

GetMED 360

GOLD SERIES



A medical option for you and your loved ones...



Brought to you through an exclusive benefits class of membership in the United Consumer Awareness Association - UCAA.

PLANS ARE 100% GUARANTEED ISSUE

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



*monthly plan costs**

Gold 200	\$149⁹⁵ /Individual	\$259⁹⁵ /Plus Spouse or Child	\$359⁹⁵ /Family
Gold 250	\$219⁹⁵ /Individual	\$399⁹⁵ /Plus Spouse or Child	\$529⁹⁵ /Family
Gold 500	\$269⁹⁵ /Individual	\$489⁹⁵ /Plus Spouse or Child	\$679⁹⁵ /Family
Gold 1000	\$319⁹⁵ /Individual	\$569⁹⁵ /Plus Spouse or Child	\$799⁹⁵ /Family

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

NOTE: Your total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverages, marketing and administration costs. If you cancel within 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.

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

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

Steve@SteveShorr.com

These plans are for residents of: **CA**, CO, NV, SD and TN.

If you are NOT in CA, click here.

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

What do the plans offer?

1. Limited Medical Indemnity Benefits (page 3)

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

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

2. Additional Insurance Benefits (page 4)

- Accidental Death & Dismemberment Benefit: \$15,000
- Excess Accident Medical Expense Benefit: \$5,000
- Guaranteed Issue Term Life Insurance: \$10,000

3. Association Membership Discount Medical Plans (page 5)

These features provided are designed to help you receive savings (in addition to the benefits listed above) on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more! These plans are not insurance – rather, they are discount medical plans that will help reduce the expense of obtaining care and treatment. These plans are provided to you at **NO ADDITIONAL COST** through your association membership.

4. Association Membership Consumer Savings Benefits (page 5)

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

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

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

Keep in mind....

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

LIMITED MEDICAL INDEMNITY BENEFITS*

GOLD 200	GOLD 250	GOLD 500	GOLD 1000
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Doctor Office Visits* This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.

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

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

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

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

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

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

» Benefit amount per day (31 day max per Covered Person per Policy Year):	\$200	\$250	\$500	\$1,000
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Hospital ICU/CCU* This benefit is payable for 15 days when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital ICU or CCU unit.

» Maximum per day (15 day max per Covered Person per Policy Year):	\$500	\$1,000	\$1,000	\$2,000
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Ambulance* This benefit is payable when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.

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

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

» Per surgery:	Benefit Amount \$1,000	See Surgical Schedule on page 6	See Surgical Schedule on page 6	See Surgical Schedule on page 6
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	2 surgeries	2 surgeries	2 surgeries	2 surgeries

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

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

*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

Insurance Benefits

ADDITIONAL INSURANCE BENEFITS:

GOLD 200	GOLD 250	GOLD 500	GOLD 1000
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Accidental Death and Dismemberment Benefit** If you are injured in a covered accident and the injury from such accident causes death or dismemberment within 365 days from the date of the accident, the insurance company will pay the amount shown. If you sustain more than one such loss as the result of one Accident, the insurance company will pay only one amount, the largest to which you are entitled. Spouse and dependent covered at the amount shown as well.

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

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

» Benefit Amount:	\$5,000	\$5,000	\$5,000	\$5,000
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Guaranteed Issue Term Life Insurance*** Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage. Member becomes eligible for this benefit 6 months after plan effective date.

» Benefit Amount:	\$10,000	\$10,000	\$10,000	\$10,000
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**The Accidental Death and Dismemberment and the Accident Medical Expense benefit insurance is subject to the terms, definitions, condition, exclusions, and limitations of the group policy. All members of UCAA are eligible to receive these benefits. These insurance benefits are underwritten by Guarantee Trust Life Insurance Company policy form MP-1300 issued to UCAA. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCAA. Coverage becomes effective on the date provided in your membership material. These benefits are not available to residents of AR, MD, ME, MN, MT, NC, NH, NY, OR and UT.

*** Underwritten by ReliaStar Life Insurance Company, policy form LP08GPM0. Not available to residents of: ID, NH, NC, NY, VT and WV. These benefits are solicited by the group and embedded in the association dues. This is a summary of benefits only. Member becomes eligible for this benefit 6 months after plan effective date.

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

Discount Medical Features and Consumer Savings Benefits

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

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

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

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

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

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!

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

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

*Not all Consumer Savings Benefits listed are included in every plan level. Contact your agent for more details.

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.

Surgical Schedule

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

Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NC, NH, NJ, NY, OR, RI, VT and WA. Maternity is not covered, and there is a 30 day waiting period for sickness. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, Surgery and Anesthesia related to Surgery.

Surgical Procedure	Surgical Reimbursement \$10,000	Anesthesia Reimbursement \$10,000	Surgical Procedure	Surgical Reimbursement \$10,000	Anesthesia Reimbursement \$10,000
ABDOMEN					
Appendectomy	\$2,500	\$625	Kidney -Nephropexy	\$5,000	\$1,250
Removal of gallbladder	\$5,000	\$1,250	Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$8,500	\$2,125
Total Gastrectomy	\$8,500	\$2,125	Ureterotomy	\$2,500	\$625
Gastrotomy	\$2,500	\$625	Cystotomy	\$2,500	\$625
Laparotomy, exploratory	\$2,500	\$625	Prostate, removal of (Prostatectomy)	\$2,500	\$625
AMPUTATION					
Amputation of upper arm	\$2,500	\$625	Surgical exposure, prostate	\$5,000	\$1,250
Amputation of finger/thumb	\$2,500	\$625	Extensive prostate surgery	\$5,000	\$1,250
Amputation of leg at hip	\$5,000	\$1,250	Removal of epididymis	\$2,500	\$625
Amputation of lower leg	\$5,000	\$1,250	Cyctocele, operation for anterior colporrhaphy	\$2,500	\$625
Amputation of toe	\$2,500	\$625	Rectocele operation for posterior colporrhaphy	\$1,000	\$250
BREAST					
Removal of breast	\$2,500	\$625	Rectocele and cystocele A&P colporrhaphy	\$2,500	\$625
Removal of breast lesion	\$2,500	\$625	GOITRE		
Breast reconstruction	\$5,000	\$1,250	Adenoma or benign tumor of thyroid excecion	\$2,500	\$625
CHEST					
Exploratory Thoracotomy	\$5,000	\$1,250	Thyroidectomy	\$5,000	\$1,250
Bronchoscopy (esophagoscopy)	\$1,000	\$250	HERNIA		
Esophagectomy	\$8,500	\$2,125	Repair Inguinal- unilateral	\$1,000	\$250
Lung, removal of or portion of (Lobectomy)	\$5,000	\$1,250	Repair Umbilical-under age 5	\$2,500	\$625
Valvotomy or commissurotomy, closed	\$5,000	\$1,250	Repair Umbilical-over age 5	\$2,500	\$625
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$8,500	\$2,125	Repair Ventral (incisional)	\$2,500	\$625
Tetralogy of Fallot with Bypass	\$8,500	\$2,125	Repair Femoral	\$2,500	\$625
Double valve procedure replacement and or repair	\$8,500	\$2,125	Repair Epigastric	\$1,000	\$250
DISLOCATION, REDUCTION OF					
Treat ankle dislocation	\$1,000	\$250	LIGAMENTS AND TENDONS		
Treat clavicle dislocation	\$1,000	\$250	Revise lower leg tendons	\$2,500	\$625
Treat elbow dislocation	\$1,000	\$250	Repair hand tendon	\$2,500	\$625
Treat hip dislocation	\$1,000	\$250	Repair finger/hand tendon	\$5,000	\$1,250
Reset dislocated jaw	\$2,500	\$625	Transplant hand tendon	\$5,000	\$1,250
Treat shoulder dislocation	\$1,000	\$250	OBSTETRICAL		
Treat wrist dislocation	\$2,500	\$625	Removal of placenta and/or immediate or early repair of pereneum and/or cervix	\$5,000	\$1,250
Treat knee dislocation	\$5,000	\$1,250	Cesarean Section, complete procedure including delivery	\$5,000	\$1,250
ARTHROTOMY					
Ankle arthroscopy/surgery	\$2,500	\$625	Cesarean Section and Hysterectomy, total or subtotal	\$2,500	\$625
Elbow arthroscopy/surgery	\$2,500	\$625	Éctopic (tubal, extra-uterine) pregnancy	\$5,000	\$1,250
Hip arthroscopy/surgery	\$2,500	\$625	Miscarriage, including dilation and curettage	\$1,000	\$250
Knee arthroscopy/surgery	\$5,000	\$1,250	PILONIDAL CYST OR SINUS		
Shoulder arthroscopy/surgery	\$5,000	\$1,250	Removal of pilonidal lesion	\$1,000	\$250
EAR, NOSE, THROAT					
Fenestration	\$5,000	\$1,250	Drainage of pilonidal cyst	\$1,000	\$250
Mastoidectomy-single	\$5,000	\$1,250	RECTUM		
Extensive mastoid surgery	\$5,000	\$1,250	Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$1,000	\$250
Adnoidectomy (independent procedure)	\$1,000	\$250	Incise external hemorrhoid	\$1,000	\$250
Sinusotomy, frontal, external simple (Trepine)	\$2,500	\$625	Destruction of hemorrhoids	\$1,000	\$250
Submucous resection of nasal septum (septectomy)	\$2,500	\$625	Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$2,500	\$625
Laryngectomy, without neck dissection	\$2,500	\$625	Papillectomy, single tag (independent procedure)	\$1,000	\$250
Tonsillectomy, with or without adenoidectomy-under age 18	\$1,000	\$250	SKULL		
Tonsillectomy, with or without adenoidectomy-18 and over	\$1,000	\$250	Osteoplastic craniotomy (other than operation for brain tumor)	\$8,500	\$2,125
Tracheotomy (independent procedure)	\$1,000	\$250	Trepine	\$2,500	\$625
EYE					
Repair detached retina	\$5,000	\$1,250	Hemispherectomy	\$8,500	\$2,125
Removal of eye	\$5,000	\$1,250	SPINE OR SPINAL CORD		
FRACTURE, TREATMENT OF					
Treatment of ankle fracture	\$1,000	\$250	Laminectomy	\$1,000	\$250
Treat finger fracture, each	\$1,000	\$250	Spinal cord tumor operation	\$5,000	\$1,250
Treatment of nose fracture	\$1,000	\$250	TUMOR		
Treat fracture radius & ulna	\$1,000	\$250	Remove tumor of arm/elbow	\$5,000	\$1,250
Treatment of fibula fracture	\$2,500	\$625	Remove tumor, neck/chest	\$2,500	\$625
GENITO URINARY TRACT					
Cervix amputation (cervicectomy)	\$1,000	\$250	VARICOSE VEINS		
Circumcision Newborn Clamp	\$1,000	\$250	Revision of leg vein	\$1,000	\$250
Dilation & Curettage (non-Puerperal)	\$1,000	\$250	TRANSPLANT & PARTIAL ORGAN REMOVAL		
Partial hysterectomy	\$5,000	\$1,250	Lung Transplant	\$10,000	\$2,500
Total hysterectomy	\$5,000	\$1,250	Lung Transplant with bypass	\$10,000	\$2,500
Vaginal hysterectomy	\$5,000	\$1,250	Heart and Lung Transplant	\$10,000	\$2,500
			Liver Transplant	\$10,000	\$2,500
			Liver - partial removal	\$10,000	\$2,500
			Pancreas - partial removal	\$10,000	\$2,500

Terms and Conditions

United Consumer Awareness Association "UCAA" Terms & Conditions:

1. **MEMBERSHIP:** UCAA Membership is mission oriented encouraging consumption of more positive information and access to such information, products and services for the benefit of members nationwide. UCAA also invests in materials to create a better world for children. Member means a person whose membership has been accepted by the UCAA.
2. **MEMBERSHIP PAYMENTS:** You hereby authorize the UCAA or its' designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership payment will be processed immediately upon enrollment. Membership is automatically renewed monthly and your recurring payment will routinely draw from your specified account each month thereafter. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **CANCELLATION:** If you are not completely satisfied, you may call 877-693-9095 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCAA cancellations, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 495-7195, by phone or by e-mail to cancellations@unitedconsumer.org within thirty (30) days from your enrollment date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2 - 4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax, phone or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call 877-693-9095 to confirm your request for cancellation was received.
4. **ADDITIONAL MEMBERSHIP MATERIALS:** If you lose or require additional Membership materials, the cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: a) No charge for an e-mailed package. b) \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
5. **MEMBER PROXY:** UCAA is a membership association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCAA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. Should you wish to do so, you will notify the Secretary of UCAA of your desire in this respect.
6. **THIRD PARTY INSURANCE DISCLAIMER:** UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.
7. **THIRD PARTY DISCLAIMER:** UCAA is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCAA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to these providers. Discount medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.
8. **RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, or Family Member ("Membership Participant") who uses any information, programs, services or benefits included in membership (hereafter "Membership Benefits"), hereby forever releases, acquits, and discharges each of the UCAA and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Membership Benefits. The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against the UCAA will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
9. **ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the UCAA and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.
10. **HEADINGS:** The headings or captions provided throughout this Agreement are for reference purposes only, and will in no way affect the meaning or interpretation of this Agreement.
11. **WAIVER OF BREACH.** A waiver by the UCAA of a breach of any provision of this Agreement will not be deemed a waiver by the UCAA of any other breach of the same or different provision(s).

Insurance Benefits underwritten by the United States Fire Insurance Company

LIMITATIONS AND EXCLUSIONS (MAY VARY BY STATE)

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

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

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Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows; GOLD 200 PLANS: Single = \$52.85, Single/Spouse = \$102.77, Single/Child(ren)= \$102.77, Family = \$151.97 GOLD 250 PLANS: Single = \$88.09, Single/Spouse = \$171.26, Single/Child(ren)= \$171.26, Family = \$253.25 GOLD 500 PLANS: Single = \$113.87, Single/Spouse = \$221.39, Single/Child(ren)= \$221.39, Family = \$327.36 GOLD 1000 PLANS: Single = \$139.12, Single/Spouse = \$270.48, Single/Child(ren)= \$270.48, Family = \$399.97 The above Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association membership.

- 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.

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

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