

CITADEL ONE HEALTH

Short Term Medical Plans

Life doesn't wait. Neither should your health care.

Citadel One Health provides flexible, transitional coverage plus lifestyle and wellness benefits through a **Unified Caring Association (UCA) membership.**

Get your customized quote by contacting your **Sales Agent** for more Information

Membership plans outlined in this brochure are not available in all states. Base UCA Membership is available nationwide. Visit www.UnifiedCaring.org for more information. The primary member (and spouse) must be between the ages of 18 and 64 years to enroll in a Short Term Medical Membership Plan. The Short Term Medical Insurance is part of a membership in the Unified Caring Association (UCA) that provides a variety of savings and services programs and insurance benefits including Short Term Medical Insurance underwritten by Everest Reinsurance Company. Terms and conditions may vary by state. Please note: A one-time $99.95 enrollment fee will be applied to your first month's charge.

Association Membership Plans – Short Term Medical and UCA Membership Benefits (inclusive of the additional UCA Membership Features) are only available to residents of: AZ, FL, GA, IN, MI, MS, NE, OH, SC, TN, TX, and WI.

Individual Plans – Short Term Medical Only (UCA Membership not required for enrollment) are only available to residents of: KS, KY, LA, MO, NC, ND, NV, OK, SD, and WY.

E-384-09302025
Rev: 10132026

Welcome to Citadel One Health STM

Life is full of transitions — new jobs, graduation, career changes, or waiting for other coverage to begin. During those times, one accident or illness can leave you with thousands in medical bills.

That's where **Citadel One Health STM** comes in.

Each Citadel One Health STM Plan Includes

Short Term Medical Insurance Coverage*

For doctor visits, hospital stays, ER care, surgery, and more.

Group Accident Only Insurance Benefits (UCA Benefits)

Underwritten By GTL — Guarantee Trust Life Insurance Company.

Accidental Death Insurance Coverage

Underwritten By GTL — Guarantee Trust Life Insurance Company.

Medical Savings Membership Benefits (UCA Benefits)

Your UCA membership includes nationwide discounts and services for medical, dental, vision, prescriptions, telehealth, counseling, wellness, and more — at no additional cost.

Lifestyle and Everyday Savings (UCA Benefits)

Consumer & Lifestyle Benefits with savings on travel, shopping, pet care, entertainment, and more.

*The Short Term Medical Insurance is underwritten by Everest Reinsurance Company.

Note: Citadel One Health STM is insurance. All other lifestyle and wellness benefits are non-insurance membership benefits provided through Unified Caring Association (UCA).

Who Citadel One Health STM is For

Citadel One Health STM is built for life's in-between moments. It's ideal for:

Between Jobs
About half the cost of COBRA.

Waiting for Employer Benefits
Stay covered during waiting periods.

New Graduates
Affordable coverage after leaving a student plan.

Temporary or Seasonal Workers
Flexible coverage for unpredictable schedules.

Anyone in Transition
Stay protected during gaps in coverage.



Why Choose Citadel One Health STM?

- ✓ **Next-Day Coverage Available —** Start your coverage as soon as tomorrow.
- ✓ **Affordable Alternative to COBRA —** Maintain coverage without the high cost.
- ✓ **Simple, Fast Enrollment —** Just a 5-minute process.
- ✓ **Additional UCA Benefits —** Each plan includes Group Accident and Accidental Death Insurance coverage underwritten by Guarantee Trust Life (GTL), along with wellness and lifestyle savings programs designed to help you live healthier and save more.

NOTICE: THE SHORT-TERM, LIMITED-DURATION INSURANCE BENEFITS UNDER THIS COVERAGE DO NOT MEET ALL FEDERAL REQUIREMENTS TO QUALIFY AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT. THIS PLAN OF COVERAGE DOES NOT INCLUDE ALL ESSENTIAL HEALTH BENEFITS AS REQUIRED BY THE AFFORDABLE CARE ACT. PRE-EXISTING CONDITIONS ARE NOT COVERED UNDER THIS PLAN OF COVERAGE. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU UNDERSTAND WHAT THE POLICY DOES AND DOES NOT COVER. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. YOU MAY BE ABLE TO GET LONGER TERM INSURANCE THAT QUALIFIES AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT NOW AND HELP TO PAY FOR IT AT WWW.HEALTHCARE.GOV.

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states. Some waiting periods may apply. See Certificate for details.

Facility Charge: Plan pays up to 150% of Medicare Allowable Charge

Citadel One Health STM Coverage

When life happens, **Citadel One Health STM** helps with covered medical expenses:

Covered Service	Member Responsibility	Notes
Doctor Visits	$40 or $50 copay per visit	Unlimited visits per policy period
Annual Wellness Exam	$40 or $50 copay per visit	1 exam per policy period
Hospital Stays (Room & ICU)	Deductible + coinsurance	Standard or ICU room rates
Surgery (Inpatient/Outpatient)	Deductible + coinsurance	Includes anesthesiology
Emergency Room	$500 deductible per visit (max 3 visits)	After first 3 visits, plan deductible and coinsurance will apply
Urgent Care	$40 or $50 copay per visit	Unlimited visits per policy period
Ambulance Services	$250 benefit per transport	For covered injury or sickness
X-Rays & Labs	Deductible + coinsurance	Advanced diagnostics $500 deductible per occurrence
Mental Health / Substance Use	Inpatient: $100/day (max 31 days); Outpatient: $50/day (max 10 visits)	Limits apply per policy period

Coverage maximums ranging from **$250,000 - $2,000,000** per policy period are available.

Facility Charge: Plan pays up to 150% of Medicare Allowable Charge.
If the facility (hospital) bills more, you may receive a balance bill and should contact customer service for advocacy support.

The Short Term Medical Insurance is part of a membership in the Unified Caring Association (UCA) that provides a variety of savings and services programs. The Short Term Medical Insurance products described here are underwritten by Everest Reinsurance Company, 100 Everest Way, Warren, NJ 07059, 1-800-438-4375. THESE PRODUCTS PROVIDE LIMITED BENEFIT INSURANCE. Limited benefits are insurance products with reduced benefits and are not intended to be an alternative to major medical or comprehensive healthcare coverage. Please read your certificate of insurance carefully. For more information about Everest Reinsurance Company see www.everestglobal.com.

IMPORTANT: This program provides supplemental health insurance only. It does not provide 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 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 policy terms, conditions, and pricing is solely determined by Everest and 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. Citadel One Health is not affiliated with Everest. No employees, agents and/or representatives of Everest are involved in the operation of Companies.

How Citadel One Health STM Works

Citadel One Health STM gives you choices so you can balance cost and coverage.

Meet Your Deductible. Choose one of the following options:

Your Deductible is the amount you must pay before benefits are paid.

$500	$1,000	$2,500	$5,000	$7,500	$10,000

Share Costs With Coinsurance

After meeting your deductible, you share covered charges with the plan until your Out-of-Pocket Max is met.

50% / 50%
coinsurance
You pay **50%** of any additional covered charges up to the plan maximum

70% / 30%
coinsurance
You pay **30%** of any additional covered charges up to the plan maximum

80% / 20%
coinsurance
You pay **20%** of any additional covered charges up to the plan maximum

100% / 0%
coinsurance
You pay **0%** of any additional covered charges up to the plan maximum

Reach Your Out-of-Pocket Maximum

Your selected Out-of-Pocket Max determines how much you pay in coinsurance for covered charges after meeting your deductible.

$0	$2,000	$3,000	$4,000	$5,000

Your Plan Pays Covered Charges

The insurance carrier pays covered charges up to your selected coverage period maximum.

$250,000	$750,000	$1,000,000	$1,500,000	$2,000,000

Pay a Copay for a Physician Office Visit or Annual Routine Physical Exam

Choose a **$40** or **$50** copay, depending on your selected plan design.

$40	$50

Note: Deductible(s) and copays do not count towards out-of-pocket max. See certificate for details.

First Health Provider Network

Connecting You to Better Care

First Health Network
Limited Benefit Plan

About the First Health Network

The First Health Network provides access to a nationwide network of participating physicians, specialists, hospitals, urgent care centers, laboratories, and other healthcare providers. Choosing a participating provider gives you access to contracted rates that may help reduce your out-of-pocket costs.

See Any Doctor

You may visit any licensed healthcare provider. Using a participating First Health provider may help your healthcare dollars go further.

Find a Participating Provider

Visit www.myfirsthealth.com to search for a provider. Confirm the provider's participation before receiving care, and present your member ID card at your visit. For help with your benefits or a claim, use the contact information on your ID card.

Provider participation is subject to change. First Health provides network access; it does not provide insurance benefits or pay claims.

FINDING CARE IS SIMPLE

1. SEARCH
   Find a participating provider using the First Health Provider Locator
2. CONFIRM
   Confirm the provider is participating before receiving care.
3. PRESENT YOUR ID CARD
   Show your member ID card when you receive care.

Search participating providers online at www.firsthealth.com

Provider participation is subject to change. First Health provides network access; it does not provide insurance benefits or pay claims.



Group Accident Only Insurance*

As part of your **Unified Caring Association (UCA)** membership, you also receive Group Accident Only Insurance underwritten by GTL — Guarantee Trust Life Insurance Company.

Benefits (included with your membership):

Accident Medical Expense Benefit	Up to **$5,000** per covered accident.
Emergency Room Benefit[1]	Up to **$1,000** per covered accident.
Accidental Death & Dismemberment Benefit	Up to **$5,000.**

This valuable benefit helps provide additional financial protection in case of an unexpected accident.

*Group Accident Only Insurance is provided through membership in UCA and underwritten by Guarantee Trust Life Insurance Company (GTL). It is not major medical insurance, nor is it minimum essential coverage under the Affordable Care Act (ACA). Terms, conditions, and exclusions apply. *Group Accident Only Insurance is issued on Form Series MP-1400/GC-1400 or MP-1300/GC-1300 by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For complete details of coverage, please refer to your certificate. All members of UCA are eligible to receive these benefits. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCA. Coverage becomes effective on the date provided in your membership material. The Unified Caring Association, Guarantee Trust Life Insurance Company and Everest Reinsurance Company are separate legal entities and have sole financial responsibility for their own products.

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

NOTE: Residents in SD do not have access to the coverage outlined on this page.

Accidental Death Insurance*

Underwritten by Guarantee Trust Life Insurance Company

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

Accidental Death Insurance Benefit	
Primary Member Coverage:	**$100,000**
Covered Spouse/Domestic Partner Coverage: If spouse or family coverage is elected	**$50,000**
Covered Dependent Child(ren) Coverage: If Dependent Child(ren) or family coverage is elected	**$25,000**
Accident Medical Expense Benefit	
Hospice Care Expense Maximum Benefit Amount Per Covered Accident: Initial Treatment Period: 60 days. Benefit Period: 12 months.	**$500**

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 Insurance (AD Insurance) pays benefits if you die in a covered accident. AD Insurance will pay your designated beneficiary a cash benefit that can be used however it is needed. This benefit is separate from your short-term medical coverage.

Why is it important for my family?

Accidents that cause death are very traumatic even without the added burden of how all the expenses will affect your family. In the event of a covered accidental death, your family would receive a lump sum benefit that could be used for any number of expenses that are usually taken for granted. The benefit could be used to supplement lost income, help cover monthly expenses or even help with funeral expenses.

*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 Short-Term Medical insurance offered by Everest Reinsurance Company or any other insurance/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.

NOTE: Residents in SD do not have access to the coverage outlined on this page.

AAD9.23-25



Medical Savings Benefits

All **Citadel One Health STM UCA Membership Plans** also include comprehensive Medical Savings Benefits, providing members with valuable discounts on dental, vision, prescriptions, telehealth, counseling, hearing care, and more.

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.

Mail-Order Rx Services

Provides hassle-free and cost-effective mail-order prescription services. Enjoy easy access to affordable medications, delivered to your preferred location, with the convenience of avoiding monthly pharmacy visits.

Chiropractic Program

Prioritize your wellness journey with the Chiropractic Program. Members can save between 20% to 50% at Participating Providers on adjustments, therapy, x-rays, exams, and specialized procedures, ensuring comprehensive care tailored to your needs.

Holistic Care

Experience holistic healing at its finest! Enjoy a generous 20% savings on all treatments and services, with no limits on the number of visits. Our practitioners, including Acupuncturists, Massage Therapists, Dieticians, and Naturopathic Providers, are dedicated to supporting your overall well-being.

Hearing Care by Amplifon

Experience prioritized hearing care with an impressive 56% average savings. The Hearing Aid Low Price Guarantee beats local quotes by 5%. Enjoy a risk-free 60-day trial with a 100% money-back guarantee, plus one year of complimentary follow-up care and a three-year warranty. Explore diverse hearing aids from renowned brands, with free evaluations.

MEDICAL SAVINGS PROGRAMS ARE ADMINISTERED BY PATRIOT HEALTH FLORIDA, INC., A DISCOUNT MEDICAL PLAN ORGANIZATION. THE FEATURES ARE NOT HEALTH INSURANCE POLICIES AND ARE NOT AVAILABLE IN ALL AREAS. THE FEATURES PROVIDE DISCOUNTS AT CERTAIN HEALTH CARE PROVIDERS FOR MEDICAL SERVICES AND DO NOT MAKE PAYMENTS DIRECTLY TO THE PROVIDERS OF MEDICAL SERVICES. THE MEMBER IS OBLIGATED TO PAY FOR ALL HEALTH CARE SERVICES BUT WILL RECEIVE A DISCOUNT FROM THOSE HEALTH CARE PROVIDERS WHO HAVE CONTRACTED WITH PATRIOT HEALTH FLORIDA, INC., LOCATED AT 2540 METROCENTRE BLVD. STE. 5, WEST PALM BEACH, FL 33407. DISCOUNT MEDICAL PLANS ARE NOT AVAILABLE IN ALL STATES. THE SERVICES DESCRIBED ABOVE ARE NOT INSURANCE AND ARE NOT PROVIDED BY EVEREST REINSURANCE COMPANY.

Medical Savings Benefits

Hearing Care by Beltone

Embark on a journey to improved hearing with Beltone, providing complimentary hearing screenings and an exclusive 15% discount on Beltone hearing aids at over 1,300 locations. The comprehensive Lifetime Care Program guarantees ongoing support, featuring free hearing aid checkups, screenings, cleanings, and inspections during the warranty period. Choose Beltone for a lifetime of exceptional hearing care.

Telehealth DoctorNow

Embrace hassle-free healthcare with DoctorNow, the unlimited Telehealth Program. Enjoy 24/7 access to state-licensed physicians, enabling consultations via phone or video. Whether it's a common cold, sinus infection, allergies, or pink eye, doctors are available, providing prescriptions when necessary.

Unlimited Counseling

Prioritize your mental well-being with Unlimited Counseling. Enjoy convenient access to therapists for telephone counseling 24 hours a day, 365 days a year. Additionally, benefit from free support and referrals to self-help groups, ensuring you have the support you need, whenever you need it.

Discount Home Medical Equipment

Discover unparalleled nationwide services for Home Medical Equipment and Orthotics & Prosthetics through Homelink. Unlock a remarkable 50% savings by utilizing the nation's largest network of community-based providers. Homelink stands as your all-in-one destination for medical equipment and supplies, catering to your needs regardless of your location in the United States.

Member Bill Negotiation

Addressing the rising costs and complexities of healthcare, Member Bill Negotiation offers assistance in reducing high out-of-pocket expenses post-insurance reimbursement. If you have $1,000 or more remaining on medical bills after plan benefits, professional negotiators work with providers on your behalf, aiming to decrease costs or extend payment terms.

Diabetic Savings

Unlock exclusive benefits with the Diabetic Savings Program! As a member, enjoy a complimentary glucometer by following simple online instructions. Limit one per member for easy and accessible diabetes management.

eDoc Program

The program grants members unlimited email access to a diverse team of board-certified health professionals, including physicians, psychologists, pharmacists, dentists, dietitians, and fitness experts. Managed through a convenient online application, this 24/7 service covers confidential health-related inquiries for the entire immediate family, delivering personalized responses and weekly health tips via email.

Elder Care Program

Contact the toll-free helpline anytime for guidance on your loved ones, and access savings on a range of family care services, including home health and long-term care options for grandparents and other family members.

Gastroenterology Assist Program

Introducing the Gastroenterology Program, dedicated to making cancer screenings more affordable with discounts of up to 70% through access to a wide network of providers. Connect with the convenient concierge scheduling line to locate in-network participating providers, find the best prices, and effortlessly schedule your appointments. Attend your appointment and pay the reduced rate, simplifying the process for accessible and cost-effective cancer screenings.

Radiology Assist Program

Explore the Radiology Assist Program for reduced rates, same-day scheduling, and financial support with up to 80% discounts from a vast network of providers. Contact a concierge scheduling service to locate an in-network provider, secure the best prices, and schedule your appointment. Enjoy the convenience of paying a reduced rate at your appointment.

Laboratory Assist Program

The program provides over 300 lab tests for under $10, nationwide lab access, and same-day scheduling with up to 80% savings. Easily locate in-network providers, find the lowest price, schedule your appointment, and enjoy reduced rates at your visit.

My e-Wellness Program

Enhance your well-being with My e-Wellness—a personalized fitness platform offering tailored exercise programs, daily wellness articles, home fitness routines, assessment tools, disease prevention studies, and valuable tips on nutrition, weight loss, and exercise. Join us in improving your quality of life through diverse resources, including a member forum and links to professional sites.

Discount Medical Imaging

Access 50-75% savings on MRI, PET, and PET/CT scans through NextImage Direct's premier nationwide network. Enjoy high-quality radiology services, same-day scheduling, and precise diagnoses tailored to your needs.

Hospital Financial Assistance

Discover substantial discounts on medical bills through the Emry Financial Assistance Portal, designed to assist members in accessing affordable healthcare. Most hospitals offer significant discounts based on family size and household income, even for those with insurance. The portal simplifies the process of understanding and navigating Financial Assistance Programs, ensuring you can afford the care you need.



Member Financial Security Suite*

The Member Financial Security Suite provides an immediate financial security net when unexpected auto and home expenses occur. It includes:

- **Auto Deductible Reimbursement -** Up to $500/ Claim – 2 Claims annually
- **Home Deductible Reimbursement -** Up to $1000 – 1 Claim annually
- **50% Appliance/Electronic Repair Reimbursement -** Up to $1000 annually – Maximum $500 per repair

* This benefit is only available to residents of SD.

Lifestyle & Everyday Savings

All **Citadel One Health STM UCA Membership Plans** come with a full suite of Consumer & Lifestyle Benefits designed to support your everyday life. These valuable extras offer savings on pet care, travel, shopping, entertainment, and more.

Durable Medical Equipment
Save up to 50% on discounted medical equipment and supplies.

Pet Care Savings
Save 25% on all in-house medical services provided by network veterinarians, including office visits, surgical procedures, x-rays, shots and dental care.

Car Rental Discounts
Save 10% - 25% off rental rates!

Discounts on Electronics
Up to 70% off electronics from top brands like Apple, Dell, Samsung, Microsoft, and more.

Movie Ticket Savings
Save up to 40% off movie tickets at top theaters like AMC, Regal, Cinemark, Showcase, and more.

Flowers & Gifts
Save up to 20% off flowers and gifts from popular brands like FTD, Godiva, Edible Arrangements, Blue Nile, and more.

Contact Lens Savings
Save up to 20% off contact lenses, plus free shipping on orders over $99 and savings on lens subscriptions.

Entertainment Ticket Discounts
Save up to 40% off tickets to shows, concerts, sports, and events like Broadway, NFL, NBA, NHL, and more.

Much More
Auto Loan Discounts, Omaha Steak Discounts, Meal Planning Savings, Travel, and more!

Exclusive UCA Programs

Your UCA Base Membership includes the following valuable Programs:

- Daily Positive News
- Self Assessment
- Mid Life No Crisis
- Personal Well Being Survey
- Meditation-Audio & Video
- Cooking Casually and Quickly Free Download
- Relationships Guide
- Empowering Emotions Guide
- Check Up Tools Online
- Health Monitoring Tools
- Medical Information Library
- Harnessing Healing Techniques Through Cancer Guide
- Sobriety Guide
- The UCA Shop
- And Many More!



Enrollment Is Simple

1. **Choose your STM plan**
   (deductible, coinsurance, coverage).
2. **Apply with your Agent**
3. **Make your first payment**
   Coverage can begin the next day

Important Notes:

- Pre-existing conditions are not covered.
- Prescription drugs not covered unless inpatient.
- Routine dental, vision, and maternity not included.

FAQ

How soon can I be covered?

As early as the next day after enrollment.

How long does coverage last?

Policies are issued for set terms with renewals varying by state.

Can I Visit an Out-of-Network Provider?

You may receive care from any licensed provider. When you visit a provider outside the network, eligible charges are limited to the Maximum Allowable Expense, which will not exceed 150% of the Medicare allowable amount and may be less. Out-of-network claims are not repriced by the network. You may be billed by the provider for any amount above the Maximum Allowable Expense (balance billing). Amounts above the Maximum Allowable Expense are not covered and do not count toward your deductible or Out-of-Pocket Maximum. Using in-network providers may help lower your out-of-pocket costs.

What other benefits come with my UCA membership?

In addition to your STM coverage, you get access to non-insurance features like wellness and lifestyle savings, Accident Coverage, and Accidental Death Coverage underwritten by Guarantee Trust Life (GTL).

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 PLAN COST: 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 plan cost 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 plan cost will result in cancellation of monthly Membership benefits included in those costs. 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. Visit www.UnifiedCaring.org for more details on your UCA Base Membership Benefits. The UCA Base Membership does not include any insurance benefits and can be purchased by visiting www.UnifiedCaring.org.

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@mymemberinfo.com to cancel at any time. You will be sent a full refund of the first monthly plan cost (which includes association membership costs, non-insurance services costs and insurance premium costs) only if cancellation is received within thirty (30) days from your effective date. 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.mymemberinfo.com. You are consenting to accept electronic delivery of your membership materials. Your electronic membership documents have the same effect, 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@mymemberinfo.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

EVEREST LIMITATIONS AND EXCLUSIONS:

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as
specified:

1. Pre-Existing Conditions:

a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 60-month period immediately preceding such person's Certificate Effective Date are excluded for the first 12 months of coverage hereunder.

b. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonable prudent person to seek diagnosis, care or treatment within the 60-month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy. 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.
2. Waiting Period:
a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Certificate Effective Date of coverage under the Policy.
b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Certificate Effective Date of coverage under the Policy.
3. Charges during the first 6 months after the Certificate Effective Date of coverage for a Covered Person for the following:
a. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma;
b. Tonsillectomy;
c. Adenoidectomy;
d. Repair of deviated nasal septum or any type of surgery involving the sinus;
e. Myringotomy;
f. Tympanotomy;
g. Herniorraphy; or
h. Cholecystectomy.
EAH 00 524 08 18 17
However, if such condition is a Pre-Existing Condition, any benefit consideration will be in accordance
with the Pre-Existing Conditions limitation.
4. The benefits payable for the following conditions or procedures are limited to the specified amounts shown in the Schedule of Benefits:
a. Kidney stones
b. Appendectomy
c. Joint or tendon Surgery
d. Knee Injury or disorder
e. Acquired Immune Deficiency Syndrome (AIDS)/ Human Immuno-deficiency Virus (HIV)
f. Gallbladder Surgery
5. Charges which are not incurred by a Covered Person during his/her Coverage Period.
6. Charges which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.
7. Charges for services of supplies in excess of the Maximum Allowable Expense.
8. Charges for services or supplies which are not administered by or under the supervision of a Doctor.
9. Mental, emotional or nervous disorders or counseling of any type, except as specifically covered as an Eligible Expense.
10. Marital counseling or social counseling.
11. Treatment for Substance Abuse, unless specifically covered under the Policy as an Eligible Expense.
12. Prescription Drugs, except those administered by a Doctor in an Inpatient or Outpatient setting covered under this Policy as an Eligible Expense.
13. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
14. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
15. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.
17. Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Policy.
18. Weight modification or surgical treatment of obesity.
19. Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.
20. Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent you from contacting the Doctor.
21. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofacial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, unless specifically covered under the Policy as an Eligible Expense.
22. Routine pre-natal care, Pregnancy, childbirth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)
23. Charges for a Covered Dependent who is a newborn child not yet discharged from the Hospital, unless the charges are Medically Necessary to treat premature birth, congenital Injury or Sickness, or Sickness or Injury sustained during or after birth.
24. Sclerotherapy for veins of the extremities.
25. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
26. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
27. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.
28. Chronic fatigue or pain disorders.
29. Kidney or end stage renal disease.
30. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
31. Treatment for cataracts.
32. Treatment of sleep disorders.
33. Treatment required as a result of complications or consequences of a treatment or condition not covered under this Certificate.
34. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
35. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
36. Treatment for or related to any Congenital Condition, except as it relates to a newborn child or newborn adopted child added as a Covered Person pursuant to the terms of this Certificate.
37. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
38. Spinal manipulation or adjustment.
39. Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinesitherapy, excepted as provided for under Home Health Care.
40. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.
41. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
EAH 00 524 08 18 19
42. Care, treatment or supplies for the feet, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.
43. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
44. Exercise programs, whether or not prescribed or recommended by a Doctor.
45. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.
46. Charges for travel or accommodations, except as expressly provided for local ambulance.
47. All charges incurred while confined primarily to receive Custodial or Convalescent Care.
48. Services received or supplies purchased outside the United States, its territories or possessions, or Canada, unless specifically covered under the Policy as an Eligible Expense.
49. Any services or supplies in connection with cigarette smoking cessation.
50. Any services performed or supplies provided by a member of a Covered Person's Immediate Family.
51. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony, whether

charged or not, or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
52. Services or supplies which are not included as Eligible Expenses as described herein.
53. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports,
extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing,
exercising, undergoing conditional or physical preparation for such activity.
54. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
55. Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor.
56. Intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane).
57. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
58. Charges incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Covered Person on a pro-rated basis.
59. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered under the Policy as an Eligible Expense.
60. Charges You or Your Covered Dependent are not required to pay, or which would not have been billed if no insurance existed.
EAH 00 524 08 18 20
61. Charges to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.
62. Charges that are eligible for payment by Medicare or any other government program except Medicaid. Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
63. Charges related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits have been made.
64. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

GROUP ACCIDENT ONLY INSURANCE BENEFIT 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 travelling 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;
Accident Medical Expense and Accidental Death & Dismemberment Benefits Individual = $4.08, Individual Plus Spouse = $10.23, Individual Plus Child(ren) = $10.23, Family = $10.23
Accidental Death Insurance Coverage
The Insurance Rate related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows:
Individual=$2.79, Individual Plus Spouse = $4.18, Individual Plus Child(ren) = $3.34, Family = $4.74
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.