



## Quality medical options for you and your loved ones...

All brought to you through an exclusive membership in  
the United Consumer Awareness Association - UCAA.

### **PLANS ARE 100% GUARANTEED ISSUE**

- » Insured Benefits
- » Discount Medical Plans
- » Consumer Savings Benefits
- » and much more...

Questions? Simply call 1-866-625-1223  
Monday - Friday 9am-7pm EST.

**Plans are not available for residents of AK, AR, CT, ID, KS, MD, ME, MN, MT, NC, NH, NJ, NY, OR, RI, UT, VT, WA and WV.**

**NOTE: State availability subject to change without notice.**

**NOTE: The COURAGE Plan is available to residents of ID and WV.**

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.





## **RE: NEW INSURANCE & BENEFIT PROGRAM FOR OUR CONTRACTORS AND THEIR FAMILIES**

To our valued employees:

One of the key directives we have been given by our Contractors was to try to find an acceptable and affordable level of medical insurance that can be offered as a benefit of being part of our company. We have worked very closely with our trusted insurance advisors and have discovered a company and a platform which we believe will exceed these goals: **Patriot Health**.

Patriot Health is a member of the Cost Containment Group (CCG) of companies, headquartered on Long Island, New York. Established in 1993, CCG services millions of families nationwide through various healthcare related programs and networks.

The program we have selected is the Patriot Health Turnkey medical platform. This platform, with an Employer contribution from FootBridge, offers you to choose between an **Individual Major Medical policy** or affordable **Limited Medical Indemnity Benefits Plans**. In addition, there are options for a **Dental & Vision program**.

Because the Major Medical Insurance is not a group plan but individual insurance, members must go through an underwriting process to be approved. This process is simple and members will be enrolled over the phone.

There are no forms to complete. Members who have a pre-existing condition can be rated up or denied coverage by the insurance companies. The Limited Health Benefit policy is Guaranteed Issue for all members and their eligible dependents; there are no underwriting or physical exams required.

The process to ask questions and enroll is very simple. We have a website set up for more information; <http://mymemberinfo.com/enroll/footbridge/enroll.pdf>. Complete plan information is available on the website, and will direct you to Patriot Health's toll-free number **1-866-625-1223** which can be used to ask questions, and enroll in the plans. There are no paper forms to complete!

Your portion of the premium for the programs will be payroll deducted from your check. You also may keep these programs should you ever leave The FootBridge Companies.

Thank you for the valuable contributions you make to our clients and for being part of FootBridge!

Sincerely,

Rich O'Donnell  
The FootBridge Companies

## Plan Pricing\*

	MONTHLY PLAN COSTS		WEEKLY PLAN COSTS	
	Courage	Purity	Courage	Purity
Individual:	\$33.39	\$109.83	\$7.71	\$25.35
Individual+Spouse:	\$76.61	\$233.90	\$17.68	\$53.98
Individual+Child(ren):	\$75.05	\$220.64	\$17.32	\$50.92
Family:	\$106.45	\$310.93	\$24.57	\$71.75

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

NOTE: Your total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverages, marketing and administration costs.

## What do the plans offer?

### 1. Limited Medical Indemnity Benefits (page 3-4)

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.

- Doctor office visits
- Adult wellness visits
- Child wellness visits
- Diagnostic, x-ray and laboratory services
- Hospital admission benefit
- Hospital confinement benefit
- Hospital ICU/CCU
- In-hospital doctor benefit
- Surgery and anesthesia benefit
- Emergency room visits
- Ambulance trips
- Physical therapy
- Hospice

### 2. Additional Insurance Benefits (page 4)

- Accidental Death & Dismemberment Benefit
- Excess Accident Medical Expense Benefit
- Guaranteed Issue Term Life Insurance

### 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!

## 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.
- » Credit card or ACH payments are accepted.

## Individual Major Medical Health Benefit Plans

- » Your choice of national carriers
- » Assurant Health
- » Golden Rule, A United Healthcare Company
- » Individual or family coverage available
- » Plans require complete medical underwriting
- » Call 866-625-1223 for a customized quote today!



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## Stand-alone Dental/Vision Discount Plans

- » The Dental/Vision Discount Plan is provided by Patriot Health Florida, Inc.
- » Tiered Dental Plan: 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 Plan: 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.
- » Per month pricing: \$9.95 per individual or \$14.95 for family plans
- » NOTE: Both Discount Dental and Vision Plans are included in ALL Limited Medical Indemnity Plan options.

# Available Plans

Limited Medical Indemnity Benefits*	COURAGE	PURITY
<b>Doctor Office Visits*</b> This benefit is payable 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.		
» Doctor Office Visit - Indemnity Reimbursement:	\$90	\$100
» Max number of visits/Covered Person/Family per Policy Year:	5/10 visits	8 visits
<b>Adult Wellness Visits*</b> This benefit is payable for routine health examinations and immunizations for covered persons age 6 through 64.		
» Doctor Office Visit - Indemnity Reimbursement:	\$90	\$100
» Max number of visits per Covered Person per Policy Year:	1 visit	1 visit
<b>Child Wellness Visits*</b> This benefit is payable for routine health examinations and immunizations for covered persons age birth through 5.		
» Indemnity Reimbursement per visit:	N/A	\$60
» Max number of visits per Covered Infant per Policy Year:	N/A	4 visits
<b>Diagnostic, X-ray, Laboratory*</b> This benefit is payable when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day.		
» Benefit amount per visit:	\$40	\$75
» Max number of visits per Covered Person per Policy Year:	5 visits	5 visits
<b>Hospital Admission Benefit*</b> This benefit is payable for Day 1 when a Covered Person is admitted to a hospital (semi-private room) other than a recovery room and confined as a resident bed patient due to covered Injury or Sickness.		
» Benefit amount:	\$200	\$750
<b>Hospital Confinement Benefit*</b> This benefit is payable for days 2-31, 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). This benefit is payable in lieu of the Hospital ICU/CCU Benefit.		
» Benefit amount per day (30 day max per Covered Person per Policy Year):	\$100	\$750
<b>Hospital ICU/CCU*</b> This benefit is payable for days 2-31, 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. This benefit is payable in lieu of the Hospital Confinement Benefit.		
» Max per day (30 day max per Covered Person per Policy Year):	\$100	\$1,500
<b>In-Hospital Physician Benefit*</b> If the Room and Board benefit is payable, the Company will pay Covered Charges for Physician's in-patient hospital visits, limited to the number of days as outlined in this chart.		
» Benefit amount:	N/A	\$20 per day
» Max number of days per Covered Person per Policy Year:	N/A	30 days
<b>Surgery (Inpatient/Outpatient)*</b> This benefit is payable for surgery required as the result of a covered Injury or Sickness.		
» Benefit amount per surgery:	N/A	\$2,000
» Max number of Covered Surgeries per Covered Person per Policy Year:	N/A	1 surgery
<b>Anesthesia Benefit (Inpatient/Outpatient)*</b> This benefit is payable, 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.		
» Benefit amount per visit:	N/A	\$500
» Max number of treatments per Covered Person per Policy Year:	N/A	1 treatment

\*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. 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.

Limited Medical Indemnity Benefits*	COURAGE	PURITY
<b>Emergency Room*</b> 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.		
» Benefit amount per visit:	\$200	\$500
» Max number of visits per Covered Person per Policy Year:	2 visits	2 visits
<b>Ambulance*</b> This benefit is payable 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		
» Benefit amount per trip:	\$100	\$250
» Max number of trips per Covered Person per Policy Year:	1 trip	1 trip
<b>Physical Therapy*</b> This benefit is payable when, as the result of a Covered Injury or Sickness, a Doctor certifies that a Covered Person requires Physical Therapy.		
» Benefit amount per visit:	N/A	\$25
» Max number of trips per Covered Person per Policy Year:	N/A	10 visits
<b>Hospice*</b> This benefit is payable 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.		
» Benefit amount per day:	N/A	\$150
» Max number of days per Covered Person per Policy Year:	N/A	10 days

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Additional Insurance Benefits	COURAGE	PURITY
<b>Accidental Death and Dismemberment Benefit**</b> If you are injured in a covered accident and the injury from such accident causes death or dismemberment within 365 days from the date of the accident, the insurance company will pay the amount shown. If you sustain more than one such loss as the result of one Accident, the insurance company will pay only one amount, the largest to which you are entitled. Spouse and dependent covered at the amount shown as well.		
» Benefit amount:	\$10,000	\$25,000
<b>Excess Accident Medical Expense Benefit (per accident)**</b> If you are injured in a covered accident and receive treatment from a physician within 365 days from the date of the accident, the insurance company will pay up to the amount shown for actual expenses related to: Hospital room and board (up to the semi-private room rate), general nursing care, Hospital miscellaneous expenses during a hospital confinement or for outpatient surgery under general anesthetic, laboratory tests, x-rays, anesthesia, prescription drugs, therapeutic services and supplies, 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:	\$2,500	\$7,500

<b>Guaranteed Issue Term Life Insurance***</b> Guaranteed Issue Term Life Insurance requires no medical exam or tests. The benefit amount shown is paid to your beneficiary or beneficiaries in the event of your death. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within the Certificate. Spouse benefit is 50% of benefit amount shown and dependent benefit is 20% of benefit amount shown. Dependent child(ren) must be at least 15 days or older to become eligible for coverage. Member becomes eligible for this benefit 90 days after plan effective date.		
» Benefit amount:	N/A	\$5,000

\*\*The Accidental Death and Dismemberment and the Accident Medical Expense benefit insurance is subject to the terms, definitions, condition, exclusions, and limitations of the group policy. All members of UCAA are eligible to receive these benefits. These insurance benefits are underwritten by Guarantee Trust Life Insurance Company policy form MP-1300 issued to UCAA. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in UCAA. Coverage becomes effective on the date provided in your membership material. These benefits are not available to residents of AR, MD, ME, MN, MT, NC, NH, NY, OR and UT.

\*\*\* Underwritten by ReliaStar Life Insurance Company. Not available to residents of: ID, NH, NC, VT, and WV. Member becomes eligible for this benefit 6 months 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.

# Discount Medical Features and Consumer Savings Benefits

## 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.

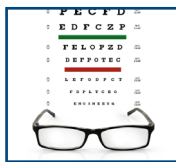
**Tiered Dental Program:** Members receive a no-charge exam and full set of x-rays (in conjunction with a paid annual cleaning), at select participating general practitioners across the country! Fixed schedule procedure rate savings are 25% - 60% on dental care services.

**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.

**Tiered 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.

**24 Hour Nurse Hotline:** Members receive unlimited, toll-free, 24/7 access to registered nurses! All calls are completely confidential.



**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

**Courage plan** - you get: Car rental discounts, Boca Java online coffee discounts, hotel discounts, floral arrangement discounts, Tradesman referral savings, moving and storage discounts, amusement park discounts, movie ticket discounts, magazine subscription savings, medical records software, mortgage and realtor discounts, Reebok Savings and eDocAmerica.

**Purity plan** - you get everything listed above PLUS: financial planning services, tax hotline services, identity theft services, auto maintenance, roadside assistance and premium legal counseling features

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.

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#### United Consumer Awareness Association "UCAA" Terms & Conditions:

1. **MEMBERSHIP:** UCAA Membership is mission oriented and provides consumer related information and programs encouraging more positive consumption of information, products and services for the benefit of families nationwide. Member means a person whose membership has been accepted by the Association. Membership in the UCAA also includes association limited insurance benefits, non-insurance association benefits, and consumer discount savings.
2. **MEMBERSHIP PAYMENTS:** You hereby authorize the Association 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 monthly recurring payment due date will be charged as follows: Enrollments received between the 1st and the 15th will be charged on every 15th of the month. Enrollments received between the 16th and the last day of the month will be charged on the 1st of the month. Membership is automatically renewed monthly. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **CANCELLATION:** If you are not completely satisfied, you may call (800)-290-6179 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCAA administration, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 576-9268 or by e-mail to cancellations@unitedconsumer.org within thirty (30) days from your enrollment 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 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 or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call (800)-290-6179 to confirm your request for cancellation was received.
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 and \$8 per 2 membership card package. These materials will be sent via certified mail.
5. **MEMBER PROXY:** UCAA is a not for profit 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 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 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. Should you wish to do so, you will notify the Secretary of UCAA of your desire in this respect.
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:** Association 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. Discount 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, and on behalf of any Family Member who uses the Program membership ("Membership Participant"), hereby forever releases, acquits, and discharges each of the Association 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, of 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 Member benefits or Program service ("Service"). The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against Association 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 Company 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 of Association of a breach of any provision of this Agreement will not be deemed a waiver by Association of any other breach of the same or different provision.

#### Insurance Benefits underwritten by the United States Fire Insurance Company LIMITATIONS AND EXCLUSIONS (MAY VARY 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. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; 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. 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. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
18. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
19. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
21. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
22. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
23. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
24. Prescription medicines, unless specifically provided for under this Certificate;
25. 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;
26. 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 (except in a Driver's Education Program);
27. 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;
28. 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;
29. 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.

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;

Insurance Benefits underwritten by the United State Fire Insurance Company at the following 50% contributory rates: Courage Package: employee \$28.56, employee & spouse \$57.45, employee & child(ren) \$51.80, family \$75.04 Purity Package: employee \$93.45, employee & spouse \$190.36, employee & child(ren) \$171.59, family \$250.00

**Excess Accident Medical Expense Benefit, Accidental Death & Dismemberment Benefit Terms & Conditions: Underwritten by Guarantee Trust Life Insurance Company**

The Policy does not provide benefits for:

- Treatment, services or supplies which:
  - Are not Medically Necessary;
  - Are not prescribed by a Doctor as necessary to treat an Injury;
  - Are determined to be Experimental/Investigational in nature;
  - Are received without charge or legal obligation to pay;
  - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
  - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor. Injury sustained while participating in or practicing for any professional, intercollegiate or club sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor

vehicle operator's license, except in a Driver's Education Program.

- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay;
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

The Insurance 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 = \$13.06

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.

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

**Underwritten by: ReliaStar Life Insurance Company**

Not available to residents of: ID, NH, NC, VT, WV

PERIOD OF COVERAGE: Member becomes eligible for this benefit 6 months after plan effective date.

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.

BENEFITS Life Insurance Benefit:

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 2 years of the date your insurance or increase in insurance starts, ReliaStar Life will refund only the amount of premiums paid for your insurance or increase in insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death