AGENT PLAN OVERVIEW

SUPPLEMENTAL INSURANCE PLANS

BENEFIT BOOST STAND-ALONE PLANS

UBA MEMBERSHIP

Lifestyle & business services, discounts & networking.

Membership is required for all plans that include group insurance listed on this plan overview.

Ind

Ind+1

Family

Available in all 50 U.S. states

\$10 per month **Entire Family**

United Business Association (UBA)

Plan Cost

\$20

View UBA membership guide: https://www.ubamembers.com/ sample_ubamembership.pdf

Renaissance.

UBA DENTAL

VIEW PLAN FLYER

(12 month waiting period

on Major services)

REQUIRES A SSN ON APP

AL. AR. LA.

- \$1000 annual max benefit

- 100% Preventive

- In- or out-of network

- 70% Basic

- 50% Major

SELECT BUTTON BELOW TO JUMP TO SECTION

DENTAL & VISION PLANS

YSP individual vision plans	Renaissance. VISION	FCLENTAL	FCLENTAL
VSP IND VISION PLAN	UBA VISION	FCL DENTAL 3000	FCL DENTAL ORAQUEST DHMO
VIEW PLAN FLYER	VIEW PLAN FLYER	VIEW PLAN FLYER	VIEW PLAN FLYER
 \$15 copay wellvision exams (every 12 months) \$25 copay prescription glasses (every 12 months) Additional Savings 	 In-Network \$10 well vision exam (every 12 months) \$25 copay \$130 Frame allowance Lens Enhancements 	 \$3000 annual max benefit \$25 copay per visit 100% Preventive 80% Basic 50% Major MAC plan 	 Dental HMO plan Must select Primary dentist \$9 copay per visit Pays a set amount based on procedure codes listed in cert schedule of benefits
DOES <u>NOT</u> REQUIRE UBA MEMBERSHIP TO ENROLL	- Out-of-network coverage REQUIRES A SSN ON APP	(12 month waiting period on Major services)	

Plan Cost

\$14.00

\$27.00

\$43.00

	Plan Cost
Ind	\$35
Ind+Sp	\$70
Ind+Child(ren)	\$80
Family	\$100

	\$70	Ind+Sp	\$35
d(ren)	\$80	Ind+Child(ren)	\$40
	\$100	Family	\$50
er month	NOT include the UBA membership Ire monthly.	Plan Cost above does required \$10 per month dues. All plan costs above	UBA membe
e Availa	bility:	State Availa	ability:
Z, DE, D	C, FL, GA,IA,	TX	

Ind

20	1	\$41	\$81	\$147	MS, & WV
35					GA, MO, NE,
40	2	\$46	\$91	\$164	SC, TX & WY
50	3	\$52	\$102	\$184	KY, OK & TN
clude the embership hly.	4	\$58	\$113	\$205	AZ, DC, FL, IN, IA, NV, NJ, NM, ND, OH, PA, VA, & WI
:	5	\$64	\$125	\$226	DE & MI
	6	\$71	\$140	\$252	CT & ID
	7	\$80	\$157	\$284	CA
	Plan Cost	above do	es NOT in	clude the r	equired \$10 per month

UBA membership dues. All plan costs above are monthly.

underwritten by: Renaissance Life & Health

TRUCAP



FEATURED PLANS

THE FIRST AND ONLY TRUE GAP COVERAGE SPECIFICALLY FOR YOUR ACA CLIENTS

State Availability: AL, AZ, CA, FL, GA, IL, IN, MI, OH, TN, TX & WY (IN will be available 11/1/24 with 1/1/25 edates)

Group Supplemental Medical Insurance underwritten by SiriusPoint America Insurance Company

TRUGAP HOSPITAL

TRUGAP COMPREHENSIVE

- \$7500 Benefit (2 per family)

- \$1000 deductible (2 per family)
- Inpatient Hospital ONLY
- 30 day waiting period
- Sickness & accidents
- Must be enrolled & maintain a Bronze ACA plan

Under Age 55	Plan Cost
Ind	\$31.00
Ind+Sp	\$59.30
Ind+Child(ren)	\$55.49
Family	\$79.64

Age	55+	Plan Cost
Ind		\$46.49
Ind+	Sp	\$92.06
Ind+	Child(ren)	\$59.88
Fami	ily	\$101.62

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

- \$7500 Benefit (2 per family)
- \$1000 deductible (2 per family)
- Inpatient & Outpatient
- 30 day waiting period
- Sickness & accidents
- Must be enrolled & maintain a Bronze ACA plan

Under Age 55	Plan Cost
Ind	\$134.19
Ind+Sp	\$256.72
Ind+Child(ren)	\$240.23
Family	\$344.75

Age 55+	Plan Cost
Ind	\$201.28
Ind+Sp	\$398.54
Ind+Child(ren)	\$259.24
Family	\$439.92

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

varies based on State, Area & Age

(use quote engine at ubaapplication.com)

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State Availability: AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OK, PA, RI, SC, SD, TN, TX,

underwritten by: Vision Service Plan (VSP)

UT, VT, VA, WA, WI, WV & WY

State Availability: AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, KY, LA, MI, MS, MO, NE, NV, NM, ND, OH, OK, PA, SC, TN, TX, VT,

Plan Cost above does NOT include the required \$10 per month UBA membership

dues. All plan costs above are monthly.

VA, WV, WI & WY

underwritten by: Renaissance Life & Health Insurance Company of America

State AL, AR, AZ, DE, DC, FL, GA, IA, IN, KS, KY, LA, MO, MS, MT, ND, NE, OK, TN, TX & WV

underwritten by First Continental Life & Accident Insurance Company

underwritten by First Continental Life & Accident Insurance Company

Insurance Company of America

UBA ACCIDENT

VIEW PLAN FLYER

- \$25,000 AME
- \$5,000 AD&D

	Plan Cost
Ind	\$20
Ind+1	\$30
Family	\$50

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability:

AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



VIEW PLAN FLYER

- \$5,000 AME
- \$2,500 AD&D
- \$5,000 CI (\$1000 in 1st yr)

	Plan Cost
Ind	\$15
Ind+1	\$20
Family	\$30

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability: AL, AR, AZ, CA, CO, DC, DE, FL, GA,

IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



VIEW PLAN FLYER

- \$10,000 AME
- \$5000 AD&D
- \$10,000 CI (\$1000 in 1st year)

	Plan Cost
Ind	\$20
Ind+1	\$30
Family	\$40

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly

State availability:

AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



VIEW PLAN FLYER

- \$25,000 AME
- \$5,000 AD&D
- \$25,000 CI (\$2500 in 1st yr)

	Plan Cost
Ind	\$30
Ind+1	\$55
Family	\$70

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability:

AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



COMPLEMENT CARE

VIEW PLAN FLYER

- \$125 Doc Office / Urgent Care (4 visits per covered person per year)
- \$500 ER Visits (2 visits / covered person per year)

	Plan Cost
Ind	\$35
Ind+1	\$70
Family	\$120

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability:

AL, AZ, AR, CA, CO, DC, DE, FL, GA, IL, IN, KY LA, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, RI, SC, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



GAP TERM

VIEW PLAN FLYER

- \$10,000 death benefit primary
- 50% of Primary benefit spouse
- 25% of Primary benefit child

(subject to waiting period & attained age benefit reduction)

	Plan Cost
nd	\$12
nd+1	\$20
amily	\$20

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability:

AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MI, MO, MS, ND, NE, OH, OK, PA, RI, SC, TN, TX, VA, WI, WV & WY

underwritten by: **Guarantee Trust** Life Insurance Company REQUIRES A SSN ON APP GTL GUARANTEE TRUST LIFE

GAP AME 10K+

VIEW PLAN FLYER

- \$10,000 AME
- \$1,000 AD&D
- +Benefit Boost 1.0

(AME is based on a schedule of benefits for covered services)

	Plan Cost
Ind	\$50
Ind+1	\$90
Family	\$120

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability: AL, AZ, AR, CA, CT, DC, DE, FL, GA, IL, IN, IA, KS, KY, MI, MS, NC, ND, NE, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, WI & WY

underwritten by: Guarantee Trust Life Insurance Company

UBA ACCIDENT+

VIEW PLAN FLYER

- \$25,000 AME - \$5,000 AD&D
- +Benefit Boost 1.0

	Plan Cost
Ind	\$40
Ind+1	\$60
Family	\$90

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability: AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

underwritten by: SiriusPoint America Insurance Company



GAP CI25K+

VIEW PLAN FLYER

- \$25,000 CI (\$2,500 in 1st vr)
- +Benefit Boost 1.0

Plan Cost
\$30
\$60

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly

State availability: AR, AZ, MO, MS, OK & TX

underwritten by: OPTIMUM. Windsor Life Insurance Company

GAP 5000+

VIEW PLAN FLYER

- \$5,000 AME
- \$2,500 AD&D
- \$5,000 CI (\$1,000 in 1st yr)
- +Benefit Boost 1.0

	Plan Cost
Ind	\$30
Ind+1	\$50
Family	\$70

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.

State availability: AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY

SIRIUS

underwritten by: SiriusPoint America Insurance Company

GAP+

VIEW PLAN FLYER

- \$5,000 AME
- \$2,500 AD&D
- \$5,000 CI (\$1000 in 1st yr)
- \$125 Doc Visits, \$75 Labs & X-rays[^], \$500 Daily Hospital Confinement
- +Benefit Boost 1.0

	Plan Cost
Ind	\$40
Ind+1	\$60
Family	\$80

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly

State availability: AL, AR, AZ, DC, DE, FL, GA, IL, IN, IA, KY, LA, MI, MS, NE, NC, ND, OH, OK, RI, SC, TN, TX, VA, WV, WI & WY

underwritten by: CRUM&FORSTER **United States** Fire Insurance Company

GAP EDGE+

VIEW PLAN FLYER

- \$25,000 AME

Ind

Ind+1

Family

costs above are monthly

State availability:

VA, WI, WV & WY

underwritten by:

SiriusPoint America

Insurance Company

- \$5.000 AD&D
- \$25,000 CI (\$2,500 in 1st yr)
- \$125 Dr / Urgent Care (4 visits)*

Plan Cost above does NOT include the required

\$10 per month UBA membership dues. All plan

AL, AZ, AR, CA, CO, DC, DE, FL,

GA, IL, IN, KY, LA, MI, MO, MS,

NC, ND, NV, OH, OK, RI, TN, TX,

\$65

\$125 \$190

- \$500 ER visits (2 visits)*
- +Benefit Boost 1.0

VIEW PLAN FLYER

- \$5,000 AME & \$2,500 AD&D
- \$10,000 Term Life (see Gap Term above for info) (with the following riders to Accident below)

GAP 5+

- \$5,000 Cancer & \$5,000 Limited Specified Disease (Heart Attack / Stroke)
- \$2,500 Sickness & Lump Sum Hospital
- +Benefit Boost 1.0

	Plan Cost
nd	\$70
nd+1	\$140
Family	\$140

Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly

State availability:

AL, AR, AZ, DC, DE, GA, IA, IL, LA, MS, NE, OH, OK, SC, TX, VA, WI, WV & WY

underwritten by: **Guarantee Trust**

Life Insurance Company

GTL GUARANTEE TRUST

REQUIRES A SSN ON APP

SIRIUS POINT



AGENT PLAN OVERVIEW

Stand-alone a la carte health & wellness services

State Availability: All 50 U.S. states

(except SML Dental Discounts is not available in AK, CT, IA, MA, RI, UT, VT & WA)

All plans below are non-insurance plans and do not require an insurance license to market.

Also available is the **FREE** Paramount RX and Pet Prescription Discount Card

- Prescription discounts up to 40% off generic & up to 15% off brand
- Available in all 50 U.S. States.



NEW PLANS

		- INLANT DAINS	_																						
HC2 DPCv		HC2U DPCplus		HC2U DPCadvan			C HEALTH UAL VISITS		LY		LTH VIRTUA RY CARE	\L	BENEFIT VITA <i>l</i>		0		DENTAL OUNTS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BENEF	T BOOST 1	.0		BENEFIT B	OOST 2.0	
VIEW BRO	CHURE	VIEW BROCHURE		VIEW BROCI	HURE	VIEV	BROCHURE			VIEW BF	ROCHURE		VIEW BRO	OCHURE		VIEW BF	ROCHURE		VIEW	BROCHURE			VIEW BR	OCHURE	
- \$25 Access f In-Office Dr - \$50 Access f In-Facility U - \$0 Accesss F Virtual Prim - Must call in a Advocacy Lin schedule ap No Walk-ins (Annual Physical & included in DPC Ve Visits are unlimited	r Visit fee for Irgent Care fee for fary Care to Patient ne (PAL) to pointment allowed	In-Facility Urgent C - \$0 Accesss Fee for Virtual Primary Car	Care ent) to ent d	- \$0 Access fee for In-office Dr Vis In-Facility Urge Virtual Primary Annual Physica - Must call in to Fadvocacy Line (schedule appoir No Walk-ins allo (Visits are unlimited & tovered labs with annu	its ent Care c Care al & labs Patient (PAL) to ntment owed here are 4	Virtual T - Available - Access to	rgent Care Vi alk Therapy Vi 24/7/365 pay per sessi ychology &	sits	Vi Vi Vi W Vi & - FF	irtual Urge irtual Talk /ellness La irtual Derr k more REE Param	nary Care Vis ent Care Visi Therapy Vis	ts	- Adult Mult Gummies - 90 day sup - No cost for - Members o	oply r shipping	r	Jp to 15% t per visit for dental serv Cleaning Fillings X-Rays a Aetna Dent Network	discounts ices like: is nd more		Virtual Urd Virtual Tal (see Lyric Virt - Free Adult - SML Dent	al Discounts tal Discounts for iscounts at RX Discou	ails) nins S r details) Int card	Vir (see - Fre - SM (see - Life - Par	e Adult Mu L Dental D SML Dental D eLock disco	y Care for details ulti-Vitamins Discounts Discounts for deta	s ails) card
	Plan Cost	Pla Co	st		Plan Cost		Plan Cost				Plan Cost			Plan Cost	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Plan Cost			Plan Cost				Plan Cost	
Ind	\$40	Ind \$5	0	Ind	\$80	Ind	\$10			Ind	\$30		Ind	\$15		Ind	\$10		Ind	\$40			Ind	\$80	

	Plan Cost	
Ind	\$40	
Ind+Sp	\$80	
Ind+Children	\$100	
Family	\$120	

	Cost		CO
Ind	\$40	Ind	\$5
Ind+Sp	\$80	Ind+Sp	\$1
Ind+Children	\$100	Ind+Children	\$1.
Family	\$120	Family	\$1
BA or HAA Membership	is	UBA or HAA Membership	is

UBA or HAA Membership is
NOT required to enroll in any of
the stand-alone Benefit Boost
Subscription plans.
All above plan costs are monthly.

NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans.

Direct Primary Care (DPC) organization is nationwide & provided by:



••					
		Plan Cost			
	Ind	\$50		Ind	
	Ind+Sp	\$100		Ind+Sp	
	Ind+Children	\$120		Ind+Ch	
	Family	\$180		Family	

All above plan costs are monthly

Direct Primary Care (DPC) Direct Primary Care (DPC) organization is nationwide & organization is nationwide & provided by: provided by:



UBA or HAA Membership is

Subscription plans.

NOT required to enroll in any of

All above plan costs are monthly.

the stand-alone Benefit Boost

	Plan Cost	
Ind	\$80	
Ind+Sp	\$160	
Ind+Children	\$200	

\$250

UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.

Ind+Sp

Family

\$20

\$30

	Plan Cost
Ind	\$30
Ind+Sp	\$60
Family	\$60

UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.

		Plan Cost
	Ind	\$15
	Ind+Sp	\$30
	Family	\$30

UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly

		Plan Cost
	Ind	\$10
	Ind+Sp	\$10
	Family	\$10

UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.

	Plan Cost
Ind	\$40
Ind+Sp	\$80
Family	\$100

UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. Benefit Boost 1.0 might be included in some UBA or HAA membership plans that include +Benefit Boost 1.0. For those UBA or HAA plans that include + Benefit Boost 1.0. UBA or HAA membership is required and the plan cost for Benefit Boost 1.0 is built into the overall plan cost. All above plan costs are monthly.

	Family	\$100	
UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost			
	Subscription plans.		
	All above plan costs are month		

\$100

Ind+Sp

SML Dental Discounts use the Benefit Boost 1.0 vendors are: Aetna Dental Access® Network



FamilySource®

() LifeLock

FamilySource® merica

Aetna Dental Access® Healthy **L**

Benefit Boost 2.0 vendors are:

Benefit Boost telehealth services

are provided by Lyric Health:

RX Discounts provided by Paramount RX

Benefit Boost telehealth services

are provided by Lyric Health:

America Insurance Services & H A Partners, Inc. **Healthy**

Benefit Boost Vitamins

are provided by: Healthy

Aetna Dental Access®