



Enrollment Guide  
FS Association Co-pay



**CHOICE, SERVICE, SECURITY**  
*move towards peace of mind*



*Experience the Difference*

INDIVIDUAL/UCAA/FS/CO-PAY/SHELF/PMCU/N6 RX/E-163-090908/v04  
Note: Certain options are available through membership in the 'Professional Service Division' Membership of the United Consumer Awareness Association.

# Welcome to Patriot Health

Please take the time to review the following healthcare options. Feel free to contact us with any questions or concerns you might have! Thank you for choosing Patriot Health for all of your healthcare needs!

## Your Options

*Option 2 provides a 'Professional Service Division' Membership in the United Consumer Awareness Association (UCAAA)\**

**OPTION 1: Individual Major Medical Health Benefit Plans** Page 3  
*Call 866-625-1836 for a customized quote today!*

**OPTION 2: Group Limited Benefit Plans** Pages 4-10

- Co-pay Doctor Benefits & Hospital Indemnity Insurance Benefits
- Underwritten by the United States Fire Insurance Company
  
- Additional Association Insurance Features
- Accident Benefits: (underwritten by Guarantee Trust Life Insurance Company)
- Guaranteed Issue Term Life Insurance: (underwritten by Hartford Life and Accident Insurance Company)
  
- An Association Discount Medical Plan (Provided by Patriot Health Florida, Inc.)  
Discounts on Dental, Vision, Prescriptions, Chiropractic, Holistic, Fitness, and many more!
  
- An Association Consumer Discount Plan  
Discounts on numerous lifestyle programs!

**OPTION 3: Group Term Life Insurance 10-20 year** Pages 11-13

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**OPTION 5: Dental Insurance Plan** Page 15

**OPTION 6: Prescription Drug & Vision Plan** Page 16

About the UCAA:

\* The United Consumer Awareness Association is a mission driven association committed to enhancing your life 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. Once you are a member you will be able to access all of this helpful information at [www.unitedconsumer.org](http://www.unitedconsumer.org).

(866) 625-1836 Monday – Friday, 8a.m. – 6p.m. CST

# How To Enroll

Getting affordable health benefits is as easy as 1, 2, 3.

1. Read through this enrollment guide thoroughly, and learn about your healthcare options and what we offer.
2. Once you have reviewed the available plan options, gather your thoughts and questions, and call our toll-free number **(866) 625-1836 (Monday - Friday 8a.m. - 6p.m. CST.)** to speak with a Sales Consultant. They are prepared to assist you with any inquiries you may have.
3. You are now ready to enroll in a Patriot Health Benefit Program!

Yes, it is that easy! Credit Card & Automatic Bank Draft payments accepted.

# Option 1: Individual Major Medical

Patriot Health is able to offer solutions that can provide you and your loved ones with the right balance of care and service based on your personal preferences and needs.

Multiple plan options based on your needs and budget

- PPOs
- POSs
- HSAs
- High Deductibles
- Many other plans options to choose from!

Your choice of national carriers:\*

- Assurant Health
- Golden Rule, A United Healthcare Company
- Individual or family coverage available
- Plans require complete medical underwriting



Golden Rule Sample Rates:***						
Zip Code	Age	Gender(s)	Status	Deductible	Co-Insurance	Monthly Rate
77099	25	male	Single Preferred	\$2,500	100%	\$109.39
77099	25	female	Single Preferred	\$2,500	100%	\$123.07
77099	35	male	Single Preferred	\$2,500	100%	\$145.86
77099	35	female	Single Preferred	\$2,500	100%	\$170.92
77099	40,40,5	male, female & child	Family Standard	\$5,000	100%	\$394.78
77099	45,43,5	male, female & child	Family Standard	\$5,000	100%	\$449.94

\*Not all plans are available from all carriers. Product availability varies by State. \*\*\*Sample Medical plans are based on Golden Rule's Plan100. Samples listed are hypothetical persons/situations, all of which have a hypothetical effective date of 5/1/07. Plans are subject to health underwriting, actual cost determined by insurer and may be higher. Premium varies by age, zip code, family status, and other factors. In these states, plans available as individual insurance to members of FACT an independent consumer organization. Additional membership fees required.

## Call for a customized quote!

(866) 625-1836 Monday – Friday, 8a.m. – 6p.m. CST

# Option 2: Group Limited Benefit Plan Outline

**The UCAA 'Professional Service Division' Membership benefits include:** Co-pay Benefits, Hospital Indemnity Benefits, Accident Benefits, Guaranteed Issue Term Life Insurance, Discount Medical Plan (*not insurance*), and Consumer Discount Program (*not insurance*)

*MONTHLY COST:	Freedom	Harmony	Peace	Serenity	Strength
Member:	\$89.99	\$119.49	\$160.69	\$175.68	\$220.69
Member+Spouse:	\$165.41	\$223.64	\$317.39	\$350.01	\$436.45
Member+Child(ren):	\$156.69	\$210.85	\$296.83	\$327.03	\$407.31
Family:	\$218.24	\$297.52	\$408.50	\$448.50	\$568.49

\* Pricing includes insurance issued through a membership in the UCAA.

## The following benefits are Underwritten by the United States Fire Insurance Company

12/12 Pre-Ex only applicable to Hospital, Surgery and Anesthesia. Benefit limits are provided on an "up to" basis.

**Plans are not available for residents of CT, KS, MD, ME, NJ, NY, VT, and, WA**

<p><b>Doctor Office Visits:</b> This benefit is payable, up to the Plan Maximum, 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.</p> <p><b>In-Network:</b> <u>Co-pay</u>  <b>Out-of-Network:</b> Indemnity Reimbursement: (No Co-pay)</p> <p><b>Maximum number of visits:</b> per Covered Person/Family per Policy Year</p>	<p>\$30 \$40 max per visit</p>	<p>\$30 \$50 max per visit</p>	<p>\$20 \$60 max per visit</p>	<p>\$20 \$75 max per visit</p>	<p>\$20 \$80 max per visit</p>
<p><b>Wellness Visits:</b> This benefit is payable, up to the Plan Maximum, for routine health examinations and immunizations for Covered Persons age 1 or older.</p> <p><b>In-Network:</b> <u>Co-pay</u>  <b>Out-of-Network:</b> <u>Indemnity Reimbursement:</u> (No Co-pay)</p> <p><b>Maximum number of visits:</b> per Covered Person/Family per Policy Year</p>	<p>\$30 \$50 max per visit</p>	<p>\$30 \$60 max per visit</p>	<p>\$20 \$75 max per visit</p>	<p>\$20 \$80 max per visit</p>	<p>\$20 \$100 max per visit</p>
<p><b>Infant Wellness Visits:</b> This benefit is payable, up to the Plan Maximum, for routine health examinations and immunizations for children under age 1.</p> <p><b>Maximum number of visits:</b> per Covered Person per Policy Year</p>	<p>-</p>	<p>\$35 max per visit</p>	<p>\$50 max per visit</p>	<p>\$60 max per visit</p>	<p>\$75 max per visit</p>
<p><b>Diagnostic, X-ray, Laboratory:</b> This benefit is payable, up to the Plan Maximum when as the result of a Covered Injury or Sickness, X-rays, Laboratory and other diagnostic tests are ordered or performed by a Doctor.</p> <p><b>Maximum number of visits:</b> per Covered Person per Policy Year</p>	<p>\$40 max per visit</p>	<p>\$50 max per visit</p>	<p>\$75 max per visit</p>	<p>\$75 max per visit</p>	<p>\$100 max per visit</p>
<p><b>Hospital Admission Benefit:</b> This benefit is payable for Day 1 when a Covered Person is admitted to a hospital (semi-private room) other than a recovery room and confined as a resident bed patient due to covered Injury or Sickness.</p>	<p>\$200 day 1</p>	<p>\$300 day 1</p>	<p>\$500 day 1</p>	<p>\$750 day 1</p>	<p>\$1,000 day 1</p>

\* Pricing includes insurance issued through a membership in the UCAA.

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.

## Option 2: Group Limited Benefit Plan Outline *continued*

### The following benefits are Underwritten by the United States Fire Insurance Company

12/12 Pre-Ex only applicable to Hospital, Surgery and Anesthesia. Benefit limits are provided on an "up to" basis.

Plans are not available for residents of CT, KS, MD, ME, NJ, NY, VT, and, WA

	Freedom	Harmony	Peace	Serenity	Strength
<b>Hospital Confinement Benefit:</b> * This benefit is payable for days 2-31, 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).	\$100 days 2-31	\$300 days 2-31	\$500 days 2-31	\$750 days 2-31	\$1,000 days 2-31
<b>Hospital ICU/CCU:</b> * This benefit is payable for days 2-31, 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 ICU or CCU unit.	\$200 days 2-31	\$550 days 2-31	\$1,000 days 2-31	\$1,500 days 2-31	\$2,000 days 2-31
<b>Surgery (Inpatient/Outpatient):</b> This benefit is payable as 100% of Usual & Customary Rates, up to the plan maximum, for surgery required as the result of a covered Injury or Sickness.	\$500 max per visit	\$1,000 max per visit	\$2,000 max per visit	\$2,000 max per visit	\$3,000 max per visit
<b>Maximum number of Covered Surgeries:</b> per Insured per Year	1 visit	1 visit	1 visit	1 visit	1 visit
<b>Anesthesia Benefit (Inpatient/Outpatient):</b> This benefit is payable, up to the Plan Maximum, for Covered Expenses, when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. This benefit is 25% of the surgery benefit amount.	Up to \$125 max per visit	Up to \$250 max per visit	Up to \$500 max per visit	Up to \$500 max per visit	Up to \$750 max per visit
<b>Emergency Room:</b> This benefit is payable, up to the Plan Maximum 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.	\$50 max per visit	\$50 max per visit	\$75 max per visit	\$100 max per visit	\$150 max per visit
<b>Maximum number of visits:</b> per Covered Person per Policy Year	1 visit	1 visit	1 visit	1 visit	1 visit
<b>Ambulance:</b> This benefit is payable, up to the plan maximum, 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.	\$100 max per trip	\$150 max per trip	\$200 max per trip	\$250 max per trip	\$300 max per trip
<b>Maximum number of trips:</b> per Covered Person per Policy Year	1 trip	1 trip	1 trip	1 trip	1 trip
<b>Physical Therapy:</b> This benefit is payable, up to the Plan Maximum when, as the result of a Covered Injury or Sickness, a Doctor certifies that a Covered Person requires Physical Therapy.	\$20 max per visit	\$20 max per visit	\$25 max per visit	\$25 max per visit	\$30 max per visit
<b>Maximum number of visits:</b> per Covered Person per Policy Year	10 visits	10 visits	10 visits	10 visits	10 visits
<b>Hospice:</b> This benefit is payable, up to the Plan Maximum, when a Doctor certifies that as the result of a Covered Injury or Sickness, the Covered Persons life expectancy is not more than 6 months.	\$100 max per day	\$100 max per day	\$100 max per day	\$150 max per day	\$200 max per day
<b>Benefit includes services and supplies for up to the maximum number of days:</b> per Covered Person per Policy Year	10 day max	10 day max	10 day max	10 day max	10 day max

\* Maximum benefit for all Hospital and ICU/CCU confinement is 30 days following the first day admission that applies per Policy Year. 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.

## Option 2: Group Limited Benefit Plan Outline *continued*

### Accidental Death and Dismemberment & Excess Accident Medical Expense Benefits (per accident)

Underwritten by Guarantee Trust Life Insurance Company.  
Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate.

**Benefits not available to residents of ME, NY, and OR**

	Freedom	Harmony	Peace	Serenity	Strength
<p><b>Accidental Death &amp; Dismemberment:</b> 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 are covered at the same amount shown as well.</p>	\$10,000	\$15,000	\$20,000	\$25,000	\$25,000
<p><b>Excess Accident Medical Expense Benefit (per accident):</b> 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, 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. \$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.</p>	\$2,500	\$5,000	\$7,500	\$7,500	\$7,500
Guaranteed Issue Term Life Insurance					
Underwritten by Hartford Life and Accident Insurance Company					
<p><b>Guaranteed Issue Term Life Insurance:</b> 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.</p>	-	-	\$5,000	\$5,000	\$10,000

NOTE: See terms and conditions for definitions and exclusions. Terms and conditions may vary by state.

# **Option 2: Patriot Health Group Limited Benefit Plan**

## **FAQs**

**How does the Patriot Health Group Limited Benefit Program work?**

The plan is a Co-pay and Indemnity plan and does not require a member to utilize the Network. The plan pays benefits directly to your chosen provider or facility. The amount your provider is paid will be shown in your Schedule of Benefits, which is included in your Enrollment Guide. If you use a network provider, you will pay a co-pay for doctor visits as well as reduce any additional out-of-pocket expenses. The Patriot Health Limited Benefit Program is NOT a major medical plan, nor is meant to replace a major medical plan.

**How do I know if the Patriot Health Limited Benefit Program is the best choice for me?**

It is recommended that you evaluate your major medical options first. If you need a plan with first dollar coverage or low out-of-pocket costs then the Patriot Health Limited Benefit Program is a viable alternative. It is important to remember that the Patriot Health Limited Benefit Program will provide you with first dollar coverage on many routine medical related visits including: doctor visits, hospital stays/admissions, surgeries, ICU visits, wellness visits, diagnostic tests, x-rays, lab visits, as well as visits for accidents.

**If I have other coverage (Medicare, Medicaid, or other Comprehensive Major Medical Programs), will my Patriot Health Limited Benefit Plan still pay benefits?**

Yes. The Patriot Health Limited Benefit Program pays regardless of any other coverage. However, if you are currently enrolled in Medicare, Medicaid, or other Comprehensive Major Medical Programs, you do NOT need the Patriot Health Limited Benefit Program. If a Patriot Health participant has Medicare, Medicaid, or other Comprehensive Major Medical coverage, the Patriot Health Limited Benefit Plan will pay benefits first. Once the Patriot Health Limited Benefit Plan concludes payment, then Medicare, Medicaid, or other Major Medical Programs will pay any remaining benefits per its coordination of benefits provisions. NOTE: Excludes Accident Medical Coverage provided by Guaranteed Trust Life Insurance Company which is an excess benefit.

**If my doctor is not an In-Network Provider, does that change the benefit I will receive from the Patriot Health Limited Benefit Program?**

No. The Plan will pay you the same benefit whether you go to an In-Network provider or an Out-of-Network Provider. However, there is no co-pay or repricing when using an Out-of-Network Provider.

**How are medical claims processed?**

If the member visits an in network provider then, after the visit, the health care provider will submit the claim to Administrative Concepts Inc., (ACI). Member will find the address on the back of the membership card. ACI will reprice the claim. The health care provider will then balance bill the member for the difference between the repriced claim and benefit amount. If the member visits an out-of-network provider then the member must pay for the services at the time of the visit and submit the claims form (with assistance of a Patriot Health Customer Care Consultant) to ACI. Claims are traditionally paid within 14 days of submission.

**Will I receive a fulfillment package and membership cards?**

Yes. A fulfillment kit with 2 membership cards will be mailed to your designated address about a week before your membership effective date.



## Option 2: Association Discount Medical Plan

The Association Discount Medical Plan is included in your membership in the United Consumer Awareness Association (UCAA) and is provided to you at no additional cost. The Discount Medical Plan is included in ALL plan options and is provided by Patriot Health Florida, Inc.

### Member Agreement for Discount Medical Plan

Disclosures: This discount plan is not health insurance. The plan provides discounts at certain healthcare providers for medical services. The plan does not make payments directly to providers of medical services. Members are required to pay for all health care services at the time the services are performed, but will receive a discount from contracted providers.

The Discount Medical Plan Organization is Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, NY 11791. For assistance and information you may call 516-576-9264. To obtain additional information and an up-to-date list of contracted providers by name, city, state, and specialty in your service area, you may call customer service 800-290-6179 or go to [www.patriohealth.com/fullnetwork](http://www.patriohealth.com/fullnetwork).

This plan is not available in all states. Plan administrators have no liability for providing or guaranteeing service or for the quality of service rendered. Participating providers are subject to change without notice and are not available in all areas.

1. Entire Agreement: All provisions under this Agreement, ID card and product descriptions constitute the entire Agreement between the Company and the Member. This contract is not protected by any state Life and Health Guaranty Association. Discounts on professional services are not available where prohibited by law.
2. Complaints: Any complaint regarding Plan Membership should be directed to Member Services at the toll-free number on the Membership card, or in writing to the address shown above in this Agreement.
3. Effective Date and Renewal: Your effective date is indicated on your ID card. Your plan will be automatically renewed each month until you cancel.
4. Adding New Members: Under the family plan, you may add family members by calling the customer service number.
5. Cancellation: Your Discount Medical Plan is provided to you at no charge by your association. You may cancel the Discount Medical Plan at anytime by calling: 800-290-6179.
6. Best Efforts: The Company shall use its best efforts to obtain acceptance from an adequate number of Providers who will agree to provide Eligible Services to Members. However, the Company does not assume any obligation if the Provider Network is not sufficient to serve Members' needs. The final selection of the medical professional and/or medical facility and the approval or disapproval of medical treatment is the Member's choice alone.
7. Member Card: Member will be provided with a Membership Card. Such card and other forms of identification should be carried by the Member at all times to provide proof of the right to Eligible Services under the Membership Agreement. The discounts contained herein may not be used in conjunction with any other discount plan or Plan. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this Plan. In such event, members will be charged the lowest price. Plan may not be available or vary in some states.

T&C-102-013108

These programs provide discounts at certain healthcare providers for medical services.

This program does not make payments directly to the providers of medical services.

Member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization.

© Patriot Health Florida, Inc. 2008  
160 Eileen Way, Syosset, New York 11791  
Telephone: 800-290-6179

# Option 2: Association Discount Plans

Included in Association Membership at no additional cost

Association Discount Medical Plan provided by Patriot Health Florida, Inc. THIS IS NOT HEALTH INSURANCE					
	Freedom	Harmony	Peace	Serenity	Strength
Physician Network	✓	✓	✓	✓	✓
Hospital Network	✓	✓	✓	✓	✓
Lab Visits	✓	✓	✓	✓	✓
3 Tiered Prescription Drugs	✓	✓	✓	✓	✓
Tiered Dental	✓	✓	✓	✓	✓
Tiered Vision	✓	✓	✓	✓	✓
24 Hour Nurse Line	✓	✓	✓	✓	✓
E-Wellness	✓	✓	✓	✓	✓
Diabetic Supplies	✓	✓	✓	✓	✓
Fitness	✓	✓	✓	✓	✓
Tiered Chiropractic	✓	✓	✓	✓	✓
Hearing Care	✓	✓	✓	✓	✓
Elder Care	✓	✓	✓	✓	✓
Holistic Care	✓	✓	✓	✓	✓
Member Assistance Counseling	✓	✓	✓	✓	✓
Association Consumer Discount Programs THIS IS NOT HEALTH INSURANCE					
Base Consumer Discounts	✓	✓	✓	✓	✓
Medical Records Software	✓	✓	✓	✓	✓
eDocAmerica	✓	✓	✓	✓	✓
Mortgage and Realtor Discounts	✓	✓	✓	✓	✓
Legal Basic		✓	✓	✓	✓
Financial Planning		✓	✓	✓	✓
ID Theft Guardian			✓	✓	✓
Tax Hotline			✓	✓	✓
Road America Road America Auto Maintenance				✓	✓
Roadside Assistance				✓	✓
Legal Premium					✓

THIS PAGE IS NOT HEALTH INSURANCE

# Option 2: Included Association Benefits

## With Limited Medical Plans

### Medical Savings Programs

Provided to you by Patriot Health Florida, Inc. at NO additional cost.

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

**Tiered Prescription Drug 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.

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

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

**Diabetic Supplies:** Save 10% to 60% on 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!

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

**24 Hour Nurseline Program:** Unlimited, Toll-Free, 24/7 Access to Registered Nurses for you and your family completely confidential.

**E-Wellness:** Web based program that provides members with daily wellness articles, individual home fitness programs, assessment calculators, disease prevention studies, health tips, guidance on nutrition, weight loss and exercise as well as additional links to other professional sites and forums.

**Hearing Care Program:** Members receive a 15% discount on all Beltone hearing aides, as well as a complimentary hearing aid checkup, hearing screening, cleaning and inspection. In addition, members will receive 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.

**Holistic Care Program:** 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.

**Employee Assistance Counseling:** 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.

NOTE: NETWORK PROVIDERS MAY NOT BE AVAILABLE IN CERTAIN AREAS.  
D-118-012908

### Consumer Savings Programs

The following programs are a part of your United Consumer Awareness Association (UCAA) 'Professional Service Division' Membership at NO additional cost.

**Base Consumer Programs:** Car Rental Discounts, Hotel Discounts, Floral Discounts, Tradesman Referral, Moving and Storage Discounts, Amusement Park Discounts, Movie Ticket Discounts and Magazine Subscription Savings.

**Road America Road America Auto Maintenance:** Receive special membership discounts between 10%-15% on most products and services.

**Roadside Assistance:** 24 Hour Toll-free Emergency Roadside Dispatch Assistance.

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

**E-DocAmerica:** Access to medical services, making it much more convenient to get the information members need to take better care of themselves.

**Mortgage and Realtor Discounts:** save up to \$5,100 on the sale, purchase and financing of a home.

**Financial Planning:** Members are entitled to an initial consultation with planners at no charge. Members also receive discounts on financial plan preparation.

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

**Tax Hotline:** Unlimited phone calls and prompt, qualified advice on your tax issues, all year long.

**ID Theft:** Provides resolution services and connects you with a professional customer service representative in the event of an

THIS PAGE IS NOT HEALTH INSURANCE

# Option 3: Group Term Life Insurance (10 & 20 Year)

## **Guaranteed Issue - No Health Questions Asked!**

### **Term Life Insurance with Lifestyle Benefits**

Aegis, a term life insurance plan to age 95, is the foundation for coverage to help maintain an employee's lifestyle in the event of a life threatening event or even a death. Aegis features a flexible plan with embedded benefits such as an Accelerated Benefit for Terminal Illness which pays while the employee is living; therefore these benefits are often referred to as "living benefits".

Aegis offers the benefit structure and variation today's employees are demanding through one simple plan design. Aegis is a dependable plan

Coverage begins with level term life insurance for a duration of 10-20 years (with conversion provisions).

- Premiums are based on age and tobacco/non-tobacco use.
- The death benefit ranges from \$25,000 to \$50,000.

### **Embedded benefits**

- Accelerated Death Benefit for Terminal Illness (ALB) – Accelerated payment of life insurance when insured is diagnosed with a terminal illness with six months or less to live. Amount is equal to 50 percent of face amount of base plan, or \$50,000, whichever is less. The ALB is payable only during the covered person's lifetime. The face amount of the base plan will be reduced by the amount paid for the Accelerated Benefit for Terminal Illness.
- Accidental Death, Loss of Sight, and Dismemberment – Accelerated payment of life insurance when insured suffers a loss as a result of a serious accident or death.

Covered AD&D Losses	Percentage of AD&D Benefit Payable
Loss of life	10%
Loss of both hands	5%
Loss of both feet	5%
Loss of sight in both eyes	5%
Loss of one hand and one foot	5%
Loss of one hand and sight in one eye	5%
Loss of one foot and sight in one eye	5%

- Total Disability Waiver of Premium – Waives premium after insured is totally disabled for more than six months for insured applicant age 55 or younger. Total disability must begin or occur prior to the insured's 60th birthday and while the rider is in force.

### **Optional Benefit**

- Family Term Life – Provides term life insurance for spouse and/or child(ren).

### **More Than Life Insurance**

Don't settle for a regular term life plan which only offers a death benefit. Consider Aegis, term life insurance with true living benefits to enhance the quality of life while living.

*Aegis is Kanawha Insurance Company Policy Form 20235 6/02 or 7003 10/02. Optional riders and benefits are not available in all states and may vary by state. The plan and any optional riders contain limitations and exclusions. Kanawha Insurance Company is a member of the Humana family of companies.*

# Option 3: Group Term Life Insurance (10 Year) continued

## PLAN RATE SCHEDULE

Monthly Premiums for 10-Year Term (Non-Tobacco User):

Member Age	\$25,000	\$50,000
18	\$4.20	\$6.70
25	\$4.95	\$8.20
30	\$5.45	\$9.20
35	\$6.20	\$10.70
40	\$8.70	\$15.70
45	\$11.20	\$20.70
50	\$17.20	\$32.70
55	\$23.20	\$44.70
60	\$35.45	\$69.20
65	\$47.70	\$93.70

Spouse Age	\$25,000	\$50,000
18	\$2.50	\$5.00
25	\$3.00	\$6.00
30	\$3.75	\$7.50
35	\$4.25	\$8.50
40	\$6.75	\$13.50
45	\$9.00	\$18.00
50	\$15.00	\$30.00
55	\$20.75	\$41.50
60	\$32.75	\$65.50
65	\$44.75	\$89.50

Monthly Premiums for 10-Year Term (Tobacco User):

Member Age	\$25,000	\$50,000
18	\$5.95	\$10.20
25	\$7.70	\$13.70
30	\$9.20	\$16.70
35	\$10.70	\$19.70
40	\$15.70	\$29.70
45	\$20.95	\$40.20
50	\$33.70	\$65.70
55	\$46.45	\$91.20
60	\$72.95	\$144.20
65	\$99.45	\$197.20

Spouse Age	\$25,000	\$50,000
18	\$4.00	\$8.00
25	\$5.75	\$11.50
30	\$7.25	\$14.50
35	\$8.75	\$17.50
40	\$13.50	\$27.00
45	\$18.50	\$37.00
50	\$31.00	\$62.00
55	\$43.50	\$87.00
60	\$69.00	\$138.00
65	\$94.75	\$189.50

Child(ren)	Cost is \$0.51 per thousand dollars of coverage applied for - Covers all dependent children
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Rates shown illustrate a sampling of ages. Rates are not age banded.

Please note: Rates shown are intended to illustrate a sampling of ages (rates are not age banded), for a complete rate chart, please contact Sales Support or refer to POSS. Coverage not available in all states. Policy features may vary by state

# Option 3: Group Term Life Insurance (20 Year) continued

## PLAN RATE SCHEDULE

Monthly Premiums for 20-Year Term (Non-Tobacco User):

Member Age	\$25,000	\$50,000
18	\$5.45	\$9.20
25	\$6.20	\$10.70
30	\$6.70	\$11.70
35	\$7.20	\$12.70
40	\$9.95	\$18.20
45	\$12.45	\$23.20
50	\$19.70	\$37.70
55	\$26.70	\$51.70
60	\$44.20	\$86.70
65	\$61.45	\$121.20

Spouse Age	\$25,000	\$50,000
18	\$3.75	\$7.50
25	\$4.25	\$8.50
30	\$4.75	\$9.50
35	\$5.50	\$11.00
40	\$8.00	\$16.00
45	\$10.50	\$21.00
50	\$17.25	\$34.50
55	\$24.25	\$48.50
60	\$41.25	\$82.50
65	\$58.00	\$116.00

Monthly Premiums for 20-Year Term (Tobacco User):

Member Age	\$25,000	\$50,000
18	\$7.95	\$14.20
25	\$9.95	\$18.20
30	\$11.45	\$21.20
35	\$12.95	\$24.20
40	\$18.20	\$34.70
45	\$23.45	\$45.20
50	\$38.70	\$75.70
55	\$53.70	\$105.70
60	\$91.20	\$180.70
65	\$128.45	\$255.20

Spouse Age	\$25,000	\$50,000
18	\$6.25	\$12.50
25	\$8.00	\$16.00
30	\$9.50	\$19.00
35	\$10.75	\$21.50
40	\$16.00	\$32.00
45	\$21.25	\$42.50
50	\$35.75	\$71.50
55	\$50.50	\$101.00
60	\$86.75	\$173.50
65	\$123.00	\$246.00

Child(ren)	Cost is \$0.51 per thousand dollars of coverage applied for - Covers all dependent children
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Rates shown illustrate a sampling of ages. Rates are not age banded.

Please note: Rates shown are intended to illustrate a sampling of ages (rates are not age banded), for a complete rate chart, please contact Sales Support or refer to POSS. Coverage not available in all states. Policy features may vary by state

# Option 4: Disability Income Advantage

## Disability insurance offers incentives to return to work

When accidents or illnesses totally disable employees, Disability Income Advantage can be there to help pay the bills that won't go away, just because they can't work. The benefit may be used to cover every day costs such as housing, food, car payments, and even additional medical costs. Disability Income Advantage can help them concentrate on what's most important – a full recovery and successful return to the workplace, free from the burden of excess accumulated debt.

## A strong base of coverage

Disability Income Advantage provides non-occupational (off-the job) coverage for disability resulting from injury or illness. Base plan benefits (subject to underwriting Industry Class restrictions).

- Benefit amounts of \$200 to \$5,000 maximum per month, not to exceed 67% of base monthly income.
- Elimination Period (EP) for accident/sickness: 14/14. Elimination Period is the number of continuous days the insured is out of work, beginning with the first day of a total disability, before any monthly benefit amount is payable.
- Benefit Period: 1 year. Benefit Period is that period of time for which monthly income benefits are payable after the Elimination Period ends.
- 80% disability to qualify as "totally disabled," which means that the insured, due to a covered sickness or injury, is:
  - Unable to perform the substantial and material duties of his or her regular occupation for 80% of regular work hours; and
  - Under the regular care of a physician.
- Coverage is completely portable and guaranteed renewable up to age 70.

## Embedded benefits

- Survivor Benefit – Provides a lump sum equal to 3 times the monthly benefit if the insured dies while receiving benefits.
- Terminal Illness – Provides a lump sum up to 12 times the monthly benefit amount for diagnosis of a terminal illness.
- Catastrophic Disability – Removes Elimination Period for all disability income benefits when the insured is totally disabled regardless of time, duties, or income and pays another 50% of the monthly benefit [i.e., 150% of the monthly benefit]. Defined as loss of sight in both eyes, loss of use of a hand and a foot, both hands, both feet or the use of any two limbs.
- Partial Disability Income – Pays 50% of the total disability benefit when the policyholder's disability prevents them from performing between 20% and 80% of their normal work schedule. (Insured must be Totally Disabled prior to the start of Partial Disability.)

## The real advantage is apparent

Disability Income Advantage is great for business because it can help control expenses incurred when employees are disabled. These can include time lost recruiting and training replacements, productivity shortfalls and other administrative expenses. Proper coverage can help employees return to productive roles in your company as soon as possible. Consider the benefits Disability Income Advantage offers which make it a more competitive way to cover a paycheck.

PLAN RATE SCHEDULE: Monthly Premiums for Disability Income Advantage (Simplified Issue, Class 4):

Base	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
18-45	19.89	25.81	31.73	37.65	43.57	49.49	55.41	61.33	67.25	73.17	79.09	85.01
46-60	23.70	30.89	38.08	45.27	52.46	59.65	66.84	74.03	81.22	88.41	95.60	102.79
61-67	27.24	35.61	43.98	52.35	60.72	69.09	77.46	85.83	94.20	102.57	110.94	119.31
Base	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600
18-45	90.93	96.85	102.77	108.69	114.61	120.53	126.45	132.37	138.29	144.21	150.13	156.05
46-60	109.98	117.17	124.36	131.55	138.74	145.93	153.12	160.31	167.50	174.69	181.88	189.07
61-67	127.68	136.05	144.42	152.79	161.16	169.53	177.90	186.27	194.64	203.01	211.38	219.75
Base	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800
18-45	161.97	167.89	173.81	179.73	185.65	191.57	197.49	203.41	209.33	215.25	221.17	227.09
46-60	196.26	203.45	210.64	217.83	225.02	232.21	239.40	246.59	253.78	260.97	268.16	275.35
61-67	228.12	236.49	244.86	253.23	261.60	269.97	278.34	286.71	295.08	303.45	311.82	320.19
Base	\$3,900	\$4,000	\$4,100	\$4,200	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000
18-45	233.01	238.93	244.85	250.77	256.69	262.61	268.53	274.45	280.37	286.29	292.21	298.13
46-60	282.54	289.73	296.92	304.11	311.30	318.49	325.68	332.87	340.06	347.25	354.44	361.63
61-67	328.56	336.93	345.30	353.67	362.04	370.41	378.78	387.15	395.52	403.89	412.26	420.63

Disability Income Advantage is Kanawha Insurance Company Policy Form 80315 8/05. The policy and any optional benefits/riders contain limitations and exclusions. Optional benefits/riders and features are not available in all states and may vary by state. Kanawha Insurance Company is a member of the Humana family of companies.

# Option 5: Dental Insurance Plan

Rates for: Pioneer Muslim Credit Union	
	With Ortho
Member	\$21.86
Member + Spouse	\$46.64
Member + Child(ren)	\$56.19
Family	\$85.26

## Traditional (Passive) Dental Plan (100/80/50)

**Annual Benefit - Per Person . . . . . 1,000**

Percentage of Covered Benefits Per Policy Year

	TYPE I	TYPE II	TYPE III*
<b>DURING THE 1ST YEAR</b>	100%	80%	0%
<b>2ND YEAR AND THEREAFTER</b>	100%	80%	50%

\* 12-month waiting period

### DENTEMAX

**Calendar Year Deductible, Per Person. . . . . \$50/150**

This deductible applies to Type II and III services

Payment is based upon allowable charges in the area in which service is rendered.

Services provided at a non-contracting provider are paid at the 90th percentile.

Network providers can be located at [www.dentemax.com](http://www.dentemax.com) or by calling **800.752.1547**

#### TYPE I (PREVENTIVE SERVICES)

Including:

- No waiting period
- Routine Exams
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

#### TYPE II (BASIC SERVICES)

Including:

- No waiting period
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)
- Simple restorative services (fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia
- Sealants for children ages 6-15 (one per tooth)

#### TYPE III (MAJOR SERVICES)

Including:

- 12 months waiting period
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Endodontics/root canal therapy
- Periodontics
- Space maintainers
- Oral Surgery
- General anesthesia (for services dentally necessary)

#### ORTHODONTIC SERVICES

- 50% coverage
- \$1,000 lifetime maximum benefit
- Children under 19 only

#### Marketed and Administered by:

ORAQUEST DENTAL PLANS  
12946 Dairy Ashford, Suite 360  
Sugar Land, TX 77478  
(281) 313-7150 - (800) 660-6064  
Fax: (281) 313-7155

#### Underwritten By:

FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO.  
12946 Dairy Ashford, Suite 360  
Sugar Land, TX 77478  
(281) 313-7150 - (877) 493-6282  
Fax (281) 313-7155



## Option 6: Prescription Drug & Vision Plan

Rates	
Member	\$9.95
Member + Spouse	\$14.95
Member + Child(ren)	\$14.95
Family	\$14.95

### Prescription Drug

This program is accepted at over 50,000 participating pharmacies nationwide, including all the leading national chains! Simply visit a participating pharmacy, present your membership card and pay the pharmacy directly. Members have the potential to save thousands of dollars annually on the members prescription charges.

**Tier 1)** Drugs at up to a \$10.00 maximum cost.\*

**Tier 2)** Drugs at up to a \$20.00 maximum cost.\*

**Tier 3)** All other Drugs are available for your program at negotiated rates. Your program also provides additional options to lower your cost on Tier 3 drugs through an independent mail order service or free drug program.\*\*

\*Drugs are subject to be added or deleted without notice. A nominal handling fee may apply.

\*\*Optional usage through an independent mail order service.

### Tiered Vision

**Tier 1 & Tier 2)** At select participating vision outlets, a no-charge\* eyeglass vision exam is available once annually per family. You also receive contracted rates of 10% to 50% on eyeglasses, non-prescription sunglasses, eye exams and contact lenses (excluding disposables) at participating independent and retail optical locations nationwide. Most frames, lenses, and specialty items are available.

**Ophthalmology & LASIK Features** Save 20% to 60% on medical eye exams and surgical procedures including LASIK at participating ophthalmology locations.

\*Prescription must be filled by the provider performing the no-charge exam if glasses are required.

NOTE: Network providers may NOT be available in certain areas

# Terms & Conditions

## United Consumer Awareness Association Terms & Conditions:

UCAAA 'Professional Service Division' membership terms are as follows:

1. UCAA 'Professional Service Division' membership includes association insurance benefits, non-insurance association benefits, and consumer discount savings. UCAA Membership is designed to provide valuable consumer related information and programs and encourages healthier consumer habits for the benefit of families nationally and world wide.
2. 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.
3. Healthcare professionals providing healthcare services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to the healthcare providers. Discount medical plans are administered by Patriot Health Florida Inc.
4. UCAA may change service providers at its sole discretion.
5. Membership is renewable monthly at option of Member. Non-payment will result in cancellation of Member Benefits. A member may cancel at any time by written notice to UCAA.
6. UCAA Refund Policy: Members will be sent a full refund if the first month membership fees (enrollment fees excluded) requested in writing or by fax within 30 days from submission of the membership registration to UCAA. Insurance claims submitted during the first 30 days constitute acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. Members can call the toll-free number in this agreement to request cancellation, but must send a signed written notice of cancellation before cancellation can be processed. For all plans effective the 1st of the month cancellations must be received by the 14th, no later than 11:59p.m. to be effective for the following month.
7. Cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
8. Usage of any part of this membership program shall signify 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 understand that this proxy is 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. In such event, you will notify the Secretary of UCAA of your desires in this respect.

## Insurance Benefits Terms & Conditions

Insurance Benefits underwritten by the United State Fire Insurance Company

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 except as specifically provided; allergy testing;
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. 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;
19. 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;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
21. 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;
22. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
23. Prescription medicines;
24. 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;
25. 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;
26. 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;
27. 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;
28. 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.

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.

Insurance Benefits underwritten by the United State Fire Insurance Company at the following voluntary rates: Freedom Package: employee \$50.32, employee + spouse \$104.83, employee + child(ren) \$94.35, family \$144.67. Harmony Package: employee \$73.52, employee + spouse \$153.16, employee + child(ren) \$137.84, family \$211.36. Peace Package: employee \$111.17, employee + spouse \$231.61, employee + child(ren) \$208.47, family \$319.64. Serenity Package: employee \$124.52, employee + spouse \$259.41, employee + child(ren) \$233.48, family \$357.99. Strength Package: employee \$161.59, employee + spouse \$336.63, employee + child(ren) \$302.97, family \$464.55.

## Accidental Death & Dismemberment Benefit and Excess Accident Medical Expense Benefit Terms & Conditions

Underwritten by Guarantee Trust Life Insurance Company:

Non-Duplication of Benefits: If a Covered Person is covered by any other blanket or group health care plan and would, as a result, receive total medical expense or service benefits in excess of the expenses actually incurred, then the Excess Accident Medical Expense benefits payable under the Policy will be reduced by such excess amount. This Non-Duplication of Benefits provision does not apply if the Policy is considered primary under any coordination of benefit guidelines contained in the other health care plans.

Exclusions:

This does not provide benefits for:

- Treatment, services or supplies which:
  1. Are not Medically Necessary;
  2. Are not prescribed by a Doctor as necessary to treat an Injury;
  3. Are determined to be Experimental/Investigational in nature.;
  4. Are received without charge or legal obligation to pay;
  5. Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.
  6. Are not specifically listed as Covered Charges in this Certificate.
  7. Injury by acts of war, whether declared or not.
  8. Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
  9. Injury covered by Worker's Compensation or the Occupational Disease Law.

# Terms & Conditions *(continued)*

10. Dental treatment, except as specifically stated.
11. Injury sustained while committing or attempting to commit a felony.
12. Prescription Drugs except as specifically stated.
13. Suicide or attempted suicide while sane.
14. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
15. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
16. Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
17. Injury which occurs while the Insured 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.
18. 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.
19. Injury sustained where the Insured is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
20. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
21. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
22. Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 30 days.

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

Underwritten by Hartford Life and Accident Insurance Company Simsbury, CT

PERIOD OF COVERAGE: You will become covered under The Policy on the Certificate Effective Date shown in the Schedule of Insurance.

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.

Change of Premiums:

The Company has the right to change the premium rate on the first Policy Anniversary and on any Premium Due Date thereafter. The Company will give the Policyholder notice of any change at least 30 days before the Due Date on which it is to become effective.

Request for Change in Coverage:

If you give us an application for a change in coverage for which you are eligible and pay the required premium, the change will become effective on the first day of the month on or next following the later of:

1. the date we receive the application; or
2. if Evidence of Insurability is required, the date we determine that you are insurable.

Termination:

Coverage will end on the earliest to occur of:

1. the date The Policy terminates; or
2. the Premium Due Date on or next following the date You: a. cease to be an active member of the Policyholder; b. attain the Policy Age Limit;
3. the date You are no longer in a class eligible for coverage, or the class is cancelled; or
4. the Premium Due Date that you fail to pay any required premium, subject to the individual Grace Period.

Individual Grace Period:

You will be allowed an Individual Grace Period of 31 days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period. The Individual Grace Period will not continue coverage beyond a date shown in the Termination provision.

**BENEFITS** Life Insurance Benefit:

If You die while covered under The Policy, We will pay Your Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss Provision. The Life Insurance Benefit will be paid according to the General Provisions of the Policy.

Suicide:

If You commit suicide while sane:

1. During the first two years of coverage under The Policy, We will only pay Your Life Insurance Benefit in an amount equal to the premium paid for coverage to the death, if We can show that the deceased person intended suicide when coverage was elected. The full Life Insurance Benefit Amount for You is payable if You are covered under The Policy and commit suicide after the two year period.

Exclusions:

The Life Insurance Benefit does not cover death:

1. caused or contributed to by war act of war whether declared or not;
2. occurring while in the armed forces of any country or international authority;
3. caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft: a. as a pilot, crew member or student pilot; or b. as a flight instructor or examiner. We will refund the pro

rata portion of any premium paid for this benefit for You while in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within 12 months of the date You enter the armed forces.

Disclaimer Rates:

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy or Master Policy AGL-1809 as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. Rates and/or benefits may be changed on a class basis.

## **Disability Income Advantage Limitations and Exclusions:**

**DISABILITY BENEFITS** of this policy or an attached rider will begin to accrue on the first day after the end of the applicable Elimination Period; will be paid at the end of the month for which it is due; and will be prorated based on a 30-day month if payable for less than a full month. Payment will end when you die, are no longer Totally Disabled or you have received this benefit for its maximum benefit period.

**TOTAL DISABILITY (TOTALLY DISABLED)** means that because of a covered Sickness or Injury, you are: unable to perform the substantial and material duties of your regular occupation, or performing the substantial and material duties of your regular occupation for not more than 20% of your normal pre-disability schedule, and under the regular care of a Physician. Your normal pre-disability schedule is as defined by your Employer but does not include overtime. After you have received 12 months of benefits for Total Disability under this policy and/or a rider attached to this policy, Total Disability means that because of a covered Sickness or Injury, You are: unable to perform the substantial and material duties of any occupation or if not employed, to engage in the normal activities of a person of the same age and under the regular care of a Physician. You are Totally Disabled if you suffer a catastrophic loss. This applies even if you are working. A retired person is considered Totally Disabled if you are completely unable to engage in the normal activities of a retired person of like age and good health. Sickness means an illness, disease or complication of pregnancy that first makes itself known more than 30 days after the Effective Date and while this policy is in force. Benefits for a normal pregnancy are provided on the same basis as for any other Sickness but beginning on the 270th day after the Effective Date and while this policy is in force.

**PRE-EXISTING CONDITION** means an Injury or Sickness which a Physician has treated or for which a Physician has advised treatment within 12 months prior to the Effective Date. It is also one which would cause a person to seek diagnosis or care within the same 12-month period. A normal pregnancy beginning prior to the Effective Date is considered to be a Pre-existing Condition, whether or not it was disclosed on the Application.

**BASE TOTAL DISABILITY BENEFITS** pay you the Base Total Disability Benefit when you submit proofs of loss after the Elimination Period ends. The benefit amount is shown on the Schedule. However, if the 24-Hour Coverage Disability Benefit Rider is attached to this policy and in force on the date of loss, we will pay the lesser of: the Base Total Disability Benefit amount shown on the Schedule, or Occupational Income minus other income payable for the same period.

**BASE PARTIAL DISABILITY BENEFIT** We will pay you the Base Partial Disability Benefit when you: satisfy the Elimination Period; have received a Total Disability Benefit for at least one day; and submit proofs of loss. This benefit amount will be the lesser of: the Base Partial Disability Benefit amount shown on the Schedule, or Occupational Income minus compensation payable for the same period. However, if the 24-Hour Coverage Disability Benefit Rider is attached to this Policy and in force on the date of loss, this Benefit will be the lesser of: the Base Partial Disability Benefit shown on the Schedule, or Occupational Income minus the sum of compensation and other income payable for the same period.

**COMPLICATIONS OF PREGNANCY** mean bodily conditions while you are pregnant that are distinct from, but adversely affected or caused by the pregnancy. These conditions include: postpartum hemorrhage; toxemia of pregnancy; rupture or prolapse of the uterus; miscarriage; non-elective caesarean section; non-elective abortion; acute nephritis; nephrosis; cardiac decompensation; missed abortion; ectopic pregnancy which is terminated; and spontaneous termination of a pregnancy when a viable birth is not possible. Not included are conditions associated with the management of a difficult pregnancy which do not constitute a nosologically distinct Complication of Pregnancy. These include: Caesarean section; elective abortion; false labor; occasional spotting; pre-eclampsia; Physician prescribed rest; or morning sickness (hyperemesis gravidarum).

**MENTAL OR EMOTIONAL DISEASE OR DISORDER** means a condition so classified in the Diagnostic and Statistical Manual or Mental Disorders (DSM). We will use the DSM most current as of the date of loss. If the DSM is discontinued or replaced, we will use published data that, in our opinion, provides the most comparable information. Mental or Emotional Disease or Disorder does not include any condition excluded from the coverage of this policy by name or specific description. Mental or Emotional Disease or Disorder does not include dementia, if caused by: stroke; trauma; infection; or Alzheimer's disease.

**ELIMINATION PERIOD** means the number of days that you must be Totally Disabled before benefits for total or partial disability are payable. Days of Total Disability will count toward the Elimination Period if continuous or due to the same or related cause(s) and separated from the prior period of Total Disability by less than eight days. Days of Partial Disability do not count toward the Elimination Period. Benefits subject to the Elimination Period are shown on the Schedule.

**PARTIAL DISABILITY (PARTIALLY DISABLED)** means that, because of a covered Sickness or Injury, you are working more

# Terms & Conditions *(continued)*

than 20% but not more than 80% of your normal pre-disability schedule and under the regular care of a Physician. Your normal pre-disability schedule is as defined by your Employer but does not include overtime.

**SURVIVORSHIP BENEFIT** pays the Survivorship Benefit if: You die after the end of the Base Total Disability Benefit Elimination Period and you, on Your date of death, are receiving or eligible to receive a Total Disability benefit.

**TERMINAL ILLNESS BENEFIT** pays the Terminal Illness Benefit shown on the schedule if a Physician diagnoses you as Terminally Ill while you are Totally Disabled, and within 60 days after the end of the Elimination Period.

**CATASTROPHIC TOTAL DISABILITY BENEFIT** If you suffer a Catastrophic Loss, we will increase the Base Total Disability Benefit and the Total Disability Benefits of any Riders by 50%. In addition the Elimination Period(s) of the policy and any attached riders are waived; no reductions for other income apply; and periodic proofs of loss are not required after your Physician has provided proofs of loss satisfactory to us that you have suffered a Catastrophic Loss.

**WAIVER OF PREMIUM BENEFIT** We will waive Premiums of this Policy from the date of Total Disability after the later of: 90 consecutive days of Total Disability or the end of the Elimination Period. When we approve the Waiver of Premium, we will refund any premiums paid from the first day of Total Disability. When you are no longer eligible for Waiver of Premiums, you must resume payment of premiums to keep your policy in force.

## **Dental Limitations and Exclusions:**

1st Continental Life & Accident Insurance Co.

Covered Expenses Will Not Include and No Benefits Will be Payable:

1. For major services in the first 12 months that the Insured is covered, except as may be provided in the Takeover Benefit provision.
2. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
5. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
6. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
7. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
8. To duplicate appliances or replace lost or stolen appliances.
9. For appliances, restorations or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat jaw fractures or disturbances of the temporomandibular joint.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For broken appointments or the completion of claim forms.
12. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
13. For sealants which are:
  - a. not applied to a permanent molar;
  - b. applied before age 6 or after attaining age 16; or
  - c. reapplied to a molar within three years from the date of a previous sealant application.
14. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
15. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
16. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.
17. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
18. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
19. Because of war or any act of war, declared or not, or while on fulltime active duty in the armed forces of any country.
20. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
21. For any services related to: equilibration, bite registration or bite analysis.
22. For crowns for the purpose of periodontal splinting.
23. For charges for: any implants; overdentures; precision or semiprecision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
24. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
25. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.

26. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits: As a service to protect the Insured, First Continental Life & Accident Insurance Co. will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to First Continental Life & Accident Insurance Co. for review and predetermination of benefits before the service begins.

## **Group Term Life Insurance Limitations and Exclusions**

**INSURED TOTAL DISABILITY WAIVER OF PREMIUM.** Pending Kanawha's approval of a claim for Waiver of Premium, premiums should be paid as they fall due. Waiver of Premium is automatically included with the Certificate if Employee is less than age 55.

If Total Disability results from inability to perform an occupation, premiums will be waived from the date of Total Disability after Kanawha receives proofs of loss showing that a covered Total Disability has continued for 6 consecutive months.

Total Disability means one of the 7 conditions listed below and must commence or occur prior to the insured's attained age 60 and while the benefit is in full force:

- A disability that prevents the insured, for at least 6 consecutive months, from performing an occupation for compensation or profit. During the first 12 months of disability, an occupation means the insured's job or profession at the time disability began. After 12 months, an occupation means any job or profession for which the insured is or becomes reasonably fitted by reason of education, training or experience;
- Loss of sight of both eyes;
- Loss of both hands;
- Loss of both feet;
- Loss of one hand and one foot;
- Loss of one hand and sight of one eye;
- Loss of one foot and sight of one eye.

If the premiums of the Certificate are being waived under a provision of the Certificate, when the Employee becomes attained age 65, then Kanawha will automatically convert the Certificate to a whole life policy. The premiums will continue to be waived so long as the Employee would have qualified for Waiver of Premium.

**ACCELERATED BENEFIT FOR TERMINAL ILLNESS.** This benefit provides accelerated payment of the Amount of Life Insurance for a Covered Person if that Covered Person is diagnosed with a terminal illness.

If an Accelerated Benefit for Terminal Illness is paid, the Amount of Life Insurance for the covered person payable at that Covered Person's death will be reduced by the amount of Accelerated Benefit for Terminal Illness paid. If the Accelerated Benefit for Terminal Illness paid is equal to the Amount of Life Insurance for the Covered Person, insurance on the Covered Person terminates and nothing will be paid at the Covered Person's death.

**RENEWABILITY AND PREMIUM INFORMATION.** This is a term to attained age 95 life insurance Certificate. Initial coverage of 5 years may be renewed twice at the Employee's option for one or 2 successive 5-year periods at the then attained age rates. Initial coverage of 10 years may be renewed once at the Employee's option for one successive 10-year period at the then-attained age rates. Initial coverage terms of 15 years, 20 years, or 30 years may not be renewed. At the end of the level premium period(s), all certificates renew on an annually renewable term (ART) basis.

Premiums for the term planned benefit(s), if selected, are not guaranteed.

**MAXIMUM ISSUE AGE.** Please note the following maximum issue ages for policy purchase: 30-Year, Issue Ages 18-55; 20-Year, 15-Year, 10-Year, or 5-Year, Issue Ages 18-65.

**ACCELERATED LIVING BENEFIT RIDER** Providing Accelerated Benefits for Critical Illness or Total Disability (Form 20860 12/02). Provides an accelerated payment of the Amount of Life Insurance if a Covered Person is diagnosed with a Critical Illness or Total Disability. If an Accelerated Benefit of the rider is paid, the Amount of Life Insurance payable at the Covered Person's death will be reduced by the amount of the accelerated benefit paid.

**ACCELERATED BENEFIT FOR CRITICAL ILLNESS.** We will pay an Accelerated Benefit for Critical Illness when a physician diagnoses a Covered Person as having a critical illness.

**ACCELERATED BENEFIT FOR TOTAL DISABILITY.** We will pay to the Insured named on the Policy Schedule an Accelerated Benefit for Total Disability on the first day of the calendar month after the insured has been totally disabled by injury or sickness for the Elimination Period for this benefit shown on the Policy Schedule.

**TOTAL DISABILITY.** is a disability caused by accidental injury or sickness that prevents the insured from performing an occupation for compensation or profit. During the first 12 months of disability, an occupation means the insured's job or profession at the time disability began. After 12 months, an occupation means any job or profession for which the insured is or becomes reasonably fitted by reason of education, training or experience. Total Disability does not include a disability brought about by a Critical Illness for which benefits are paid or payable under the rider.

Please see Policy and any riders for complete Definitions, Exclusions and Limitations. Policy and riders may vary by state or not be available in all states.