CITADEL ONE
HEALTH



UCA Membership Plans

Extra Protection When You Need It Most

Insurance Benefits, Medical Savings and More

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

The insurance included in the UCA Memberships outlined in this guide are not Major Medical or Comprehensive Health Coverage. They are intended to help supplement Comprehensive Health Insurance. They are neither Minimum Essential Coverage under the Affordable Care Act (ACA) nor are they Workers' Compensation Insurance under state law. The insurance benefits included with certain memberships are limited and may include pre-existing medical conditions limitations. It is important that you review your fulfillment materials for details on your benefits and your responsibility when submitting a claim. The primary member (and spouse) must be between the ages of 18 and 64 years to enroll. For more information about the UCA, please visit www.unifiedcaring.org. Insurance products are underwritten by certain licensed insurance companies.

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CITADEL ONE
HEALTH

Enhance Your Coverage with Citadel One Health - UCA Membership Plans

Citadel One Health - UCA Membership Plans are designed to enhance your existing coverage, whether you have a Limited Medical Indemnity Plan or traditional major medical insurance.

About the Plans

The membership plan options in this brochure are available exclusively through Unified Caring Association (UCA) membership. Each Citadel One Health plan set is designed to provide valuable benefits, which include non-insurance consumer and medical-related features to support your overall well-being, and may include insured reimbursements or lump sum payments for eligible events.

This brochure outlines the available Citadel One Health plans, helping you find the right options to enhance your coverage and financial security.

About the UCA

Founded in 1987, the Unified Caring Association (UCA) is a non-profit dedicated to bringing hope, happiness, and health to over 170,000 members. We provide affordable, meaningful benefits and resources to support health and everyday needs. Visit UnifiedCaring.org to learn more.

30 Day Free Look: If you cancel within 30 days from your start/effective date, your first monthly payment will be refunded unless a claim has been submitted. Refund requests must be submitted to the plan administrator by email or by phone. See terms and conditions for details. Refunds will not be considered if a claim has been paid.

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MediAssist Series

Hospital Confinement Insurance Benefits

Underwritten by Everest Reinsurance Company

Life is unpredictable, but you can be prepared. UCA MediAssist Plans combine hospital coverage with UCA membership, giving you added support when you need it most. Plus, enjoy valuable medical and everyday savings that can help make healthcare and daily expenses more affordable.

	MediAssist 100	MediAssist 250	MediAssist 500
Group Fixed Indemnity Insurance*			
Daily Hospital Confinement Benefit:	**$100** Per Day	**$250** Per Day	**$500** Per Day
Days Covered:	**30** Days	**30** Days	**30** Days
Medical Savings and Consumer Benefits**	✔	✔	✔
Access savings on travel, entertainment, electronics, and healthcare, along with unlimited legal, tax, and counseling support.			
INDIVIDUAL (Per Mo.)	**$35**	**$44**	**$59**
INDIVIDUAL + SPOUSE (Per Mo.)	**$41**	**$60**	**$92**
INDIVIDUAL + CHILD(REN) (Per Mo.)	**$43**	**$64**	**$99**
FAMILY (Per Mo.)	**$52**	**$86**	**$143**

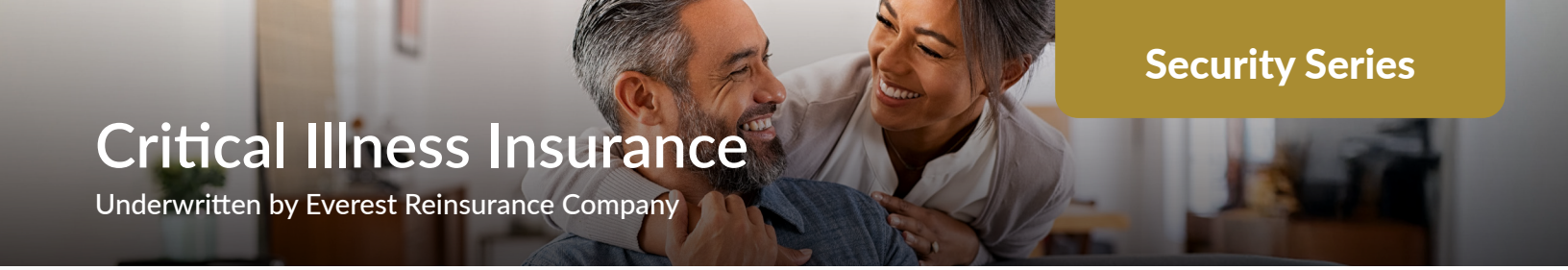
Monthly membership cost includes non-insurance benefits and insurance premium. Please see your membership brochure for full benefit details.

*The Group Fixed Indemnity Insurance benefits described above are underwritten by Everest Reinsurance Company, Warren Corporate Center, 100 Everest Way, Warren, NJ 07059, 800-438-4375. This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates at age 70. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. Benefits underwritten by Everest Reinsurance Company are not dependent on the use of the Multiplan network.

IMPORTANT: This program provides Group Fixed Indemnity insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.For a full list of limitations and exclusions please see pages 13 and 14.

**The services described above are not insurance and are not provided by Everest Reinsurance Company or Guarantee Trust Life Insurance Company and may vary from plan to plan.



Security Series

Critical Illness Insurance

Underwritten by Everest Reinsurance Company

Unexpected health issues can be costly. Security Series Critical Illness Insurance provides a lump-sum benefit upon diagnosis of a covered critical illness, helping with expenses so you can focus on recovery. Benefits are payable up to 100% of the Benefit Amount, subject to the Lifetime Maximum, with a 30-day waiting period.

	SECURITY 2500	SECURITY 5000	SECURITY 7500	SECURITY 10000	SECURITY 20000
Critical Illness Insurance*	$2,500	$5,000	$7,500	$10,000	$20,000
Primary (You) Benefit Amount:	$2,500	$5,000	$7,500	$10,000	$20,000
Covered Spouse/Domestic Partner Benefit Amount:	$2,500	$5,000	$7,500	$10,000	$20,000
Covered Dependent Child Benefit Amount:	$2,500	$5,000	$7,500	$10,000	$20,000
Medical Savings and Consumer Benefits***	✔	✔	✔	✔	✔
Access savings on travel, entertainment, electronics, and healthcare, along with unlimited legal, tax, and counseling support.					
INDIVIDUAL (Per Mo.)	$31	$36	$42	$48	$68
INDIVIDUAL + SPOUSE (Per Mo.)	$36	$48	$57	$68	$109
INDIVIDUAL + CHILD(REN) (Per Mo.)	$31	$36	$42	$48	$68
FAMILY (Per Mo.)	$37	$49	$58	$69	$110

Usage Scenario**

After years of good health, Mark was shocked when he was diagnosed with a heart attack. While his health insurance covered medical treatments, he faced additional expenses like lost income, rehabilitation costs, and daily living expenses.

Fortunately, Mark had Security Series Critical Illness Insurance, which provided him with a lump-sum benefit. This financial support helped him focus on recovery without the added stress of mounting bills, giving him and his family support during a difficult time.

CATEGORY 1: Cardiovascular-Related Critical Illnesses	BENEFIT %
Heart Attack (myocardial infarction)	100%
Stroke	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Coronary Artery Bypass Surgery	50%
CATEGORY 2: Cancer-Related Critical Illnesses	**BENEFIT %**
Invasive Cancer	100%
Carcinoma in Situ	50%
Benign Brain Tumor	50%
First Incident Skin Cancer	$500 per Covered Person, per lifetime
CATEGORY 3: Other Critical Illnesses	**BENEFIT %**
Major Organ Transplant	100%
End Stage Renal Failure	100%

Monthly membership cost includes non-insurance benefits and insurance premium. Please see your membership brochure for full benefit details.

There is a Pre-Existing Condition Exclusion. Please review the full list of exclusions on page 12. For definitions of Type 1 and Type 2 Cancer and Major Organ Transplant, please refer to page 12.

*The Critical Illness Insurance benefits described are underwritten by Everest Reinsurance Company. This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage ends at age 70. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

**The claim scenario is hypothetical and is intended to show the types of situations that may result in a claim. Scenario is not based on actual claims and should not be compared to an actual claim. Whether or to what extent a particular loss is covered depends on the facts and circumstances of the loss, the terms and conditions of the policy as issued and applicable law.

***The services described above are not insurance and are not provided by Everest Reinsurance Company and may vary from plan to plan.



Protect Series

Group Accident Only Insurance Benefit

Underwritten by Guarantee Trust Life Insurance Company

Accidents can happen anytime, and the costs that follow can add up quickly. Group Accident-Only Insurance provides a lump-sum payment if you are injured or killed in a covered accident, helping you manage unexpected medical expenses.

	PROTECT 5000	PROTECT 7500	PROTECT 10000
Group Accident Only Insurance*			
Accident Medical Expense Benefit			
Maximum Benefit Amount Per Covered Accident:	**$5,000**	**$7,500**	**$10,000**
Deductible Amount:	**$100**	**$100**	**$100**
Emergency Room[1]			
Maximum Benefit Amount:	**$1,000**	**$1,000**	**$1,000**
Accidental Death & Dismemberment			
Maximum Benefit Amount:	**$5,000**	**$7,500**	**$10,000**
Medical Savings and Consumer Benefits**	✔	✔	✔
Access savings on travel, entertainment, electronics, and healthcare, along with unlimited legal, tax, and counseling support.			
INDIVIDUAL (Per Mo.)	$36	$39	$49
INDIVIDUAL + SPOUSE (Per Mo.)	$46	$51	$77
INDIVIDUAL + CHILD(REN) (Per Mo.)	$47	$52	$78
FAMILY (Per Mo.)	$48	$53	$79

How It Works & Why It Matters

If a covered accident leads to injury, death, dismemberment, or loss of sight, speech, or hearing within 365 days, you'll receive a direct cash benefit. Use it for medical bills, emergency visits, or daily expenses. With rising healthcare costs, even minor accidents can lead to significant expenses. This benefit helps ease the financial burden, covering Accident Medical Expenses, ER costs, and AD&D benefits, so you can focus on recovery.

Usage Scenario

Mark slips while hiking and suffers a broken leg, requiring an emergency room visit, X-rays, and surgery. His Group Accident-Only Insurance provides a lump-sum payment to help cover his ER visit, medical expenses, and recovery costs. Since Mark is out of work during his recovery, the benefit also helps him manage daily expenses, reducing financial stress while he heals.

Membership ends upon the attained age of 70.

*Group Accident Only insurance is issued on Policy form series MP-1300/MP-1400 and Certificate form series GC-1300/GC-1400 by Guarantee Trust Life (GTL), Glenview, IL. The policy is issued to Unified Caring Association (UCA) and contains the following: exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase premium rates. For complete details of coverage, please contact us. Cancellation/Termination of Benefits/Renewability: Coverage terminates when UCA terminates the policy, your membership ceases, insurance ceases for your class, for nonpayment of premium by UCA, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of UCA to provide required information; or at GTL's option with 30 days notice. Notice of termination provided to UCA is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCA.Group Accident Only Insurance policies included in the UCA membership are not Major Medical or Comprehensive Medical Insurance coverage, and are neither Minimum Essential Health Benefit Plans under Affordable Care Act or Policies of Workers' compensation Insurance under state law.

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

**The services described above are not insurance and are not provided by Guarantee Trust Life Insurance Company and may vary from plan to plan.

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Guardian Series

Term Life Insurance

Underwritten by Guarantee Trust Life Insurance Company (GTL)

Term life insurance provides a cash benefit to your beneficiary upon your passing, helping cover immediate expenses like medical bills, funeral costs, and other obligations. Full benefits are available after a 12-month waiting period, but accidental death is covered in full at any time.

	Guardian 5000	Guardian 10000	Guardian 15000	Guardian 20000
Accidental Death Coverage *(available any time, including within the first 12 months)*				
Individual Benefit Amount:	$5,000	$10,000	$15,000	$20,000
Spouse Benefit Amount: *Only applicable if the Individual + Spouse plan is chosen*	$5,000	$10,000	$15,000	$20,000
Term Life Insurance Coverage *(available after a waiting period of 12 months)*				
Individual Benefit Amount:	$5,000	$10,000	$15,000	$20,000
Spouse Benefit Amount: *Only applicable if the Individual + Spouse plan is chosen*	$5,000	$10,000	$15,000	$20,000
Medical Savings and Consumer Benefits*	✔	✔	✔	✔
Access savings on travel, entertainment, electronics, and healthcare, along with unlimited legal, tax, and counseling support.				
INDIVIDUAL (Per Mo.)	$32	$36	$40	$44
INDIVIDUAL + SPOUSE (Per Mo.)	$37	$44	$52	$60

Usage Scenario

When Sarah unexpectedly passed away, her family faced both emotional and financial strain from funeral costs and medical bills. Thanks to membership in UCA's Citadel One Health Solutions Guardian Series, the cash benefit covered these expenses, allowing her family to focus on grieving instead of financial worries. The full benefit was paid since Sarah's passing was due to an accident, even within the first 12 months.

Membership ends upon the attained age of 70.

Term Life benefits are age-based and reduce accordingly: Ages 18–64 receive the full benefit; at ages 65–69, 50% of the Term Life benefit is replaced by Accidental Death coverage; at age 70 and above, Term Life ends and is fully replaced by Accidental Death coverage. Accidental Death coverage is effective immediately, including during any Term Life waiting period.

Group Term Life insurance is issued on Policy/Certificate Form Series GLMP-3002/GLC-3002 by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. The policy is issued to Unified Caring Association (UCA) and has exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase rates. For complete details of coverage, please contact us.

Cancellation/Termination of Benefits/Renewability: Coverage terminates when UCA terminates the policy, your membership ceases, insurance ceases for your class, for nonpayment of premium by UCA, or the date of fraud or misrepresentation of a material fact;failure of UCA to provide required information; or at GTL's option with a 30-day notice. Notice of termination provided to UCA is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.GTL does not provide nor is affiliated with any other programs provided as a part of membership in UCA.

*The services described above are not insurance and are not provided by Guarantee Trust Life Insurance Company and may vary from plan to plan.

Exclusions for Group Term Life Insurance

Suicide Exclusion: If a Covered Person dies as the result of suicide or any attempt at suicide, while sane or insane within two years of his Effective Date of coverage, the insurance company will be liable only for an amount equal to the Premium paid.

Accidental Death Benefit and Exclusions: The Accidental Death Benefit is paid directly to your beneficiary in a lump sum amount if you experience a covered loss resulting from an accidental injury, if the injury causes death within 90 days from the date of the accident. This benefit is subject to all the terms, conditions, and exclusions of this Certificate.

Exclusions: No benefits are payable for any loss caused by:

Suicide or intentionally self-inflicted Injury while sane or insane.

War or any act of war, declared or undeclared.

Travel, or flight in or descent from any kind of aircraft unless as a fare paying passenger on a regularly scheduled flight.

As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.

Infections, except infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and

The non-accidental ingestion of a contaminated substance.

Intoxication as defined in the jurisdiction where the accident occurred.

Being under the influence of any drug unless administered and taken as prescribed by a Doctor.

Participation in an attempt to commit an assault or felony, or participation in a riot.

Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.

Riding or driving as a professional in any kind of race for prize money or profit.

The following monthly rates apply for coverage underwritten by GTL as part of your UCA Membership: Guardian 5000 Individual =$2.14, Individual Plus Spouse = $4.64; Guardian 10000 Individual =$4.29, Individual Plus Spouse = $9.29; Guardian 15000 Individual =$6.43, Individual Plus Spouse = $13.93; Guardian 20000 Individual =$8.57, Individual Plus Spouse = $18.57;

You have the option of downloading your certificate electronically. If you choose to do so, you are consenting to accept electronic delivery of your certificate. You also have the right at any time to receive a hard copy of your certificate. If you choose this option, please call 1-800-992-8044.

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Legacy Series

Group Accident Only Insurance Benefits*

Underwritten by Guarantee Trust Life Insurance Company (GTL)

An unexpected accident can impact your loved ones. Group Accidental Death Benefits* provides a lump sum cash benefit to your designated beneficiary if you pass away due to a covered accident.

	Legacy 50	Legacy 100	Legacy 200
Accidental Death Insurance*	**$50,000**	**$100,000**	**$200,000**
Primary Member Coverage	$50,000	$100,000	$200,000
Covered Spouse/Domestic Partner Coverage (If spouse or family coverage is elected)	$25,000	$50,000	$100,000
Covered Dependent Child Coverage (If child or family coverage is elected)	$12,500	$25,000	$50,000
Accident Medical Expense Benefit			
Hospice Care Expense Maximum Benefit Amount Per Covered Accident:	$500	$500	$500
Initial Treatment Period:	60 days	60 days	60 days
Benefit Period:	12 months	12 months	12 months
Medical Savings and Consumer Benefits**	✔	✔	✔
Access savings on travel, entertainment, electronics, and healthcare, along with unlimited legal, tax, and counseling support.			
INDIVIDUAL (Per Mo.)	$42	$46	$55
INDIVIDUAL + SPOUSE (Per Mo.)	$44	$51	$64
INDIVIDUAL + CHILD(REN) (Per Mo.)	$43	$48	$58
FAMILY (Per Mo.)	$45	$52	$67

How It Works

If an Accident results in a covered Loss of Life within one year after the Accident, the carrier will pay the amount below. The Accident must occur while the Insured Person is insured under this policy, while it is in force. On a plan covering spouse and/or Dependent Child(ren), spouse is covered at 50% of primary member coverage and Dependent Children are covered at 25% of primary member coverage.

What It Does

Accidental Death Benefits pay benefits if you die in a covered accident. Accidental Death Benefits will pay your designated beneficiary a cash benefit that can be used however it is needed. It pays in addition to your primary (Major Medical) insurance.

Enrollment is available to members ages 18 -64, and coverage remains in effect until age 70.

For a full list of exclusions, please see page 13.

*Accidental Death Insurance Benefits and Accident Medical Expense Benefit are offered under Group Accident Only Insurance issued on Policy form series MP-1300/MP-1400 and Certificate form series GC-1300/GC-1400 by Guarantee Trust Life (GTL), Glenview, IL. The policy is issued to Unified Caring Association (UCA) and contains the following: exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase premium rates. For complete details of coverage, please contact us.

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

GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCA.Group Accident Only Insurance policies included in the UCA membership are not Major Medical or Comprehensive Medical Insurance coverage, and are neither Minimum Essential Health Benefit Plans under Affordable Care Act or Policies of Workers' compensation Insurance under state law.

**The services described above are not insurance and may vary from plan to plan.

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UCA Smiles Series

Monthly Cost	Fresh	Sparkle	Gleam	Vision Add-On
Individual	$56	$75	$85	$16
Individual + Spouse	$89	$126	$145	$25
Individual + Child(ren)	$107	$131	$161	$26
Family	$161	$206	$254	$36

Renaissance® DENTAL & VISION

Renaissance Dental* Plans make it easy and affordable to get the care you need!

Optional Vision Add-On available — covers routine eye exams, glasses, and contact lenses.**
Access a broad network of eye care professionals.

Save on the Services You Use Most
Cleanings, checkups, and X-rays are often covered in full or at a low cost when you see a participating dentist.

Nationwide Dentist Network
Visit thousands of providers across the country.

Easy-to-Use Member Tools
Find a dentist, view benefits, print ID cards, and manage your plan online.

Accident Dental Expense Coverage***
$2,000 accident dental benefit with a $100 deductible (in addition to dental insurance).

Smart Dental Support + Everyday Savings
Includes KELLS 24/7 dental support and member savings (gym, travel, pet discounts, cash-back shopping, and wellness perks) with UCA membership.

	Fresh	Sparkle	Gleam
Preventive Services include exams, cleanings, fluoride treatments for children, bitewing/full-mouth X-rays, and sealants.	100%	100%	100%
Basic Services cover emergency visits, simple extractions, fillings, basic periodontal care, and additional X-rays.	50%	65%	80%
Major Services include root canals, surgical extractions, advanced periodontal treatment, oral surgery, and crowns (once per tooth every five years) or dentures where covered.	20%	50%	50%
Orthodontic Services Annual Max $1,000. Applies to members up to 19 years of age.	None	None	$1,000
Out-of-Network Coverage	90th Percentile UCR		
Deductible Applies to all services except In-Network Preventive Services	$100	$100	$100
Annual Max	$1,000	$1,500	$3,000
Waiting Period	None	None	None

*Underwritten by Renaissance Life & Health Insurance Company of America, PO Box 1596, Indianapolis, IN 46206. Products may not be available in all states jurisdictions.See your certificate for limitations and exclusions.

Find a participating dentist anytime!

National Network Partner
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DENTEMAX - PLUS NETWORK

Regional Network Partners
dD dentalDIRECT · stratose people · analytics · results · Premier Dental Group · DDS INC.

**Optional Vision Add-On includes a $130 maximum annual allowance for frames and contact lenses.

***Accident Dental Expense Insurance underwritten by Guarantee Trust Life Insurance Company (GTL). Accident Dental Expense Benefits are offered under Group Accident Only insurance issued on Policy form series MP-1400, Certificate form series GC-1400, by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. The policy is issued to Unified Caring Association (UCA) and has exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase rates. For complete details of coverage, please contact us.
See last page for limitations and exclusions.

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Monthly Cost	Tier Care Plus
Individual	$27
Individual + Spouse	$29
Individual + Child(ren)	$29
Family	$34

Tier Care Plan

The Citadel One Health Tier Care Plan offers a comprehensive suite of non-insurance medical savings network programs, providing tiered benefits for Dental, Vision, and Prescription (Rx) savings, along with other consumer-focused health benefits.

Tiered Dental Program

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

Tiered Vision Program

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

Rx Savings Program

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

DoctorNow

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

Membership in this plan remains active without an automatic termination date.

The Discount Medical Plans described in this brochure are provided by Patriot Health Florida, Inc., A Discount Medical Plan Organization. The plan is not a health insurance policy and is not available in all areas. The plan provides discounts to certain health care providers for medical service and does not make payments directly to the providers for medical services. The range of discounts for medical services provided under these plans will vary depending on the type of provider and service received. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., Located at 2540 Metrocentre Blvd. Ste. 5, West Palm Beach, FL 33407, 800-292-3797. Discount Medical Plans are not available in all states.

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Monthly Cost	Care Assist Value Plus
Individual	$69
Individual + Spouse	$107
Individual + Child(ren)	$146
Family	$185

Care Assist Value Plans

Healthcare can be costly and complex, but the Care Assist Value Plus membership plan offers affordable, accessible solutions.

Healthcare2U's Direct Primary Care (DPC)

Healthcare2U's Direct Primary Care (DPC) provides nationwide access to primary care, chronic disease management, and 24/7 virtual visits. Members receive **unlimited in-office doctor visits** for a low fee, along with a concierge **Patient Advocacy Line (PAL)** for care navigation. The plan includes treatment for 13 chronic conditions and bilingual telehealth services at no cost per visit. Available for individuals and families, this non-insurance healthcare membership helps reduce overall medical expenses with affordable pricing and comprehensive care access.

The Plans Include...

Tiered Dental Program

Get affordable annual dental visits, including exams, X-rays, and cleanings, with savings of 25% to 85% on various procedures at select providers nationwide.

Tiered Vision Program

Save 10% to 50% on eyewear and exams, plus 20% to 60% on ophthalmology services, including LASIK.

Rx Savings Program

Save up to 65% on generics and 40% on all medications at over 60,000 pharmacies nationwide.

Member Legal Program

Create wills, power of attorney, and other legal documents online, saving hundreds in attorney fees.

Member Financial Security Suite

Get up to $500 for auto and $1,000 for home deductible reimbursements, plus 50% off appliance and electronics repairs (up to $1,000/year).

Counseling Hotline

24/7 access to master's-level therapists for confidential support, referrals, and discounted local counseling.

Member Bill Negotiation

Qualify for medical bill negotiation on out-of-pocket expenses over $2,500.

Wellness Benefit Suite

Save up to 80% on lab tests, imaging, and screenings with nationwide access and concierge scheduling. Get 10% off at-home colorectal screening kits—no doctor visit needed.

Membership in this plan remains active without an automatic termination date.

The Discount Medical Plans described in this brochure are provided by Patriot Health Florida, Inc., A Discount Medical Plan Organization. The plan is not a health insurance policy and is not available in all areas. The plan provides discounts to certain health care providers for medical service and does not make payments directly to the providers for medical services. The range of discounts for medical services provided under these plans will vary depending on the type of provider and service received. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., Located at 2540 Metrocentre Blvd. Ste. 5, West Palm Beach, FL 33407, 800-292-3797. Discount Medical Plans are not available in all states.

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THIS IS NOT HEALTH INSURANCE



Monthly Cost	Well Care Plus
Individual	$58
Individual + Spouse	$60
Individual + Child(ren)	$60
Family	$62

WellCare Plans

Making healthcare more accessible and affordable, WellCare Plus is a non-insurance plan designed to support your health and wellness without financial strain.

Recuro Health Virtual Care & Therapy

Unlimited access to primary, urgent, and behavioral healthcare through messaging and video consultations. Members receive personalized care from dedicated physicians, with integrated prescriptions, at-home lab testing, and chronic condition management. Urgent care is available 24/7 for common medical concerns at no cost per consult, while behavioral health services include therapy, psychiatry, and medication management for mental wellness. This comprehensive, whole-person approach ensures accessible and consistent care from anywhere.

The Plan Also Includes

Tiered Dental & Vision
Save 25%-85% on dental services and up to 60% on vision care, including LASIK.

Rx Savings
Discounts up to 65% on generics and 40% on all medications at 60,000+ pharmacies.

Legal & Financial
Online wills, deductible reimbursements, and appliance repair discounts.

Member Bill Negotiation
Qualify for medical bill negotiation on out-of-pocket expenses over $2,500.

Wellness & Support
24/7 counseling, bill negotiation, and up to 80% off lab tests and imaging.

Member Financial Security Suite
Get up to $500 for auto and $1,000 for home deductible reimbursements, plus 50% off appliance and electronics repairs (up to $1,000/year).

Counseling Hotline
24/7 access to master's-level therapists for confidential support, referrals, and discounted local counseling.

Wellness Benefit Suite
Save up to 80% on lab tests, imaging, and screenings with nationwide access and concierge scheduling. Get 10% off at-home colorectal screening kits—no doctor visit needed.

Membership in this plan remains active without an automatic termination date.

The Discount Medical Plans described in this brochure are provided by Patriot Health Florida, Inc., A Discount Medical Plan Organization. The plan is not a health insurance policy and is not available in all areas. The plan provides discounts to certain health care providers for medical service and does not make payments directly to the providers for medical services. The range of discounts for medical services provided under these plans will vary depending on the type of provider and service received. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., Located at 2540 Metrocentre Blvd. Ste. 5, West Palm Beach, FL 33407, 800-292-3797. Discount Medical Plans are not available in all states.

D-190A-02012018

THIS IS NOT HEALTH INSURANCE

UNIFIED CARING ASSOCIATION "UCA" TERMS & CONDITIONS

1. MEMBERSHIP: UCA Membership is mission oriented, dedicated to helping members live a life filled with more caring and happiness. In a desensitized and challenging world, the UCA is committed to increasing emotional awareness in support of a more loving and caring environment through the provision of information, education, inspirational materials, and programs. As part of its ongoing mission, UCA sponsors caring initiatives in the developing and developed world by teaming with projects that help Children, Animals, Reforestation and the Elderly. Member means a person whose membership has been accepted by the UCA.
2. MEMBERSHIP DUES: You hereby authorize the UCA or its designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership dues 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 dues will result in cancellation of monthly Membership benefits included in those dues. It is your responsibility to make sure that you are being charged each month. If you fail to make a payment or your payment is declined, your monthly membership benefits will cease, and unfortunately no benefits will be available to you. The one-time Lifetime Association Fee grants you lifetime access to the UCA Base Membership Benefits. Visit www.UnifiedCaring.org for more details on your UCA Base Membership Benefits.
3. CANCELLATION: If you are not completely satisfied, you may call the Member Services phone number on the back of your ID Card or e-mail to support@asureconnect.com to cancel at any time. You will be sent a full refund of the first months' membership dues only if cancellation is received within thirty (30) days from your effective date. Refunds will not be considered if a claim has been paid. The Member Lifetime Association Fee is non-refundable, except where refund provisions for such are specified by state law. Prorated refunds are not offered. Refunds can take up to five (5) business days to process. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax, phone or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, monthly membership benefits will terminate at the end of the billing cycle for which you have paid. Please call to confirm your request for cancellation was received.
4. THIRD PARTY INSURANCE DISCLAIMER: UCA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. Any insurance coverage is made available by licensed insurance companies which issued policies to the UCA. Classes of membership that include insurance benefits may be subject to age, limitations, conditions and exclusions. If any such benefits are no longer available to member, membership class may be changed or cancelled at member discretion. Policies included in the UCA membership are not Major Medical or Comprehensive Medical Insurance coverage. Policies included in the UCA membership are not Minimum Essential Health Benefit Plans under Affordable Care Act nor Policies of Workers' compensation Insurance under state law.
5. THIRD PARTY DISCLAIMER: UCA is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCA. UCA assumes no liability or risk for payment for services to these providers. Discount medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.
6. CONSENT TO ELECTRONIC DELIVERY: Membership materials can be downloaded electronically, including instruction guides, certificates, and ID cards. Important notifications regarding memberships will be delivered by email and the privacy policy and terms and conditions can be viewed by logging into www.member.asureconnect.com. You are consenting to accept electronic delivery of your membership materials. Your electronic membership documents have the same affect, validity and enforceability as paper copies. You also have the right at any time to receive a paper copy of any document that was provided to you electronically, at no charge by calling member services. You are responsible for providing updated contact information should your information change from what was previously provided. Please call member services or email support@asureconnect.com to make changes to your contact information.
7. COMMUNICATIONS: You may be contacted via text message and/or telephone at the number you provided using automated technologies and/or prerecorded messages. You may opt-out from receiving text messages and automated calls by calling the member services telephone number listed on your welcome email and membership materials.
8. RELEASE: Benefits are to be used at your sole discretion. Each Member, for himself/herself, or Family Member ("Membership Participant") who uses any information, programs, services or benefits included in membership (hereafter "Membership Benefits"), hereby forever releases, acquits, and discharges each of the UCA and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Membership Benefits. The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against the UCA will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
9. ENTIRE AGREEMENT: All provisions under this Agreement constitute the entire Agreement between the UCA and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.
10. HEADINGS. The headings or captions provided throughout this Agreement are for reference purposes only, and will in no way affect the meaning or interpretation of this Agreement.
11. WAIVER OF BREACH. A waiver by the UCA of a breach of any provision of this Agreement will not be deemed a waiver by the UCA of any other breach of the same or different provision(s).

These terms and conditions are subject to change without notice.
Ocean Consulting Group, Inc.* is the third-party administrator collecting your association fees and remitting the premium to the carriers providing insurance coverage as part of your association membership. *Otherwise known as "Ocean Consulting Group Administrators, Inc." in the state of New Jersey and OCG Administrators and OCG Insurance Services in the state of California and Oregon.

SECURITY SERIES

CRITICAL ILLNESS INSURANCE EXCLUSIONS AND LIMITATIONS:

Underwritten by Everest Reinsurance Company.
Benefits will not be provided for a Critical Illness if it is caused by, contributed to or results from:

1. suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
2. from a Pre-existing Condition.
3. war or any act of war, whether declared or undeclared.
4. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond thirty-one (31) consecutive days.
5. refusing certain types of recommended medical treatment, as follows:
   a) a Physician has recommended treatment with angioplasty or Coronary Artery By-Pass Graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a Heart Attack; or
   b) a Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a Stroke; or
   c) a Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancer, the Covered Person refuses, and the Covered Person develops Type 1 Cancer, Skin Cancer, or Type 2 Cancer.

Benefits are payable for the First Occurrence in a Covered Person's lifetime. First Occurrence means, subject to any Pre-existing Condition limitation period, the first time that a Diagnosis is made or a Procedure is recommended for a Critical Illness in a Covered Person's lifetime covered under the Policy. A Diagnosis made or Procedure recommended for a Critical Illness after satisfaction of the Pre-existing Condition limitation period is considered a First Occurrence.
Pre-existing Condition Limitation
No benefits are payable for a Pre-existing Condition. Once a Critical Illness is no longer considered a Pre-existing Condition as defined herein due to satisfaction of the time period below, the exclusion for that Critical Illness as a Pre-existing Condition no longer applies. A condition will no longer be considered a Pre-existing Condition after the Covered Person's coverage under the Policy has been in effect for 12 consecutive months.
Major Organ Transplant means human to human organ transplant from a donor to the Covered Person of transplant of an entire liver, lung, small intestine, kidney or pancreas that is required due to clinical evidence of a major organ's irreversible failure which requires that the malfunctioning organ or tissue of the Covered Person be replaced with an organ or tissue from a suitable human donor, excluding the Covered Person. The Covered Loss will be deemed to have occurred on the date the Covered Person is listed on the United Network for Organ Sharing (UNOS).
Major Organ Transplant does not include an organ transplant involving organs other than an entire kidney, liver, small intestine, lung, or pancreas;

1. involving transplants of parts of organs, tissues or cells;
2. involving organs transplanted from the same Covered Person;
3. involving organs received from non-human donors;
4. involving implantation of mechanical devices or mechanical organs; or
5. involving islet cell transplant.

Type 1 Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. Type 1 Cancer does not include:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any papillary tumor of the bladder classified as Ta under TNM Classification;
3. any tumor of the prostate classified as T1N0M0 under TNM Classification;
4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Classification and is one centimeter or less in diameter;
5. any tumor in the presence of human immuno-deficiency virus;
6. any Skin Cancers, unless there is metastasis and the tumor is a malignant melanoma of greater than 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
7. Type 2 Cancer; and
8. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

Type 1 Cancer must be Diagnosed according to a Pathological Diagnosis or Clinical Diagnosis of Type 1 Cancer.
Type 2 Cancer means a Diagnosis of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It also includes:

1. any malignant melanoma less than or equal to 1.0 millimeters maximum thickness (regardless of Clark level of ulceration) as determined by a histological examination using the Breslow method;
2. any melanoma not invading the dermis classified as T1N0M0 under TNM Classification;
3. any tumor of the prostate classified as T1N0M0 under TNM Classification;
4. any papillary tumor of the bladder classified as Ta under TNM Classification;
5. any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Classification and is one centimeter or less in diameter;
6. chronic Lymphocytic Leukemia (CLL), less than or equal to Stage I, as defined by RAI classification.

Type 2 Cancer does not include:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any tumor in the presence of human immuno-deficiency virus;
3. any non-melanoma Skin Cancer;
4. any melanoma in situ classified as TisN0M0 under TNM Classification
5. other skin malignancies; and
6. any carcinoid tumor.

Type 2 Cancer must be Diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.
The Insurance Rate related to coverage underwritten by Everest Reinsurance Company, as part of your membership is as follows:

Security 2500: Individual=$3.13, Individual Plus Spouse = $6.24, Individual Plus Child(ren) = $3.15, Family = $6.28. Security 5000: Individual=$6.24, Individual Plus Spouse = $12.48, Individual Plus Child(ren) = $6.28, Family = $12.52. Security 7500: Individual=$9.37, Individual Plus Spouse = $18.73, Individual Plus Child(ren) = $9.42, Family = $18.78. Security 10000: Individual=$12.48, Individual Plus Spouse = $24.97, Individual Plus Child(ren) = $12.56, Family = $25.05. Security 20000: Individual=$24.97, Individual Plus Spouse = $49.95, Individual Plus Child(ren) = $25.11, Family = $50.09.

Per Person Lifetime Benefit Maximum: 100% of the Benefit Amount for all occurrences combined for all Critical Illnesses. Benefit Waiting Period: 30 Days

PROTECT SERIES

GROUP ACCIDENT ONLY INSURANCE LIMITATIONS & EXCLUSIONS:

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

- Treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat an Injury;
- Are determined to be Experimental/Investigational in nature;
- Are received without charge or legal obligation to pay;
- Are received from persons employed or retained by any Family Member, unless otherwise specified; or
- Are not specifically listed as Covered Charges in the Policy.

- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay;
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

The Insurance Rate related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows;
Protect 5000: Individual =$4.09, Individual Plus Children = $10.23, Individual Plus Spouse = $10.23, Family = $10.23. Protect 7500: Individual =$5.40, Individual Plus Children = $13.51, Individual Plus Spouse = $13.51, Family = $13.51. Protect 10000: Individual =$7.69, Individual Plus Children = $19.20, Individual Plus Spouse = $19.20, Family = $19.20.
Notice of Claim: Written notice of claim must be given to the claims administrator within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

LEGACY SERIES

GROUP ACCIDENT ONLY INSURANCE LIMITATIONS & EXCLUSIONS:
Underwritten by Guarantee Trust Life Insurance Company
The Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay;
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

The Insurance Rate related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows:
Legacy 50: Individual=$2.00, Individual Plus Spouse = $2.99, Individual Plus Child(ren) = $2.39, Family = $3.39; Legacy 100: Individual=$3.99, Individual Plus Spouse = $5.97, Individual Plus Child(ren) = $4.77, Family = $6.77; Legacy 200: Individual=$7.97, Individual Plus Spouse = $11.94, Individual Plus Child(ren) = $9.54, Family = $13.54

Notice of Claim: Written notice of claim must be given to the claims administrator within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

MEDIASSIST SERIES

GROUP FIXED INDEMNITY INSURANCE LIMITATIONS AND EXCLUSIONS:
Underwritten By Everest Reinsurance Company. For complete listing of limitations and exclusions please see the policy.

Expenses for any services, supplies, and Treatment as described below will not be considered Covered Benefits or Covered Services or a Covered Loss and no benefits will be payable for such expenses, unless expressed otherwise.

1. Breast Surgery – Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy occurring while covered under this Certificate for Treatment of Cancer, including reconstruction of the other breast to produce a symmetrical appearance and Treatment of lymphedemas.
2. Certain services or treatment - No benefits are payable if provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
3. Cosmetic Surgery - No benefits are payable, except for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of Congenital Condition of a covered Dependent Child which has resulted in a functional defect.
4. Dental care and treatment - No benefits are payable, except for dental care or treatment due to accidental injury to Sound Natural Teeth within 12 months of a Covered Accident and except for dental care or treatment necessary due to congenital disease or anomaly. Sound Natural Teeth means teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.
5. Elective treatment or surgery - No benefits are payable.
6. Experimental or Investigational treatment - No benefits are payable.
7. Extreme Sports - No benefits are payable for any Accident caused by or resulting from, directly or indirectly, a Covered Person's participation in a sport featuring speed, height, danger, a high level of physical exertion, highly specialized gear, or spectacular stunts, including but not limited to: scuba diving; skydiving; hang-gliding, parachuting, paragliding or parascending; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; caving; flight in an aircraft other than a regularly scheduled flight by an airline; entering, flying or exiting any aircraft while acting or training as a pilot or crew member; participation in a rodeo; operating or riding in or on any motorized or non-motorized vehicle engaged in acrobatic tricks/ stunts, off-road activities or racing; parkour; or free running.
8. Family Member - No benefits are payable for Treatment, services or supplies which are received from a Family Member.
9. Foreign Travel - No benefits are payable for Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 30 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States.
10. Gender – No benefits are payable for Treatment, services, and supplies related to the following conditions, regardless of underlying causes: sex transformation; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction or inadequacy; Treatment to enhance, restore or improve sexual energy, performance or desire.
11. Hazardous Activity Occupation - No benefits are payable for Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received in any form, including sponsorship, salary or prize money, such as, but not limited to: Participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional contact sports and adult sporting competition at a national or international level.
12. Illegal Acts – No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a criminal act or being engaged in an illegal occupation.
13. Incarceration - No benefits are payable for loss caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
14. Intoxication Exclusion - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person being intoxicated. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the state in which loss occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he or she is in fact operating a motor vehicle. An autopsy report from a licensed medical examiner, law enforcement officer's report, toxicology test results or similar items will be considered proof of the Covered Person's intoxication.
15. Not Medically Necessary - No benefits are payable.

16. Mental Illness/Substance Abuse - No benefits are payable for Mental Illness or Substance Abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, Prescription Drugs, except as provided under the Mental Health Facility Confinement Benefit, Substance Abuse Facility Confinement Benefit, Mental Health Outpatient Benefit, or Substance Abuse Outpatient Benefit provisions if listed in PART VI – BENEFIT PROVISIONS.
17. Narcotic Exclusion - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
18. Overdose – No benefits are payable for a Medical Condition resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Physician.
19. Pregnancy - No benefits are payable for Treatment, services, and supplies related to: maternity; Pregnancy; childbirth; voluntary or elective abortion, except with respect to where a Covered Person's life would be endangered if the fetus were carried to term, except as provided under the Newborn Indemnity Benefit if listed in PART VI – BENEFIT PROVISIONS. Complications of Pregnancy are covered as any other Sickness.
20. Service in the Armed Forces - No benefits are payable for loss caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or international organization, including non-military units supporting such forces.
21. Manipulations of the Musculoskeletal System or Acupuncture – No benefits are payable for care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of the vertebral column. No benefits are payable for Meridian therapy or acupuncture.
22. Sports – No benefits are payable for loss resulting from participation in intercollegiate sports, interscholastic sports, organized competitive sports (i.e., travel teams or club sports) or professional athletics. This does not include dependent children participating in local recreational community sports activities.
23. Suicide or Intentional Injury – No benefits are payable for loss caused or aggravated by suicide, attempted suicide or a self-inflicted Medical Condition, even if the Covered Person did not intend to cause the harm which resulted from the action which led to the self-inflicted Medical Condition.
24. Unlicensed Driver - No benefits are payable for an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a driver's education instructor.
25. War - No benefits are payable for War or Act of War, Riot, Insurrection, Service in Armed Forces. War or act of war (whether declared or undeclared); participation in a riot or insurrection; service in the Armed Forces or units auxiliary thereto. Loss resulting from acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.
26. Weight - No benefits are payable for any Treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for comorbid conditions; weight reduction or weight control surgery, treatment or programs; any type of gastric bypass surgery; suction lipectomy; physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling.
27. Workers Compensation - No benefits are payable for a Medical Condition arising out of, or is the result of, any work for wage or profit; a work-related condition that is eligible for benefits under worker's compensation, employers' liability, occupational disease law or act, or similar laws even when the Covered Person does not file a claim for benefits.
28. Pre-existing Condition Limitation - No benefits are payable for a Pre-Existing Condition for a continuous period of months, as outlined in PART II - SCHEDULE OF BENEFITS, following the effective date of a Covered Person's coverage under the Certificate. This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

IMPORTANT: This program provides Group Fixed Indemnity insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

Everest Insurance® markets property, casualty, specialty and other lines of admitted and non-admitted direct insurance on behalf of Everest Group, Ltd., and its affiliated companies. Additional information about Everest, our people, and our products can be found on our website at www.everestglobal.com. This accident product is underwritten by Everest Reinsurance Company (or Everest Denali Insurance Company), depending on jurisdiction. All issuing companies may not do business in all jurisdictions. This literature is descriptive only. All coverage is subject to the language of the policy as issued. Not all products and product features may be available in all jurisdictions and availability may be subject to business and regulatory approval in each jurisdiction

Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states.

Benefits will not be provided under the Policy for any Illness or Injury that is caused
The Insurance Rate related to coverage underwritten by Everest Reinsurance Company, as part of your membership is as follows:

MediAssist100: Individual =$3.15, Individual Plus Spouse = $6.71, Individual Plus Child(ren) = $7.47, Family = $12.20; MediAssist250: Individual =$7.89, Individual Plus Spouse = $16.78, Individual Plus Child(ren) = $18.68, Family = $30.49; MediAssist500: Individual =$15.77, Individual Plus Spouse = $33.56, Individual Plus Child(ren) = $37.35, Family = $60.99.

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

UCA SMILES

RENAISSANCE – UCA SMILES DENTAL PLAN LIMITATIONS
LIMITATIONS TO COVERED SERVICES
If a description of Limitations to Covered Services in this Summary conflicts with a statement elsewhere in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the remainder of the Certificate.

FRESH PLAN:
i. Topical fluoride treatments are payable two times in any Benefit Year for Children under age 19;
ii. Oral examinations submitted as a consultation or evaluation are payable two times in any Benefit Year, whether provided under one or more RLHICA Plans;
iii. Prophylaxes, including periodontal maintenance procedures, are payable two times in any Benefit Year;
iv. Bitewing X-rays are payable one time in any three-year period;
v. Sealants are payable only for the occlusal surface of first permanent molars for Children under the age of 16 and second permanent molars for Children under the age of 16. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any 3 year period;
vi. Full mouth X-rays (which include bitewing X-rays) or a panoramic X-ray (with or without bitewing X-rays) are payable once in any three-year period;
vii. Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth along with benefits for prophylaxes, including periodontal maintenance procedures are payable two times in any Benefit Year;
viii. Veneers are not a covered service;
ix. A reline or a complete replacement of denture base material is not a covered service;
x. Inlays are not a covered service;
xi. Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period;
xii. RLHICA will not make payment for fixed or removable bridges and all charges for the same will be your responsibility.

GLEAM PLAN:
i. Topical fluoride treatments are payable two times in any Benefit Year for Children under age 19;
ii. Oral examinations submitted as a consultation or evaluation are payable two times in any Benefit Year, whether provided under one or more RLHICA Plans;
iii. Prophylaxes, including periodontal maintenance procedures, are payable two times in any Benefit Year;
iv. Bitewing X-rays are payable one time in any one-year period;
v. Sealants are payable only for the occlusal surface of first permanent molars for Children under the age of 16 and second permanent molars for Children under the age of 16. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any 3 year period;
vi. Full mouth X-rays (which include bitewing X-rays) or a panoramic X-ray (with or without bitewing X-rays) are payable once in any five-year period;
vii. Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth along with benefits for prophylaxes, including periodontal maintenance procedures are payable two times in any Benefit Year;
viii. Veneers are limited to permanent anterior and bicuspid teeth when necessary due to decay or injury and only when the tooth cannot be restored with amalgam or resin-based compositing filling material. A veneer is payable once on the same tooth in any 5-year period;
ix. An Athletic mouth guard is payable once per lifetime;
x. Initial installation of dentures to replace teeth missing is covered provided the teeth were extracted after the Effective Date of coverage.
xi. A reline or a complete replacement of denture base material is limited to once in any 5 year period per appliance;
xii. Inlays will be payable once every 5 years, subject to any other limitations set forth in this Certificate;
xiii. Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period;
xiv. RLHICA will not make payment for fixed or removable bridges and all charges for the same will be your responsibility.

SPARKLE PLAN:
i. Topical fluoride treatments are payable two times in any Benefit Year for Children under age 19;
ii. Oral examinations submitted as a consultation or evaluation are payable two times in any Benefit Year, whether provided under one or more RLHICA Plans;
iii. Prophylaxes, including periodontal maintenance procedures, are payable two times in any Benefit Year;
iv. Bitewing X-rays are payable one time in any one-year period;
v. Sealants are payable only for the occlusal surface of first permanent molars for Children under the age of 16 and second permanent molars for Children under the age of 16. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any 3 year period;
vi. Full mouth X-rays (which include bitewing X-rays) or a panoramic X-ray (with or without bitewing X-rays) are payable once in any five-year period;
vii. Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth along with benefits for prophylaxes, including periodontal maintenance procedures are payable two times in any Benefit Year;
viii. Veneers are limited to permanent anterior and bicuspid teeth when necessary due to decay or injury and only when the tooth cannot be restored with amalgam or resin-based compositing filling material. A veneer is payable once on the same tooth in any 5-year period;
ix. An Occlusal guard and athletic mouth guard is payable once per lifetime;
x. A reline or a complete replacement of denture base material is limited to once in any 5 year period per appliance;
xi. Inlays will be payable once every 5 years, subject to any other limitations set forth in this Certificate;
xii. Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any 5 year period;

The Insurance Rate related to coverage underwritten by Renaissance Dental as part of your membership is as follows: Fresh Plan: Individual: $16.76, Individual Plus Spouse: $33.53, Individual Plus Child(ren): $43.16, Family: $70.46; Sparkle Plan: Individual: $26.39, Individual Plus Spouse: $52.77, Individual Plus Child(ren):

$55.67, Family: $94.01; Gleam Plan: Individual: $31.41, Individual Plus Spouse: $62.84, Individual Plus Child(ren): $71.11, Family: $119.09;

LIMITATIONS AND EXCLUSIONS FOR ACCIDENT DENTAL EXPENSE INSURANCE UNDERWRITTEN BY GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)

EXCLUSIONS

The Policy does not provide benefits for:

- Treatment, services or supplies which:
  Are not Medically Necessary;
  Are not prescribed by a Doctor as necessary to treat an Injury;
  Are determined to be Experimental/Investigational in nature;
  Are received without charge or legal obligation to pay;
  Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Reinjury or complications of an Injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

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

GTL does not provide nor is affiliated with the other insurance/discount programs provided as a part of membership in UCA. The Insurance Rate related to coverage underwritten by GTL as part of your membership is as follows: Fresh Plan: Individual: $0.67, Individual Plus Spouse: $1.36, Individual Plus Child(ren): $1.01, Family: $2.03; Sparkle Plan: Individual: $0.67, Individual Plus Spouse: $1.36, Individual Plus Child(ren): $1.01, Family: $2.03; Gleam Plan: Individual: $0.67, Individual Plus Spouse: $1.36, Individual Plus Child(ren): $1.01, Family: $2.03;
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