

GetMED 360

TITANIUM SERIES

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



Benefits are brought to you through a 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*

Titanium 200	\$149⁹⁵ /Individual	\$259⁹⁵ /Plus Spouse or Child	\$359⁹⁵ /Family
Titanium 250	\$219⁹⁵ /Individual	\$399⁹⁵ /Plus Spouse or Child	\$529⁹⁵ /Family
Titanium 500	\$269⁹⁵ /Individual	\$489⁹⁵ /Plus Spouse or Child	\$679⁹⁵ /Family
Titanium 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.

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.

These plans are ONLY for residents of NC.

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)

- Emergency Room Benefit: \$1,000
- Accidental Death & Dismemberment Benefit: \$15,000
- Excess Accident Medical Expense Benefit: \$5,000

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*

TITANIUM 200	TITANIUM 250	TITANIUM 500	TITANIUM 1000
-----------------	-----------------	-----------------	------------------

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
---	-------	-------	-------	---------

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
--	-------	---------	---------	---------

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	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>	<i>See Surgical Schedule on page 6</i>
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	2 surgeries	2 surgeries	2 surgeries	2 surgeries

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

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

*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, 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.

ADDITIONAL INSURANCE BENEFITS:

TITANIUM 200	TITANIUM 250	TITANIUM 500	TITANIUM 1000
-----------------	-----------------	-----------------	------------------

Emergency Room Benefit** This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only. Subject to 6/12 Pre-Existing Condition Limitations. Subject to a \$100 deductible per Injury or Sickness per Covered Person. Covered Person becomes eligible after 30 continuous days of membership.

» Benefit amount:	\$1,000	\$1,000	\$1,000	\$1,000
» Maximum number of visits per Covered Person/Family per Policy Year:	2 visits	2 visits	2 visits	2 visits

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
-------------------	----------	----------	----------	----------

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
-------------------	---------	---------	---------	---------

**Underwritten by Presidential Life Insurance Company. 6/12 Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's Effective Date of coverage under the Group Policy will be excluded from coverage for the first twelve (12) months that coverage under the Group Policy is in effect.

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
- » Vacation Resort 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, 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
ABDOMEN		
Appendectomy	\$2,500	\$625
Removal of gallbladder	\$5,000	\$1,250
Total Gastrectomy	\$8,500	\$2,125
Gastrotomy	\$2,500	\$625
Laparotomy, exploratory	\$2,500	\$625

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

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

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

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

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

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

EYE		
Repair detached retina	\$5,000	\$1,250
Removal of eye	\$5,000	\$1,250

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

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

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

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

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

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

OBSTETRICAL		
Removal of placenta and/or immediate or early repair of pereneum and/or cervix	\$5,000	\$1,250
Cesarean Section, complete procedure including delivery	\$5,000	\$1,250
Cesarean Section and Hysterectomy, total or subtotal	\$2,500	\$625
Ectopic (tubal, extra-uterine) pregnancy	\$5,000	\$1,250
Miscarriage, including dilation and curettage	\$1,000	\$250

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

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

SKULL		
Osteoplastic craniotomy (other than operation for brain tumor)	\$8,500	\$2,125
Trephine	\$2,500	\$625
Hemispherectomy	\$8,500	\$2,125

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

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

VARICOSE VEINS		
Revision of leg vein	\$1,000	\$250

TRANSPLANT & PARTIAL ORGAN REMOVAL		
Lung Transplant	\$10,000	\$2,500
Lung Transplant with bypass	\$10,000	\$2,500
Heart and Lung Transplant	\$10,000	\$2,500
Liver Transplant	\$10,000	\$2,500
Liver - partial removal	\$10,000	\$2,500
Pancreas - partial removal	\$10,000	\$2,500

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

United Consumer Awareness Association "UCAA" Terms & Conditions:

- MEMBERSHIP:** UCAA Membership is mission oriented and provides consumer related information and programs encouraging more positive consumption of information, products and services for the benefit of families nationwide. Member means a person whose membership has been accepted by the Association. GETMED360 Membership in the UCAA also includes association limited insurance benefits, non-insurance association benefits, and consumer discount savings.
- MEMBERSHIP PAYMENTS:** You hereby authorize the Association 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.
- 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 administration, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 576-9268 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 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.
- 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.
- MEMBER PROXY:** UCAA is a not for profit 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.
- 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.
- THIRD PARTY DISCLAIMER:** Association 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.
- RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, and on behalf of any Family Member who uses the Program membership ("Membership Participant"), hereby forever releases, acquits, and discharges each of the Association 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, of 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 Member benefits or Program service ("Service"). The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against Association will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
- ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the Company 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.
- 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.
- WAIVER OF BREACH.** A waiver of Association of a breach of any provision of this Agreement will not be deemed a waiver by Association of any other breach of the same or different provision.

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 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; TITANIUM 200 PLANS: Single = \$52.85, Single/Spouse = \$102.77, Single/Child(ren)= \$102.77, Family = \$151.97 TITANIUM 250 PLANS: Single = \$88.09, Single/Spouse = \$171.26, Single/Child(ren)= \$171.26, Family = \$253.25 TITANIUM 500 PLANS: Single = \$113.87, Single/Spouse = \$221.39, Single/Child(ren)= \$221.39, Family = \$327.36 TITANIUM 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.

Emergency Room Benefit Exclusions and Limitations:

Underwritten by Presidential Life Insurance Company

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

We will not pay for any loss as a result of:

1. suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
2. war or any act of war, whether war is declared or not;
3. service in one of the armed forces of any country or international authority;
Note 1: If an Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium.
Note 2: This exclusion (4) does not apply to a Covered Person who is:
 - a) a member of an armed force reserve corps or National Guard unit; and
 - b) in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days.
4. riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
5. hernia, however caused,
6. services or treatment provided by a family member or the Insured Person;
7. experimental or investigational procedures;
8. cosmetic surgery or procedures;
9. hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit;
10. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
11. any loss to which a contributing cause was the Covered Person's being voluntarily engaged in any illegal occupation or activity, or the voluntary commission of or voluntary attempt to commit a felony;
12. Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol; or
13. Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician; or
14. related to pregnancy or childbirth.

Pre-Existing Conditions Limitation: Expenses incurred for treatment of Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of Coverage under the Group Policy.

Excess Accident Medical Expense Benefit and Accidental Death & Dismemberment Benefit Exclusions and Limitations:

Underwritten by Presidential Life Insurance Company

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

We will not pay for any loss as a result of:

1. suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
2. Sickness, disease or bacterial infection of any kind, except:
 - a) those which occur as a result of accidental ingestion; or
 - b) pus forming infections which occur through an accidental cut or wound;
3. war or any act of war, whether war is declared or not;
4. service in one of the armed forces of any country or international authority;
Note 1: If an Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium.
Note 2: This exclusion (4) does not apply to a Covered Person who is:
 - a) a member of an armed force reserve corps or National Guard unit; and
 - b) in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days.
5. riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
6. hernia, however caused,
7. services or treatment provided by a family member or the Insured Person;
8. experimental or investigational procedures;
9. cosmetic surgery or procedures;
10. hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit;
11. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
12. any loss to which a contributing cause was the Covered Person's being voluntarily engaged in any illegal occupation or activity, or the voluntary commission of or voluntary attempt to commit a felony;
13. Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol; or
14. Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician; or
15. related to pregnancy or childbirth.

Pre-Existing Conditions Limitation: Expenses incurred for treatment of Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of Coverage under the Group Policy.