



FS Association Copay
Enrollment Guide



CHOICE, SERVICE, SECURITY.
move towards peace of mind



Experience the Difference

INDIVIDUAL/UCAA/FS/COPAY/SHELF/CCRES/E-122-051508/v02
Note: Certain options are available through membership in the 'Professional Service Division' of the United Consumer Awareness Association.

Welcome to Patriot Health

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

Your Options

*Options 2 provides a 'Professional Service Division' membership in the United Consumer Awareness Association (UCAA)**

OPTION 1: Individual Major Medical Health Benefit Plans

Call 866-625-1223 for a customized quote today!

OPTION 2: Group Limited Medical Benefit Plan

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

OPTION 3: The Patriot Health Stand-Alone Dental & Vision Package

-Package consists of both Tiered Dental & Vision Benefits.

About the UCAA:

* The United Consumer Awareness Association is a mission driven association committed to enhancing your life by providing access to a wealth of information related to health and wellness, consumer and environmental awareness, and human issues. The UCAA stresses change in consumption habits resulting in a healthier person, community, and world. Once you are a member you will be able to access all of this helpful information at www.unitedconsumer.org.

How To Enroll

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

1. Read through this enrollment guide thoroughly, and learn about your healthcare options.
2. Once you have reviewed the available plan options, gather your thoughts and questions, and call our toll-free number **(866) 625-1223 (Monday - Friday 8a.m. - 6p.m. CST.)** to speak with a Customer Care Consultant. They are prepared to assist you with any inquiries you may have.
3. You are now ready to enroll in a Patriot Health Benefit Program!

Yes, it is that easy! Credit card or ACH payments accepted.

(866) 625-1223 Monday – Friday, 9 a.m. – 7 p.m. EST

OPTION 1: Individual Major Medical

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

Multiple plan options based on your needs and budget

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

Your choice of national carriers:*

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



Golden Rule Sample Rates:***						
Zip Code	Age	Gender(s)	Status	Deductible	Co-Insurance	Monthly Rate
33024	25	male	Single Preferred	\$2,500	100%	\$115.81
33024	25	female	Single Preferred	\$2,500	100%	\$128.68
33314	35	male	Single Preferred	\$2,500	100%	\$147.45
33314	35	female	Single Preferred	\$2,500	100%	\$172.02
33388	40,40,5	male, female & child	Family Standard	\$5,000	100%	\$431.36
33388	45,43,5	male, female & child	Family Standard	\$5,000	100%	\$452.39

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

Call for a customized quote!

(866) 625-1223 Monday – Friday, 9 a.m. – 7 p.m. EST

OPTION 2: Association Benefit Outline

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

*MONTHLY COST:	Harmony	Serenity
Individual:	\$119.49	\$189.99
Individual+Spouse:	\$223.64	\$377.54
Individual+Child(ren):	\$210.85	\$358.49
Family:	\$297.52	\$489.99

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

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

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

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

<p>Doctor Office Visits: This benefit is payable, up to the Plan Maximum, for visits to a Doctor's office, which are Medically Necessary due to a Covered Injury or Sickness. Benefits are limited to a single Doctor visit per day per Covered Person.</p> <p>In-Network: <u>Copay:</u></p> <p>Out-of-Network: Indemnity Reimbursement: (No-copay)</p> <p>Maximum number of visits per Covered Person/Family per Policy Year:</p>	<p>\$30</p> <p>\$50 max per visit</p> <p>5/10 visits</p>	<p>\$20</p> <p>\$75 max per visit</p> <p>5/10 visits</p>
<p>Wellness Visits: This benefit is payable, up to the Plan Maximum, for routine health examinations and immunizations for Covered Persons age 1 or older.</p> <p>In-Network: <u>Copay:</u></p> <p>Out-of-Network: Indemnity Reimbursement: (No-copay)</p> <p>Maximum number of visits per Covered Person/Family per Policy Year:</p>	<p>\$30</p> <p>\$60 max per visit</p> <p>1 visit</p>	<p>\$20</p> <p>\$80 max per visit</p> <p>1 visit</p>
<p>Infant Wellness Visits: This benefit is payable, up to the Plan Maximum, for routine health examinations and immunizations for children under age 1.</p> <p>Maximum number of visits per Covered Person per Policy Year:</p>	<p>\$35 max per visit</p> <p>4 visits</p>	<p>\$60 max per visit</p> <p>4 visits</p>
<p>Diagnostic, X-ray, Laboratory: This benefit is payable, up to the Plan Maximum when as the result of a Covered Injury or Sickness, X-rays, Laboratory and other diagnostic tests are ordered or performed by a Doctor.</p> <p>Maximum number of visits per Covered Person per Policy Year:</p>	<p>\$50 max per visit</p> <p>5 visits</p>	<p>\$75 max per visit</p> <p>5 visits</p>

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.

Association Benefit Outline *continued*

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

12/12 Pre-Ex only applicable to Hospital, Surgery and Anesthesia. Benefit limits are provided on an "up to" basis.
Plans are not available for residents of CT, KS, NJ, NY, VT, and WA.

	Harmony	Serenity
Hospital Admission Benefit: This benefit is payable for Day 1 when a Covered Person is admitted to a hospital (semi-private room) other than a recovery room and confined as a resident bed patient due to covered Injury or Sickness.	\$300 day 1	\$750 day 1
Hospital Confinement Benefit:* This benefit is payable for days 2-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room).	\$300 days 2-31	\$750 days 2-31
Hospital ICU/CCU:* This benefit is payable for days 2-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital ICU or CCU unit.	\$550 days 2-31	\$1,500 days 2-31
Surgery (Inpatient/Outpatient): This benefit is payable as 100% of Usual & Customary Rates, up to the plan maximum, for surgery required as the result of a covered Injury or Sickness.	\$1,000 max per visit	\$2,000 max per visit
Maximum number of Covered Surgeries per Insured per Year:	1 visit	1 visit
Anesthesia Benefit (Inpatient/Outpatient): This benefit is payable, up to the Plan Maximum, for Covered Expenses, when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. This benefit is 25% of the surgery benefit amount.	Up to \$250 max per visit	Up to \$500 max per visit
Emergency Room: This benefit is payable, up to the Plan Maximum when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only.	\$50 max per visit	\$100 max per visit
Maximum number of visits per Covered Person per Policy Year:	1 visit	1 visit
Ambulance: This benefit is payable, up to the plan maximum, when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.	\$150 max per trip	\$250 max per trip
Maximum number of trips per Covered Person per Policy Year:	1 trip	1 trip
Physical Therapy: This benefit is payable, up to the Plan Maximum when, as the result of a Covered Injury or Sickness, a Doctor certifies that a Covered Person requires Physical Therapy.	\$20 max per visit	\$25 max per visit
Maximum number of visits per Covered Person per Policy Year:	10 visits	10 visits
Hospice: This benefit is payable, up to the Plan Maximum, when a Doctor certifies that as the result of a Covered Injury or Sickness, the Covered Persons life expectancy is not more than 6 months.	\$100 max per day	\$150 max per day
Benefit includes services and supplies for up to the maximum number of days per Covered Person per Policy Year:	10 day max	10 day max

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

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Association Benefit Outline *continued*

Insured Rx Program*		
Underwritten by United States Fire Insurance Company Benefits not available to residents of CA, CO, MD, MN, MT, NH, NY, OK, VT, and WA		
	Harmony	Serenity
<p>Insured Rx Program: The benefit amounts are payable for medically necessary covered charges incurred by an insured person for the purchases of outpatient prescription drugs from a contracted participating pharmacy. Any co-payment must be paid for each prescription drug filled or authorized.</p> <p>Copay: For each 30 day supply of generic drugs</p>	<p>-</p> <p>-</p> <p>-</p>	<p>\$1,500 annual max individual</p> <p>\$3,000 annual max family</p> <p>\$15</p>
Accidental Death and Dismemberment & Excess Accident Medical Expense Benefits (per accident)		
Underwritten by Guarantee Trust Life Insurance Company. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Benefits not available to residents of NY & OR		
<p>Accidental Death & Dismemberment: 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.</p>	<p>\$15,000</p>	<p>\$25,000</p>
<p>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, hospital emergency care; doctor's visits (inpatient and outpatient), dental treatment for injury to sound natural teeth. Spouse and dependent covered at the amount shown as well. \$100 deductible applies per Accident per Covered person. This benefit will only apply after any valid and collectible insurance for the same claim has been exhausted.</p>	<p>\$5,000</p>	<p>\$7,500</p>
Guaranteed Issue Term Life Insurance		
Underwritten by Hartford Life and Accident Insurance Company		
<p>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.</p>	<p>-</p>	<p>\$5,000</p>

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

FAQs: Patriot Health Group Limited Benefit Plan

How does the Patriot Health Group Limited Benefit Program work?

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

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

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

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

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

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

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

Why should I use an In-Network Provider?

You can reduce your out-of-pocket expense because the provider will charge a discounted fee for his/her service.

How are medical claims processed?

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

Will I receive a fulfillment package and membership cards?

Yes. A fulfillment kit with 2 membership cards will be mailed to your designated address within 72 hours of receipt of enrollment.

Association Discount Medical Plan

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

Member Agreement for Discount Medical Plan

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

The Discount Medical Plan Organization is Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, NY 11791. For assistance and information you may call 516-576-9264. To obtain additional information and an up-to-date list of contracted providers by name, city, state, and specialty in your service area, you may call customer service 800-292-3797 or go to www.patriohealth.com/fullnetwork.

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

1. Entire Agreement: All provisions under this Agreement, ID card and product descriptions constitute the entire Agreement between the Company and the Member. This contract is not protected by any state Life and Health Guaranty Association. Discounts on professional services are not available where prohibited by law.
2. Complaints: Any complaint regarding Plan Membership should be directed to Member Services at the toll-free number on the Membership card, or in writing to the address shown above in this Agreement.
3. Effective Date and Renewal: Your effective date is indicated on your ID card. Your plan will be automatically renewed each month until you cancel.
4. Adding New Members: Under the family plan, you may add family members by calling the customer service number.
5. Cancellation: Your Discount Medical Plan is provided to you at no charge by your association. You may cancel the Discount Medical Plan at anytime by calling: 800-292-3797.
6. Best Efforts: The Company shall use its best efforts to obtain acceptance from an adequate number of Providers who will agree to provide Eligible Services to Members. However, the Company does not assume any obligation if the Provider Network is not sufficient to serve Members' needs. The final selection of the medical professional and/or medical facility and the approval or disapproval of medical treatment is the Member's choice alone.
7. Member Card: Member will be provided with a Membership Card. Such card and other forms of identification should be carried by the Member at all times to provide proof of the right to Eligible Services under the Membership Agreement. The discounts contained herein may not be used in conjunction with any other discount plan or Plan. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this Plan. In such event, members will be charged the lowest price. Plan may not be available or vary in some states.

T&C-102-013108

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

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

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

© Patriot Health Florida, Inc. 2008
160 Eileen Way, Syosset, New York 11791
Telephone: 800-292-3797

Included Association Benefits

Medical Savings Programs

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

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

Tiered Dental Program: At select participating schedule (A) Tier 1 general practitioners across the country, you will receive a no charge exam and x-rays in conjunction with a paid annual cleaning. Fixed schedule procedure rate savings are 25% - 60% on dental care.

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

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

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

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

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

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

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

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

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

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

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

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

Consumer Savings Programs

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

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

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

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

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

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

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

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

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

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

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

*Programs NOT available to the Harmony Plan

THIS PAGE IS NOT HEALTH INSURANCE

Option 3: Stand-Alone Dental & Vision Package

Provided by Patriot Health Florida, Inc.

Individual - (Monthly Rates)	\$9.95
Individual + Spouse - (Monthly Rates)	\$14.95
Individual + Child(ren) - (Monthly Rates)	\$14.95
Family - (Monthly Rates)	\$14.95

Tiered Dental

A multi-tiered dental fee-for-service program, where you have access to dentists under THREE distinct scenarios.

Tier 1) At select participating schedule (A) Tier 1 general practitioners across the country, you will receive a no charge exam and x-rays in conjunction with a paid annual cleaning. Participating providers abide by a fee schedule of fixed payments for most procedures. Fixed schedule procedure rate savings are 25% - 60% on dental care, as compared to the American Dental Association surveys of usual and customary fees.

Tier 2) In the event a schedule (A) Tier 1 provider is not available in a given area, a secondary schedule participating dentist may be available at some of the lowest rates of any national dental network.

Tier 3) In the event a Tier 1 or Tier 2 dentist is not available in your area, please call a Customer Care Consultant for assistance in accessing a Tier 3 provider where available.

Description	Your Cost	ADA Mean*	Savings
Exam	No Charge**	\$76	\$76
Full X-Rays	No Charge**	\$125	\$125
Total (adult) check-up	\$55	\$290	\$235
Total (child) check-up	\$38	\$268	\$230
Couple savings on one check-up (2 adult)	\$110	\$580	\$470
Family savings on one check-up (2 adult, 2 child)	\$186	\$1116	\$930

NOTE: Tier 1 dentists provide the greatest savings in the dental provider network. Complete schedule can be accessed by calling 800-292-3797. Prices on schedule are subject to change without notice. *Source: American Dental Association, Survey Center, 2005 Survey of Dental Fees. Contact a Customer Care Consultant for a sample fee schedule. **In conjunction with annual check-up prophylaxis (cleaning) provided by participating selected general practitioners of Tier 1

Tiered Vision

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

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

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

NOTE: Network providers may NOT be available in certain areas

Terms & Conditions

United Consumer Awareness Association Terms & Conditions:

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

1. UCAA 'Professional Service Division' membership includes association insurance benefits, non-insurance association benefits, and consumer discount savings. UCAA Membership is designed to provide valuable consumer related information and programs and encourages healthier consumer habits for the benefit of families nationally and world wide.
2. UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.
3. Healthcare professionals providing healthcare services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to the healthcare providers. Discount medical plans are administered by Patriot Health Florida Inc.
4. UCAA may change service providers at its sole discretion.
5. Membership is renewable monthly at option of Member. Non-payment will result in cancellation of Member Benefits. A member may cancel at any time by written notice to UCAA.
6. UCAA Refund Policy: Members will be sent a full refund if the first month membership fees (enrollment fees excluded) requested in writing or by fax within 30 days from submission of the membership registration to UCAA. UCAA Refund Policy: Members will be sent a full refund if the first month membership fees (enrollment fees excluded) requested in writing or by fax within 30 days from submission of the membership registration to UCAA. Insurance claims submitted during the first 30 days constitute acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. Members can call the toll-free number in this agreement to request cancellation, but must send a signed written notice of cancellation before cancellation can be processed. For all plans effective the 1st of the month cancellations must be received by the 14th, no later than 11:59p.m. to be effective for the following month.
7. Cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
8. Usage of any part of this membership program shall signify your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCAA. You understand that this proxy is a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, you will notify the Secretary of UCAA of your desires in this respect.

Insurance Benefits Terms & Conditions

Insurance Benefits underwritten by the United State Fire Insurance Company

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

1. Suicide or any intentionally self inflicted Injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undecleared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older except as specifically provided; allergy testing;
10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
11. Dental care, x-rays, or treatment other than Injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
14. Rest cures or custodial care, or treatment of sleep disorders;
15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
16. 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;
17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or

abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;

18. 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;
19. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
20. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
21. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
22. Prescription medicines;
23. Any Injury that is caused by flight or travel in, or upon: (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger; (b) An ultra light, hang gliding, parachuting or bungi cord jumping; (c) A snowmobile; (d) Any two or three wheeled motor vehicle; (e) Any off road motorized vehicle not requiring licensing as a motor vehicle; (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
24. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
25. Services, treatment or loss: (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (c) Which a Covered Person would not have to pay if he did not have insurance; (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family; (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; (f) Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
26. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
27. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.

Insurance Benefits and Insured Rx Benefit underwritten by the United State Fire Insurance Company at the following voluntary rates: Harmony Package: employee \$73.52, employee + spouse \$153.16, employee + child(ren) \$137.84, family \$211.36. Serenity Package: employee \$138.01, employee + spouse \$285.39, employee + child(ren) \$263.16, family \$397.13.

Insured Rx Terms & Conditions

Underwritten by United States Fire Insurance Company

LIMITATIONS Dispensing Limits and Authorized — Retail: Maximum 30 day supply;

EXCLUSIONS

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.
2. Blood glucose meters; insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; all other injectables.
5. All medical supplies and durable medical equipment.
6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin - used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements.
7. Anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; Any drugs or products used for the treatment of baldness; Topical dental fluorides.
8. Refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription.

Terms & Conditions *(continued)*

9. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.
10. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs.
11. Any drug which the Food and Drug Administration has determined to be contradicted for the specific treatment.
12. Drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.
13. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed force.
14. Any expenses related to the administration of any drug.
15. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.
16. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental programs.
17. Drugs, medicines, or products, which are not Medically Necessary.
18. Brand Name Prescription Drugs.
19. Diaphragms; Erectile dysfunction Legend drugs; Infertility Legend drugs.
20. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection.
21. Smoking deterrents, Legend or over-the-counter.
22. Vacation supplies and replacement of stolen medication, or lost, spilled, broken or dropped Prescription Drugs. Please read your certificate of a insurance for a listing of limitations, exclusions and the definitions of terms applicable to this coverage.

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

Underwritten by Guarantee Trust Life Insurance Company:

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

Exclusions:

This does not provide benefits for:

- Treatment, services or supplies which:
 1. Are not Medically Necessary;
 2. Are not prescribed by a Doctor as necessary to treat an Injury;
 3. Are determined to be Experimental/Investigational in nature;
 4. Are received without charge or legal obligation to pay;
 5. Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.
 6. Are not specifically listed as Covered Charges in this Certificate.
 7. Injury by acts of war, whether declared or not.
 8. Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
 9. Injury covered by Worker's Compensation or the Occupational Disease Law.
 10. Dental treatment, except as specifically stated.
 11. Injury sustained while committing or attempting to commit a felony.
 12. Prescription Drugs except as specifically stated.
 13. Suicide or attempted suicide while sane.
 14. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
 15. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
 16. Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
 17. Injury which occurs while the Insured is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
 18. Injury sustained flying in an ultra light, hang gliding, parachuting or bungee cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
 19. Injury sustained where the Insured is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
 20. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
 21. Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
 22. Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 30 days.

Guaranteed Issue Term Life Insurance Terms & Conditions:

Underwritten by Hartford Life and Accident Insurance Company Simsbury, CT

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

Eligible Persons:

DESCRIPTION OF ELIGIBLE PERSONS:

All Active Members of the Policyholder who are :

1. under age 65; and
2. citizens or legal residents of the United States, its territories and protectorates.

Change of Premiums:

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

Request for Change in Coverage:

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

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

Termination:

Coverage will end on the earliest to occur of:

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

Individual Grace Period:

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

BENEFITS Life Insurance Benefit:

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

Suicide:

If you commit suicide while sane:

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

Exclusions:

The Life Insurance Benefit does not cover death:

1. caused or contributed to by war act of war whether declared or not;
2. occurring while in the armed forces of any country or international authority;
3. caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft: a. as a pilot, crew member or student pilot; or b. as a flight instructor or examiner. We will refund the pro rata portion of any premium paid for this benefit for You while in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within 12 months of the date You enter the armed forces.

Disclaimer Rates:

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