These plans are for residents of: AL, AZ, DC, DE, FL, GA, HI, IA, IL, IN, KY, LA, MA, MI, MS, MO, NE, NM, OH, OK, PA, SC, TX, VA, WI and WY. Platinum 200 Max, 250 Max, 500 Max and 1000 Max Plans are not available to residents of GA, LA and TX.

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

1. **Limited Medical Indemnity Benefits (page 3)**
   The Limited Medical Indemnity Benefits included in these plans provide a basic level benefit for individuals (and families) that do not have access to traditional coverage. Limited Medical Indemnity Benefits are not to be confused with major medical insurance and they are not meant to replace major medical plans. Note: Check chart on page 4 for benefit/plan availability.
   - Doctor Office Visits
   - Wellness Visits
   - Hospital Confinement Benefit
   - Diagnostic, X-Ray, Laboratory Benefit
   - Ambulance Benefit
   - Surgical & Anesthesia Benefits

2. **Additional Insurance Benefits (page 4)**
   - Emergency Room Benefit: $1,000
   - Accidental Death & Dismemberment Benefit: $15,000
   - Excess Accident Medical Expense Benefit: $5,000
   - Critical Illness Insurance: $10,000*
   - Guaranteed Issue Term Life Insurance: $10,000

   *Benefit is ONLY included in Platinum 200 MAX, 250 MAX, 500 MAX and 1000 Max Plans.

3. **Association Membership Discount Medical Plans (page 5)**
   These features provided are designed to help you receive savings (in addition to the benefits listed above) on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more! These plans are not insurance – rather, they are discount medical plans that will help reduce the expense of obtaining care and treatment. These plans are provided to you at NO ADDITIONAL COST through your association membership.

4. **Association Membership Consumer Savings Benefits (page 5)**
   Practical saving solutions on things like auto care, hotel stays, flowers, magazines, movies, sneakers/apparel, amusement park admissions, car rentals and MORE!

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

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

---

**Keep in mind....**

» Plans are guaranteed issue, no medical underwriting is required.

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

» 12/12 Pre-ex only applicable to hospital, surgery and anesthesia.
**LIMITED MEDICAL INDEMNITY BENEFITS**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>PLATINUM 200</th>
<th>PLATINUM 250</th>
<th>PLATINUM 500</th>
<th>PLATINUM 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor Office Visits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor Office Visit - Indemnity Reimbursement:</td>
<td>$95</td>
<td>$105</td>
<td>$105</td>
<td>$105</td>
</tr>
<tr>
<td>- Maximum number of visits/Covered Person/Family per Policy Year:</td>
<td>3/6 visits</td>
<td>5/10 visits</td>
<td>5/10 visits</td>
<td>5/10 visits</td>
</tr>
<tr>
<td><strong>Wellness Visits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor Office Visit - Indemnity Reimbursement:</td>
<td>N/A</td>
<td>$105</td>
<td>$105</td>
<td>$105</td>
</tr>
<tr>
<td>- Maximum number of visits per Covered Person per Policy Year:</td>
<td>N/A</td>
<td>2 visits</td>
<td>2 visits</td>
<td>2 visits</td>
</tr>
<tr>
<td><strong>Diagnostic, X-ray, Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Benefit amount per visit:</td>
<td>N/A</td>
<td>N/A</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>- Maximum number of visits per Covered Person per Policy Year:</td>
<td>N/A</td>
<td>N/A</td>
<td>3 sittings</td>
<td>3 sittings</td>
</tr>
<tr>
<td><strong>Hospital Confinement Benefit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Benefit amount per day (31 day max per Covered Person per Policy Year):</td>
<td>$200</td>
<td>$250</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Hospital ICU/CCU</strong></td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Benefit amount per trip:</td>
<td>N/A</td>
<td>N/A</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>- Maximum number of trips per Covered Person per Policy Year:</td>
<td>N/A</td>
<td>N/A</td>
<td>1 trip</td>
<td>1 trip</td>
</tr>
<tr>
<td><strong>Surgery (Inpatient/Outpatient)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Per surgery:</td>
<td>Benefit Amount $1,000</td>
<td>See Surgical Schedule on page 6</td>
<td>See Surgical Schedule on page 6</td>
<td>See Surgical Schedule on page 6</td>
</tr>
<tr>
<td>- Maximum number of Covered Surgeries per Covered Person per Policy Year:</td>
<td>2 surgeries</td>
<td>2 surgeries</td>
<td>2 surgeries</td>
<td>2 surgeries</td>
</tr>
<tr>
<td><strong>Anesthesia Benefit (Inpatient/Outpatient)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Per visit:</td>
<td>Benefit Amount $250</td>
<td>See Surgical Schedule on page 6</td>
<td>See Surgical Schedule on page 6</td>
<td>See Surgical Schedule on page 6</td>
</tr>
<tr>
<td>- Maximum number of treatments per Covered Person per Policy Year:</td>
<td>2 treatments</td>
<td>2 treatments</td>
<td>2 treatments</td>
<td>2 treatments</td>
</tr>
</tbody>
</table>

*Underwritten by the United States Fire Insurance Company, rated “A” (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery. Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six months after their termination date. NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS. Have questions? Ready to enroll? Simply contact your agent.
**Emergency Room Benefit** This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only. Subject to 6/12 Pre-Existing Condition Limitations. Subject to a $100 deductible per Injury or Sickness per Covered Person. Covered Person becomes eligible after 30 continuous days of membership.

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

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

- Benefit Amount: $15,000

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

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

- Benefit Amount: $5,000

**Guaranteed Issue Term Life Insurance** Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage. Member becomes eligible for this benefit 90 days after plan effective date.

- Benefit Amount: $10,000

Our MAX Plans provide members an additional layer of security with the 10,000 Critical Illness Insurance benefit. See cover of this guide for pricing details.

**MAX PLANS:** MAX plan options are exactly the same as the regular Platinum plans, but include a $10,000 Critical Illness benefit.

**10,000 Critical Illness Insurance** The Critical Illness Indemnity Benefit is payable for each Insured Person, and will be paid in addition to any other benefit in the Certificate. Subject to 12/12 Pre-Existing Condition Limitations. A benefit is payable for any one of the following: Invasive Cancer, Heart Attack, Major Organ Transplant Surgery, Stroke, Coma, and End Stage Renal Failure.

- Benefit Amount: $10,000

**Underwritten by** Presidential Life Insurance Company. Benefits not available to residents of AR, CA, CO, ME, MD, MN, MT, NC, NY, OR, SD, TN, UT, VT, WA and WV. Sickness does not apply to residents of TX. 6/12 Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person’s Effective Date of coverage under the Group Policy. Pre-Existing Conditions Limitation: We will not cover a Pre-Existing Condition as follows: (1)For an Insured Person under the age of 65, Pre-Existing Conditions will be excluded for the first twelve (12) months that coverage under the Group Policy is in effect. (2)For an Insured Person age 65 or older, such Pre-Existing Conditions will be excluded from coverage for the first six (6) months that coverage under the Group Policy is in effect.

***Underwritten by ReliaStar Life Insurance Company, policy form LP08GPMD. Not available to residents of: ID, NH, NC, NY, VT and WV. These benefits are solicited by the group and embedded in the association dues. This is a summary of benefits only.

****Underwritten by the National Union Fire Insurance Company of Pittsburgh, Pa., a member of AIG Companies. NOT available for residents of AR, CT, GA, LA, ME, MT, NC, NY, OR, SD, TX, VT, and WA. Member becomes eligible for this benefit 30 days after plan effective date.

NOTE: See terms and conditions for definitions and exclusions. Terms and conditions may vary by state. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.
The following Discount Medical Plan Features are included in the association membership at NO ADDITIONAL COST to you!

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

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

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

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

**Discount Rx Program:** Members have access to savings at over 50,000 participating pharmacies nationwide. Receive drugs up to a $10 max cost for drugs listed in Tier 1 and up to $20 max cost on Tier 2 drugs. Receive all other drugs at discounted rates.

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

**Holistic Care:** 20% savings on all treatments and services and no limits on the number of visits. Practitioner disciplines include: Acupuncturists, Massage Therapists, Dieticians, and Naturopathic Providers.

**Elder Care:** Save from 10% to 25% on home health aides, nursing homes, assisted living facilities, Alzheimer’s special care units, and respite care facilities.

**Diabetic Supplies:** 10% to 60% off diabetic supplies. Members receive special pricing on most diabetic supplies such as: test strips, glucose meters, lancing devices and lancets, and convenient free home delivery!

**Hearing Care Program:** 15% off all Beltone hearing aides, as well as a complimentary hearing aid checkup, hearing screening, cleaning and inspection. 20% to 50% off audiology and hearing aide services at more than 1,400 participating HearPO providers. 100% discounts on repairs, including a 60 day refund policy.

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

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

24 Hour Counseling Hotline: Members have access to therapists for telephone counseling 24 hours a day, 365 days a year. Free support and self-help group referrals. Referrals to a local licensed therapist for face-face counseling at a specially discounted membership rate.

**Discount Home Medical Equipment and Orthotics/Prosthetics:** Members save 50% on discounted medical equipment and supplies.

**Discount Medical Imaging:** Members save 50-75% on MRI, PET, PET/CT scans and more!

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

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

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

Discount Medical Plans are administered by Patriot Health Florida, Inc., a discount medical plan organization. The features are not health insurance policies and are not available in all areas. The features provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, New York 11791. 800-292-3797. Discount Medical Plans are not available in AK, MT, ND, VT and WA.
### Surgical Schedule

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

Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NH, NJ, NY, OR, RI, VT and WA.

Maternity is not covered, and there is a 30 day waiting period for sickness. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, Surgery and Anesthesia related to Surgery.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Reimbursement</th>
<th>Anesthesia Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABDOMEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Removal of gallbladder</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Total Gastrectomy</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td>Gastrostomy</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Laparotomy, exploratory</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td><strong>AMPUTATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amputation of upper arm</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Amputation of finger/thumb</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Amputation of leg at hip</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Amputation of lower leg</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Amputation of toe</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td><strong>BREAST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of breast</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Removal of breast lesion</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Breast reconstruction</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>CHEST</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploratory Thoracotomy</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Bronchoscopy (esophagoscopy)</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td>Esophagomy</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td>Lung, removal of portion (Lobectomy)</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Valvotomy or commissurotomy, closed</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Aortic, Mitral, or Tricuspid Vealoplasty, open with bypass</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td>Tetralogy of Fallot, with bypass</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td>Double valve procedure replacement and or repair</td>
<td>$8,500</td>
<td>$2,125</td>
</tr>
<tr>
<td><strong>DISLOCATION, REDUCTION OF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treat ankle dislocation</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat clavicle dislocation</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat elbow dislocation</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat hip dislocation</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat dislocation of jaw</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Treat shoulder dislocation</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat wrist dislocation</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Treat knee dislocation</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>ARTHROSCOPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle arthroscopy/surgery</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Elbow arthroscopy/surgery</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Hip arthroscopy/surgery</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Knee arthroscopy/surgery</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Shoulder arthroscopy/surgery</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>EAR, NOSE, THROAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fenestration</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Mastoidectomy-single</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Extensive mastoid surgery</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Adhoidecmy (independent procedure)</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Sinusotomy, frontal, external simple (Turbine)</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Submucous resection of nasal septum (Septectomy)</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Laryngectomy, without neck dissection</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td>Tonsillectomy, with or without adenoidectomy-under age 18</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Tonsillectomy, with or without adenoidectomy-18 and over</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Rachectomy (independent procedure)</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td><strong>EYE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair detached retina</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Removal of eye</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td><strong>FRACTURE, TREATMENT OF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of ankle fracture</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat finger fracture, each</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treatment of nose fracture</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treat fracture radius &amp; ulna</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Treatment of fibula fracture</td>
<td>$2,500</td>
<td>$625</td>
</tr>
<tr>
<td><strong>GENITO URINARY TRACT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix amputation (Cervicectomy)</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Circumcision Newborn Clamp</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Dilatation &amp; Curettage</td>
<td>$1,000</td>
<td>$250</td>
</tr>
<tr>
<td>Partial hysterectomy</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Total hysterectomy</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
<tr>
<td>Vaginal hysterectomy</td>
<td>$5,000</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

### Additional Procedures

- **KIDNEY**
  - Nephropexy
  - Kidney transplant, unilateral or bilateral, recipient with nephrectomy
  - Nephrectomy
  - Prostate, removal of (Prostatectomy)
  - Surgical exposure, prostate
  - Extensive prostate surgery
  - Removal of epididymis
  - Cystectomy, operation for anterior colpopathy
  - Rectocele operation for posterior colpopathy
  - Rectocele and cystocele A&P colpopathy
  - Kidney transplant, unilateral or bilateral, recipient with nephrectomy

- **URETHRA**
  - Adenoma or benign tumor of thyroid excision
  - Thyroidectomy

- **HERNIA**
  - Repair Inguinal- unilateral
  - Repair Umbilical-under age 5
  - Repair Umbilical-over age 5
  - Repair Ventral (incisional)
  - Repair Femoral
  - Repair Epigastric

- **LIGAMENTS AND TENDONS**
  - Repair lower leg tendons
  - Repair hand tendon
  - Repair finger/hand tendon
  - Transplant hand tendon

- **OBSTETRICAL**
  - Removal of placenta and/or immediate or early repair of puerperal and/or cervix
  - Cesarean Section, complete procedure including delivery
  - Cesarean Section and Hysterectomy, total or subtotal
  - Ectopic (tubal, extra-uterine) pregnancy
  - Miscarriage, including dilation and curetage

- **PILONAL CYST OR SINUS**
  - Removal of pilonidal lesion
  - Drainage of pilonidal cyst

- **RECTUM**
  - Fissure (Fissurectomy), cutting operation for (Independent Procedure)
  - Incise external hemorrhoid
  - Destruction of hemorrhoids
  - Hemmorhoidectomy and Fistulotomy or Fistulectomy
  - Papilllectomy, single tag (Independent procedure)

- **SKULL**
  - Hemispherectomy
  - Trephine

- **SPINE OR SPINAL CORD**
  - Laminctomy
  - Spinal cord tumor operation

- **TUMOR**
  - Remove tumor of arm/elbow
  - Remove tumor, neck/chest

- **VARICOSE VEINS**
  - Removal of leg vein

- **TRANSPLANT & PARTIAL ORGAN REMOVAL**
  - Lung Transplant
  - Liver Transplant
  - Liver - partial removal

*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.
United Consumer Awareness Association "UCAA" Terms & Conditions:

1. MEMBERSHIP: UCAA Membership is mission oriented encouraging consumption of more positive information and access to such information, products and services for the benefit of members nationwide. UCAA also invests in materials to create a better world for children. Member means a person who has a valid UCAA Membership.

2. MEMBERSHIP PAYMENTS: You hereby authorize the UCAA or its designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership payment will be processed immediately upon enrollment. Your Membership is automatic upon payment. Non-payment of the renewal monies will result in your renewal monies will result in your membership cancellation.

3. CANCELLATION: Should you not request cancellation, you may call 877-693-9095 to cancel at any time. You will be sent a full refund of the first month's membership fee only if your cancellation is received in writing to UCAA cancellations, 160 Eileen Way, Sycoset, NY 11779, by fax (at 516) 495-7195, by phone or by e-mail. All membership fees paid are non-refundable except when requests for renewal monies are cancelled before the effective date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2-4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms of use and all and any benefits, rights, duties, and obligations as a member. Cancellation of membership will not result in the return of any premium paid. The remainder of this Agreement shall remain in full force and effect.

4. ADDITIONAL MEMBERSHIP MATERIALS: If you lose or require additional membership materials, the cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: a) No charge for an e-mailed package. b) $15 per membership fulfillment booklet or card. These items will be sent to you via e-mail.

5. MEMBER PROXY: UCAA is a membership association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent-in-fact to receive, sign, execute, and deliver in the name of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution with UCAA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. You wish to do so, you will notify the Secretary of UCAA and your proxy shall be撤销ed.

6. THIRD PARTY INSURANCE DISCLAIMER: UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.

7. THIRD PARTY DISCLAIMER: UCAA is not a merchant, manufacturer, or a provider of any savings programs or services included in membership. UCAA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to these providers. Discounted medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.

8. RELEASE: Benefits are to be used at your sole discretion. Each Member, for himself/herself, or Family Member (as defined below) who uses any information, programs, services, membership benefits or enrollment in membership (hereafter “Membership Benefits”), hereby forever releases, acquits, and discharges each of the UCAA and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, or Member’s legal representative(s) may have in connection with any damage or personal injury sustained by Member during the course of the use of any Membership Benefits. The sole recourse available to a Member, Membership Participant, or Member’s legal representative(s) against the UCAA will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.

9. ENTIRE AGREEMENT: All provisions under this Agreement constitute the entire Agreement between the UCAA and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.

10. HEADINGS: The headings or captions provided throughout this Agreement are for reference purposes only, and in no way affect the meaning or interpretation of this Agreement.

11. WAIVER OF BREACH. A waiver by the UCAA of a breach of any provision of this Agreement will not be deemed a waiver by the UCAA of any other breach of the same or different provision(s).

Insurance Benefits Underwritten by the United States Fire Insurance Company

LIMITATIONS AND EXCLUSIONS (MAY VAR BY STATE)

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

1. Suicide or any intentionally self-inflicted injury;

2. Drug or alcohol abuse or addiction voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded);

3. Commission, or attempt to commit, a felony;

4. Particulate or material harmful to the environment;

5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;

6. Driving while intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurred.

7. Declared or undeclared war or act of war;

8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;

9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;

10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;

11. Drugs accepted by x-ray, or treatment resulting from injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;

12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;

13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment or therapy or procedure to prevent or correct obesity;

14. Rest cure or custodial care, or treatment of sleep disorders;

15. Treatment, supplies or services received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;

16. Normal pregnancy or childbirth, except for Complications of Pregnancy;

17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;

18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;

19. Not Medically Necessary:

20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;

22. Normal deliveries or normal labor, without the recommendation or request of the covered provider;

23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take advantage of what the drug, treatment, or procedure was originally prescribed or intended for;

24. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take advantage of what the drug, treatment, or procedure was originally prescribed or intended for;

25. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;

26. Prescription medicines, unless specifically provided for under this Certificate;

27. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigational, "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis. "Reliable Evidence" means: (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, medical treatment or procedure. There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows: PLATINUM 500 PLANS: Single = $102.77, Single/Spouse = $113.87, Single/Child(ren) = $117.26, Single/Spouse/Child(ren) = $151.97. PLATINUM 250 PLANS: Single = $89.09, Single/Spouse = $171.26, Single/Child(ren) = $253.25. PLATINUM 500 PLANS: Single = $113.87, Single/Spouse = $221.39, Single/Child(ren) = $221.39, Family = $327.36. PLATINUM 250 PLANS: Single = $97.00, Single/Spouse = $170.40, Single/Child(ren) = $220.48. Family = $399.97. The above United Premium Insurance reflects the only coverage underwritten by United States Fire Insurance Company. It does not include the association’s costs for other coverages, programs and services, including but not limited to member discount and savings related programs and services, websites, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and all other costs related to administration of association membership.

Excess Accident Medical Expense Benefit, Accidental Death & Dismemberment Benefit and Accidental Disability Income Benefit Terms & Conditions

Underwritten by Guarantee Trust Life Insurance Company

The Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not a covered benefit under the terms of this Certificate;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
1. Suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
2. Injury sustained while participating in a rodeo.
3. Injury sustained while snow skiing or snowboarding;
4. Spelunking (exploring caves);
5. Competing in motor sports races or competitions;
6. Testing cars/trucks on any racetrack or speedway;
7. Handling, storing or transporting explosives;
8. Scaling up cliffs or mountain walls;
9. Speleunking (exploring caves);
10. Handling or working with dangerous animals.
11. Injury sustained while water skiing or surfboarding;
12. Injury sustained while snow skiing or snowboarding;
13. Injury sustained while roller blading or skateboarding;
15. Repetitive motion injuries, strains, hernia, tendinitis, bursitis and heat exhaustion not related to a specific Injury.

The Insurance Premium related to coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership is as follows: Individual = $5.24, Individual Plus Child/Spouse = $13.06, Family = $33.06

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

Emergency Room Benefit Terms & Conditions
Underwritten by Presidential Life Insurance Company
Notice of Claim: Written notice of claim must be given to the claims administrator within 30 days after a covered loss starts, or as soon thereafter as is reasonably possible.

We will not pay for any loss as a result of:
1. Suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
2. War or any act of war, whether war is declared or not;
3. Service in one of the armed forces of any country or international authority;

Note 1: If an Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium.

Note 2: This exclusion (4) does not apply to a Covered Person who is:
   a. a member of an armed force reserve corps or National Guard unit; and
   b. in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days.

4. Riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
5. Hernia, however caused;
6. Services or treatment provided by a family member or the Insured Person;
7. Experimental or investigational procedures;
8. Cosmetic surgery or procedures;
9. Hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit;
10. Injury or Sickness arising out of or in the course of employment for wage or profit, unless the Covered Person is ineligible for or legally exempt from Workers’ Compensation coverage;
11. Any loss to which a contributing cause was the Insured Person’s being involved in any illegal occupation or activity, or commission of or attempt to commit a felony;
12. Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol; or
13. Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician; or
14. Related to pregnancy or childbirth.

Critical Illness Insurance Terms and Conditions
Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa (AIG).

Member becomes eligible for this benefit 30 days after plan effective date.

Note 1: This exclusion (4) does not apply to a Covered Person who is:
   a. the Insured Person’s suicide, or intentional self-inflicted Injury or Sickness, while sane or insane.
   b. the Insured Person’s being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug or intoxicant unless taken under the advice of and as specified by a Physician.
   c. the Insured Person’s commission of or attempt to commit an assault or felony.
   d. the Insured Person’s engaging in an illegal activity or occupation.
   e. the Insured Person’s voluntary participation in a riot.
   f. any illness, loss or condition specifically excluded from the definition of any Critical Illness.
   g. war, whether declared or not
   h. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure, except as may be provided by Rider.