ELITE MAX: Single = \$61.91, Single + Spouse or Child = \$120.36, Family = \$177.98 ELITE PLUS: Single = \$96.59, Single + Spouse or Child = \$201.23, Family = \$277.70 ELITE PLUS MAX: Single = \$96.59, Single + Spouse or Child = \$201.23, Family = \$277.70 ENCORE: Single = \$129.01, Single + Spouse or Child = \$250.83, Family = \$370.91 ENCORE MAX: Single = \$129.01, Single + Spouse or Child = \$250.83, Family = \$370.91 ENCORE PLUS: Single = \$146.61, Single + Spouse or Child = \$285.05, Family = \$421.51 ENCORE PLUS MAX: Single = \$146.61, Single + Spouse or Child = \$285.05, Family = \$421.51

The above Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association membership.

#### Emergency Room Benefit, Excess Accident Medical Expense Benefit and Accidental Death & Dismemberment Benefit Terms & Conditions:

Underwritten by Guarantee Trust Life Insurance Company

The Policy does not provide benefits for:

- Treatment, services or supplies which:
- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat an Injury;
- Are determined to be Experimental/Investigational in nature;
- 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 resulting from being under the influence of any drugs or narcotic unless administered on the advice of a 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);
- Handling or working with dangerous animals.
- 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.

The Insurance Rate related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows; Individual = \$5.24, Individual Plus Child/Spouse = \$13.06, Family = \$13.06 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.

#### Guaranteed Issue Term Life Insurance Terms & Conditions:

Underwritten by: ReliaStar Life Insurance Company

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

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

Eligible Persons:

DESCRIPTION OF ELIGIBLE PERSONS:

All Active Members of the Policyholder who are:

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

BENEFITS Life Insurance Benefit:

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

Payment of Proceeds

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

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

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

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

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

#### Critical Illness Insurance Exclusions and Limitations:

Underwritten by Starr Indemnity & Liability Company, a Texas insurance company.

In addition to any other conditions, exclusions or limitations set forth in the Coverage, no coverage will be provided if the Covered Condition is caused by, occurs during or results from:

- a. Participation in the commission or attempted commission of a felony.
- b. Voluntary participation in a riot or insurrection.
- c. Refusing certain types of recommended medical treatment, as follows:
  - i. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a Heart Attack;
  - ii. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a Stroke; or
  - iii. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being Cancerous, the Covered Person refuses, and the Covered Person develops Cancer.

Pre-existing Condition Limitation: Pre-existing Condition means a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the Coverage Effective Date of the Covered Person. A Pre-existing Condition is excluded from coverage for a period of six months following the Coverage Effective Date of the Covered Person. If the Covered Person is Diagnosed with a Covered Condition that is determined to be a Pre-existing Condition, no Coverage Amount is payable for that Covered Condition. We may have the Covered Person examined by a Physician of Our choosing at Our expense.

In addition to the Pre-existing Condition Limitation described above, no Coverage Amount is payable for an otherwise Covered Condition if:

- a. Such Covered Condition has not been Diagnosed by a Physician;
- b. Such Covered Condition was not Diagnosed until the Coverage had terminated; or
- c. The Covered Person's date of birth or age was misstated on the application and, using the correct date of birth or age, the Coverage would not have become effective or would have terminated prior to Diagnosis of a Covered Condition.

If a Covered Person can recover benefits under more than one of the Coverage Amounts as stated in this

Rider, the most We will pay for these benefits in total is the Covered Person's Maximum Benefit Amount.

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

Accidental Death and Dismemberment Exclusions:

Underwritten by Starr Indemnity & Liability Company, a Texas insurance company.

The Policy does not cover any Loss caused or contributed by:

1. sickness or treatment of a sickness, as described in the definition of Injury;
2. intentionally self-inflicted Injury;
3. suicide or attempted suicide, whether sane or insane;
4. war or act of war, whether declared or not;
5. Injury sustained while on active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service; (We will refund the pro rata portion of any premium paid for You or Your Dependents while You or Your Dependents are in the armed forces on active duty. Written notice must be given to Us within 12 months of the date You or Your Dependents enter the armed forces.);
6. Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
7. Injury sustained while on any aircraft:
  - a. as a pilot, crew member or student pilot;
  - b. as a flight instructor or examiner;
  - c. if it is owned, operated or leased by or on behalf of the Policyholder;
  - d. being used for tests, experimental purposes, stunt flying, racing or endurance tests;
8. Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
9. Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
10. Injury sustained while committing or attempting to commit a felony;
11. Injury sustained while Intoxicated; or
12. Injury sustained while driving while Intoxicated.

Intoxicated means:

1. the blood alcohol content;
2. the results of other means of testing blood alcohol level; or
3. the results of other means of testing other substances that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

Reserve National Guard Service means: You or Your Dependents are

1. attending or en route to or from any active duty training of less than sixty (60) days;
2. attending or en route to or from a service school of any duration;
3. taking part in any authorized inactive duty training; or
4. taking part as a unit member in a parade or exhibition authorized by official orders.

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

