# Combining First Dollar Insurance & **Virtual Care Solutions**

Group Hospital Indemnity Insurance
Group Critical Illness Insurance
underwritten by SiriusPoint America Insurance Company

Virtual Urgent Care & Talk Therapy
provided by Lyric Health

BRIGHT MED

# We Serve **You**

## SiriusPoint America Insurance Company

SiriusPoint is a global underwriter of insurance and reinsurance providing solutions to clients and brokers around the world. SiriusPoint has licenses to write Property & Casualty and Accident & Health insurance and reinsurance globally.

Their offering and distribution capabilities are strengthened by a portfolio of strategic partnerships with Managing General Agents and Program Administrators. SiriusPoint has $2.8 billion total capital and their operating companies have good financial strength ratings.

SiriusPoint is highly rated with A.M. Best, S&P, Fitch & Moody's:

**AM Best: A- (Excellent)**

**S&P & Fitch: A (Strong)**

**Moody's: A3**

Learn more about SiriusPoint at:

https://siriuspt.com/

## Lyric Health

Lyric helps empower members with the tools needed to confidently navigate their healthcare journey.

**Integrated Care from an award-winning team**

Lyric Health's nationwide network of licensed physicians, pediatricians, dermatologists, psychiatrists, and therapists deliver personalized care for a wide range of medical and mental health needs. With an average of over 10 years of professional experience, Lyric's providers are highly skilled and knowledgeable.

Lyric Health's clinical team is dedicated to providing compassionate, friendly, and expert care, connecting with patients through phone or video for a seamless and supportive healthcare experience.

Lyric takes full ownership and control of their doctor network and customer service support network with Spanish speaking from diagnosis to treatment.

- 5M+ Patients driven by strong health plan partnerships
- 58% Repeat Users
- $100+ Healthcare cost savings for our clients
- NPS score with 9 out of 10 members recommending Lyric

BENEFIT BOOST

Lyric Health Virtual Visits are a part of the Benefit Boost 1.0 non-insurance services included in this membership plan.

## Health Special Risk, Inc. (HSR)

HSR works with leading cost-containment partners to implement aggressive claim repricing and cost-reduction strategies. Their approach ensures **substantial savings on billed medical charges**, giving insurance carriers and policyholders the benefit of lower claims costs without sacrificing access to quality care.

By utilizing a **proprietary repricing methodology**, HSR provides **greater savings across diverse claim types**, applies **stronger cost controls on high-expense procedures**, and delivers **customized cost-containment solutions** that align with each carrier's unique policy structure.

**REPRICING NETWORKS & COST CONTAINMENT PARTNERS**

HSR's claims pricing strategies leverage **multiple industry-leading networks**, ensuring **maximum cost savings** across a broad range of claims.

### First Health Network

One of the **largest national PPO networks**, First Health provides **broad access to in-network discounts** while ensuring policyholders receive quality care at reduced rates. Through contracted provider agreements, **HSR secures average savings of 35% or more** on medical claims, significantly lowering out-of-pocket costs.

### Data iSight

Data iSight applies **fair market value analysis** to prevent excessive medical charges and control claim costs, without compromising care. This **reimbursement pricing model delivers 65-70% savings** off billed charges.

### OccuNet

OccuNet focuses on **high-cost orthopedic and surgical procedures**, where standard network discounts may be insufficient. Through **direct provider negotiations**, HSR achieves **aggregate savings of 65%+** on targeted procedures, securing **pre-determined, cost-effective rates** for insurers and policyholders

## UBA

The United Business Association (UBA) stands as a beacon of empowerment for small business owners and their dedicated teams. By weaving small businesses together under a unified banner, UBA harnesses their collective purchasing prowess, unlocking discounts and benefits that often elude solitary operators. Together, we are a Small, Strong, & United! Learn more about membership in UBA at https://www.ubamembers.com. **You must be a member of UBA in order to enroll in this membership plan.**

BRIGHT MED

# FIRST DOLLAR INSURANCE

## INPATIENT SURGERY BENEFITS

Inpatient Surgery
Inpatient Surgery
Anesthesia

## HOSPITALIZATION

Hospital Confinement
ICU / Burn Unit

## CRITICAL ILLNESS

Cardiac Illnesses
Cancer-Related Illnesses
& Other Specified Illnesses

## OUTPATIENT SURGERY BENEFITS

Outpatient Surgery
Outpatient Surgery
Anesthesia

## OTHER BENEFITS

At Home Nursing Services

## OUTPATIENT BENEFITS

Physician Office Visits
Outpatient Facility Visits
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Kidney Dialysis
- Echocardiogram
- Exercise Cardiac Stress Test
- Chemotherapy

## EMERGENCY CARE & AMBULANCE BENEFITS

Emergency Room Visit
Air Ambulance
Ground Ambulance

## DIAGNOSTIC BENEFITS

Outpatient Labs
Outpatient Radiology Tests
- CT Scan
- MRI Imaging
- Other Radiology Tests

*Above is a brief outline of some of the covered benefits available in Bright Med membership plans. Please make sure to review the Certificate of insurance and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. If there are any discrepancies between this brochure and the Certificates of Insurance, the Certificates shall govern. Coverage for Bright Med's Group Hospital Indemnity Insurance and Group Critical Illness Insurance are underwritten by SiriusPoint America Insurance Company.*

# VIRTUAL CARE SOLUTIONS

## VIRTUAL URGENT CARE VISITS

One of the standout features of this program is the Virtual Urgent Care visits. These visits allow members to consult with healthcare professionals from the comfort of their homes. Whether it's a minor injury, an unexpected illness, or a medical question, virtual urgent care offers prompt and effective solutions, reducing the need for in-person visits to crowded clinics or emergency rooms.

## VIRTUAL TALK THERAPY VISITS

Mental health is as important as physical health, and Lyric Health recognizes this by including Virtual Talk Therapy in this program. These sessions provide individuals a safe and confidential space to discuss their thoughts, feelings, and challenges with a professional. The flexibility of virtual therapy allows for regular sessions without the hassle of travel, making it easier to maintain mental wellness.


OTHER BENEFIT BOOST 1.0 SERVICES AVAILABLE IN PLAN:

Free Multi-Vitamin Gumdrops
Prescription & Pet RX Discounts
SML Dental Discounts
using the Aetna Dental Access® Network
LifeLock™ Discount
FamilySource®

*Review the Benefit Boost 1.0 Guide for more details, terms, and disclosures:*
https://www.ubamembers.com/sample_bb1-np_UBA.pdf

*SiriusPoint America Insurance Company is not affiliated with this non-insurance Lyric Health Virtual Visits program or other non-insurance services in Benefit Boost 1.0 or United Business Association. Lyric Health Disclaimer: Lyric does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Lyric does not guarantee that a prescription will be written. Lyric physicians reserve the right to deny care for potential misuse of services. VPC consultations are required to be scheduled 3-hours in advance and by appointment ONLY. No children under the age of 2. THIS IS NOT INSURANCE.*

*Lyric does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Lyric does not guarantee that a prescription will be written. Lyric physicians reserve the right to deny care for potential misuse of services. THIS IS NOT INSURANCE.*

| Group Hospital Indemnity Insurance Benefits | Benefit Amounts |
|---|---|
| Lump Sum Hospital Confinement Benefit<br>**First day of confinement only - 1 maximum number of daily benefits** per Coverage Year per covered person<br>Benefit is payable in addition to Daily Hospital Confinement Benefit | $3,000 |
| Daily Hospital Confinement Benefit<br>**Maximum number of daily benefits** per covered person **- 60 days for any Period of Confinement** | $6,000 |
| Daily Intensive Care Unit (ICU) or Burn Unit Benefit<br>**Maximum number of daily benefits** per covered person **- 15 for any Period of Confinement** | $6,000 |
| Inpatient Surgery Benefit<br>**Maximum number of daily benefits** per covered person per coverage year **- 2**<br>**Maximum number of daily benefits** per coverage year for all covered persons **combined - 5** | $2,000 |
| Outpatient Surgery Benefit<br>**Maximum number of daily benefits** per covered person per coverage year **- 2**<br>**Maximum number of daily benefits** per coverage year for all covered persons **combined - 5** | $2,000 |
| Administration of Anesthesia Benefit<br>Daily benefit amount per administration - **10% of the corresponding benefit for Inpatient or Outpatient Surgery** | 10% |
| Office Visits Benefit<br>**Maximum number of daily benefits** per covered person per coverage year **- 2** | $150 |
| Emergency Room Visits Benefit<br>**Maximum number of daily benefits** per covered person per coverage year for Sickness or Injury **- 2** | $250 |
| Outpatient Facility Visits Benefit - Physical Therapy<br>**Maximum number of daily benefits** per coverage year **- 5** | $100 |
| Outpatient Facility Visits Benefit - Occupational Therapy<br>**Maximum number of daily benefits** per coverage year **- 5** | $100 |
| Outpatient Facility Visits Benefit- Speech Therapy<br>**Maximum number of daily benefits** per coverage year **- 5** | $100 |
| Outpatient Facility Visits Benefit - Kidney Dialysis<br>**Maximum number of daily benefits** per coverage year **- 5** | $500 |
| Outpatient Facility Visits Benefit - Echocardiogram<br>**Maximum number of daily benefits** per coverage year **- 1** | $250 |
| Outpatient Facility Visits Benefit - Exercise Cardiac Stress Test<br>**Maximum number of daily benefits** per coverage year **- 1** | $250 |
| Outpatient Facility Visits Benefit - Chemotherapy<br>**Maximum number of daily benefits** per coverage year **- 3** | $500 |
| Outpatient Diagnostic Laboratory Tests<br>**Maximum number of daily benefits** per coverage year **- 2** | $100 |
| Outpatient Diagnostic Radiology Tests - Magnetic Resonance Imaging (MRI)<br>**Maximum number of daily benefits** per coverage year **- 1** | $200 |
| Outpatient Diagnostic Radiology Tests - Computerized Tomography (CT) Scan<br>**Maximum number of daily benefits** per coverage year **- 1** | $200 |
| Outpatient Diagnostic Radiology Tests - All Other Radiology Tests<br>**Maximum number of daily benefits** per coverage year **- 2** | $200 |
| At Home Nursing Services<br>**Maximum number of daily benefits - 45**<br>Nursing Services must begin within 14 days following Hospital Confinement | $100 |
| Transportation Benefit - Ground or Air Ambulance<br>**Combined Maximum number of daily benefits** per coverage year per covered person **- 3** | Ground - $100<br>Air - $200 |



*Please make sure to review the Certificates of insurance and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions.* ***If there are any discrepancies between this brochure and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations apply.***

| Group Critical Illness Insurance Benefits | Benefit Amounts |
|---|---|
| Critical Illness Benefit Amount - Member and Dependent Spouse | $25,000 |
| Critical Illness Benefit Amount - Dependent Child | $6,250 |
| Maximum Benefit (All Categories) | 200% of the Amount of Insurance |
| **Covered Critical Illness Covered Conditions** | |
| **CATEGORY 1: Cardiovascular-Related Critical Illnesses** | **Percentage of Critical Illness Benefit Amount** |
| Heart Attack (Myocardial Infarction)<br>No benefits will be paid for a Heart Attack that occurs during or within 48 hours after a cardiac or coronary artery procedure | 100% |
| Heart Transplant<br>Also if covered person requires a heart/lung transplant | 100% |
| Stroke | 100% |
| Ruptured Cerebral, Carotid or Aortic Aneurysm | 100% |
| Coronary Artery Bypass Surgery | 50% |
| Angioplasty | 25% |
| **CATEGORY 2: Cancer-Related Critical Illnesses** | **Percentage of Critical Illness Benefit Amount** |
| Invasive Cancer | 100% |
| Carcinoma in Situ | 50% |
| *Proof of of Loss, supported by a Pathological Diagnosis of Invasive Cancer must be made more than 45 days after the Covered Person's Effective date of Insurance.* | |
| **CATEGORY 3: Other Critical Illnesses** | **Percentage of Critical Illness Benefit Amount** |
| Major Organ Transplant<br>Does not include Heart Transplant or a Heart/Lung Transplant | 100% |
| End Stage Renal (Kidney) Failure | 100% |
| Loss of Vision, Speech or Hearing<br>Loss of vision must have loss without interruption for a period of **at least 6 consecutive months after diagnosis** | 50% |
| Coma | 100% |
| Severe Burns<br>Burns that result, directly and independently of all other causes, from an Accident | 100% |
| Permanent Paralysis | 100% |
| Occupational HIV | 50% |
| Alzheimer's Dementia | 100% |
| Type I Diabetes | 25% |
| Type II Diabetes | 25% |
| **Recurrence of Critical Illness Benefit** | **Percentage of Critical Illness Benefit Amount** |
| Category 3 (excluding Diabetes)<br>Lifetime Benefit **payable once** per Covered Person<br>**Second Diagnosis must follow the first by more than 6 months** without treatment between the 2 diagnosis (preventive medications and routine visits do not count as treatment) | 25% |

You must submit a claim form to access the group insurance coverage in the Bright Med membership plans and provide the required items listed on the claim form. Claims Administrator is **Health Special Risk (HSR): 866-423-3452 | ubaclaims@hsri.com**.

Download the claim form for Bright Med Membership plans at: **https://www.ubamembers.com/claimforms.html.**

*Please make sure to review the Certificates of insurance and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions.* ***If there are any discrepancies between this brochure and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations apply.***

# VIRTUAL VISIT SERVICES

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see **www.getlyric.com** for full terms and conditions.

| Description of Service | Service Details |
|---|---|
| Virtual Urgent Care | Consultations for Virtual Visits - **$0 Access Fee**.<br>Visits are available 24/7, 365 days a year.<br>Diagnostic consultations are available by phone or video for evaluations, diagnosis, and prescriptions* (if appropriate). |
| Virtual Talk Therapy | Consultations for Virtual Visits - **$0 Access Fee**.<br>24/7 Access to Master's Level Counselors for supportive counseling and follow-up sessions. (100% follow-up with original counselor.)<br>Sessions available via Telephone or Video - need to be scheduled via the Lyric App.<br>Custom Referral (if needed) to medical, behavioral health plans or community support. |
| Virtual Psychology | Consultations require a **consultation Access Fee**.<br>One-to-one sessions with Licensed Psychologist.<br>Consultations can be scheduled for M-F, 8 am -5 pm CST. |
| Virtual Psychiatry | Consultations require a **consultation Access Fee**.<br>One-to-one sessions with a Licensed Psychiatrist to diagnose, treat, conduct psychotherapy and prescribe medications* for a range of mental health disorders, as necessary.<br>Consultations can be scheduled for M-F, 8 am - 5pm CST. |

| Eligibility & Other Information | Details |
|---|---|
| Available Nationwide | Access care from anywhere in the United States. |
| No Access Fees | Enjoy virtual visits for virtual urgent care and virtual talk therapy at no extra cost with your membership.<br>*(Virtual Psychology and Virtual Psychiatry however require consultation fees to access these services)* |
| 24/7 Care Coordination | Our Care Coordinators assist with triage, updating your Electronic Health Record (EHR), and ensuring seamless communication between you and your healthcare providers. |
| Bilingual Care Navigation Team | A dedicated team offering support in multiple languages, helping you navigate referrals and specialist appointments. |
| Age Requirements | No children under the age of 2. |

**Lyric does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Lyric does not guarantee that a prescription will be written. Lyric physicians reserve the right to deny care for potential misuse of services. This is not insurance. (For Virtual Psychiatry: Prescriptions are not guaranteed.) SiriusPoint America Insurance Company is not affiliated with this non-insurance Lyric Health Virtual Visits program or the other non-insurance services in Benefit Boost 1.0 or the membership benefits and services of the United Business Association.*

# SAVINGS AND ADVANTAGES WITH BENEFIT BOOST 1.0

Benefit Boost 1.0 is an innovative membership program designed to transform healthcare access into a seamless and cost-effective experience. By bundling a diverse array of essential health and wellness services into one comprehensive package, it provides a convenient solution for individuals and families seeking to enhance their well-being without breaking the bank. This program addresses the challenges of modern healthcare by focusing on affordability, accessibility, and comprehensive care, making it a standout choice for those looking to streamline their health journey.

## STREAMLINED HEALTHCARE ACCESS

One of the key advantages of Benefit Boost 1.0 is its ability to offer access to healthcare services. In today's fast-paced world, accessing healthcare services conveniently and efficiently has become a priority for many. Lyric Health is at the forefront of this movement with its innovative Virtual Visits membership program. This program aims to enhance the healthcare experience by offering a range of services that cater to both physical and mental health needs.

## MEANINGFUL FINANCIAL SAVINGS

Financial savings are at the heart of Benefit Boost 1.0, with programs like the SML Dental Discount and Paramount RX Prescription Discount Drug Program. Members benefit from discounts on **15% to 50%*** per visit in most instances on dental services at participating providers. Members also receive discounts on retail and pet medications. These cost reductions make it easier for families to manage healthcare expenses and prioritize their well-being.

**Actual costs and savings may vary by provider, service and geographic location.*

## ADDED SECURITY AND SUPPORT

Beyond healthcare services, Benefit Boost 1.0 includes added benefits such as LifeLock™ Identity Theft Protection and FamilySource®. These features offer members peace of mind, ensuring that their financial and personal information is secure, while also providing expert guidance for family and home-related needs. This approach enhances the overall value of the membership, catering to a wide spectrum of wellness and security concerns.

| **BB 1.0** Eligibility & Other Information | Details about **Benefit Boost 1.0** |
|---|---|
| Available Nationwide | Anywhere in the United States.<br>Dental Discounts are not available in AK, CT, IA, MA, RI, UT, VT, and WA, nor to residents of Vermont. |
| Non-Insurance Program | This is non-insurance program and does not meet any requirements for minimum essential coverage, Affordable Care Act (ACA) or provide medicare prescription drug coverage.<br>See terms for details in guide, click on the link below:<br>**https://www.ubamembers.com/sample_bb1-np_UBA.pdf** |
| Age Requirements | Depending on the benefit or service, the minimum and maximum age limit could vary.<br>Lyric Health: No children under the age of 2 |

**Dental Discount Disclaimer:**

**This plan is NOT insurance.** This is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. This plan does not meet the minimum creditable coverage requirements under M.G.L.c 111M and 956 CMR 5.00. This is not a Medicare prescription drug plan. Discounts on hospital services are not available in Maryland. The plan provides discounts at participating providers for services. The plan does not make payments directly to providers. The plan member is obligated to pay for all services but will receive a discount from participating providers. The range of discounts will vary depending on the type of provoderand services. The Discount Plan Organization is Gallagher Affinity Insurance Services, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-866-215-1376. To view a list of participating providers visit www.findbestbenefits.com and enter promo code 725324. **You have the right to cancel this plan within 30 days of the effective date for a full refund onf fees paid**. Such refunds are issued within 30 days of request.

*While the Benefit Boost 1.0 Subscription Package offers a wide array of services designed to enhance your well-being, it is important to note that this program is not a form of insurance. Instead, it provides a collection of non-insurance benefits that include discounts, resources, and access to various services aimed at improving your lifestyle and supporting your health. These benefits are available to members, offering valuable savings and assistance without the traditional claims and coverage associated with insurance policies. As such, while Benefit Boost 1.0 complements your overall health strategy, it should be considered an additional resource rather than a replacement for conventional insurance coverage. SiriusPoint America Insurance Company is not affiliated with this non-insurance Lyric Health Virtual Visits program or other the non-insurance services in Benefit Boost 1.0 or the membership benefits and services of the United Business Association.*

## THE HOSPITAL INDEMNITY COVERAGE INCLUDED IN THE MEMBERSHIP PLAN PROVIDES LIMITED BENEFITS PLEASE READ THE FOLLOWING NOTICE ABOUT THIS POLICY:

**IMPORTANT: This is a fixed indemnity policy, NOT ACA health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- Visit **Healthcare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website **(naic.org)** under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Importance of Reviewing Your State-Specific Certificates of Insurance

When considering supplemental gap insurance plans, it is crucial for members to thoroughly review their state-specific Certificates of Insurance. Doing so ensures a comprehensive understanding of the schedule of benefits, definitions, terms, limitations, and exclusions that apply specifically to their state. **Coverage details can vary significantly from one state to another in some cases, certain coverages may not be available at all.** By familiarizing yourself with this document, members can gain clarity on how their group insurance will function, ensuring they are well-informed about the scope and limitations of their coverage. This proactive approach is vital for making informed decisions and maximizing the benefits of their group insurance plan.

| BRIGHT MED MEMBERSHIP PLAN - CERTIFICATES & GUIDES | |
|---|---|
| **STATE** | **LINK TO DOWNLOAD CERTIFICATE OF INSURANCE, UBA GUIDE, & BB 1.0 GUIDE** |
| OHIO | https://www.ubamembers.com/certs_brightmed_OH.pdf |
| UBA Membership Guide | https://www.ubamembers.com/sample_ubamembership.pdf |
| Benefit Boost 1.0 Guide | https://www.ubamembers.com/sample_bb1-np_UBA.pdf |

| BRIGHT MED MEMBERSHIP PLAN - MONTHLY PLAN COSTS - OHIO | | | |
|---|---|---|---|
| **FAMILY MAKE-UP** | **MONTHLY PLAN COST** | **UBA MONTHLY DUES** | **TOTAL MONTHLY COST** |
| **Ages 16-29** | | | |
| INDIVIDUAL | $229.31 | $10 | $239.31 |
| INDIVIDUAL & SPOUSE | $448.62 | $10 | $458.62 |
| INDIVIDUAL & CHILD(REN) | $551.71 | $10 | $561.71 |
| FAMILY | $747.02 | $10 | $757.02 |
| **Ages 30-39** | | | |
| INDIVIDUAL | $315.01 | $10 | $325.01 |
| INDIVIDUAL & SPOUSE | $620.02 | $10 | $630.02 |
| INDIVIDUAL & CHILD(REN) | $637.41 | $10 | $647.41 |
| FAMILY | $937.42 | $10 | $947.42 |
| **Ages 40-49** | | | |
| INDIVIDUAL | $352.64 | $10 | $362.64 |
| INDIVIDUAL & SPOUSE | $796.64 | $10 | $806.64 |
| INDIVIDUAL & CHILD(REN) | $675.05 | $10 | $685.05 |
| FAMILY | $1,114.06 | $10 | $1,124.06 |
| **Ages 50-59** | | | |
| INDIVIDUAL | $582.08 | $10 | $592.08 |
| INDIVIDUAL & SPOUSE | $1,191.71 | $10 | $1,201.71 |
| INDIVIDUAL & CHILD(REN) | $904.49 | $10 | $914.49 |
| FAMILY | $1,509.13 | $10 | $1,519.13 |
| **Ages 60-65** | | | |
| INDIVIDUAL | $935.47 | $10 | $945.47 |
| INDIVIDUAL & SPOUSE | $1,804.18 | $10 | $1814.18 |
| INDIVIDUAL & CHILD(REN) | $1,257.90 | $10 | $1,267.90 |
| FAMILY | $2,121.60 | $10 | $2,131.60 |

*The following monthly insurance rates apply to coverage underwritten by SiriusPoint America Insurance Company[1]. Your overall total association membership dues for the optional supplemental Bright Med Premium membership plan in Ohio also include these monthly insurance rates:

Group Hospital Indemnity insurance[1]: **Ages 16-29**: Member - $205.40/mo, Member+Sp - $410.81/mo, Member+Child(ren) - $521.62/mo, Family - $727.02/mo
Group Critical Illness Insurance[1]: **Ages 16-29**: Member- $8.91/mo, Member+Sp - $17.81/mo, Member+Child(ren) - $10.09/mo, Family - $19.00/mo

Group Hospital Indemnity Insurance[1]: **Ages 30-39**: Member - $286.08/mo, Member+Sp - $572.16/mo, Member+Child(ren) - $602.29/mo, Family - $888.37/mo
Group Critical Illness Insurance[1]: **Ages 30-39**: Member - $13.93/mo, Member+Sp - $27.86/mo, Member+Child(ren) - $15.12/mo, Family - $29.05/mo

Group Hospital Indemnity Insurance[1]: **Ages 40-49**: Member - $306.08/mo, Member+Sp - $713.51/mo, Member+Child(ren) - $622.29/mo, Family - $1,029.73/mo
Group Critical Illness Insurance[1]: **Ages 40-49**: Member - $31.56/mo, Member+Sp - $63.13/mo, Member+Child(ren) - $32.76/mo, Family - $63.22/mo

Group Hospital Indemnity Insurance[1]: **Ages 50-59**: Member - $495.11/mo, Member+Sp - $1,027.78/mo, Member+Child(ren) - $811.32/mo, Family - $1,343.99/mo
Group Critical Illness Insurance[1]: **Ages 50-59**: Member - $71.97/mo, Member+Sp - $143.93/mo, Member+Child(ren) - $73.17/mo, Family - $145.14/mo

Group Hospital Indemnity Insurance[1]: **Ages 60-65**: Member - $785.93/mo, Member+Sp - $1,515.10/mo, Member+Child(ren) - $1,102.15/mo, Family - $1,831.31/mo
Group Critical Illness Insurance[1]: **Ages 60-65**: Member - $134.54/mo, Member+Sp - $269.08/mo, Member+Child(ren) - $135.75/mo, Family - $270.29/mo

The Bright Med membership plan also includes costs for Benefit Boost 1.0, agent compensation and administration.

## DISCLOSURES FOR UNITED BUSINESS ASSOCIATION (UBA) OPTIONAL MEMBERSHIP PLANS

The following disclosures are crucial for individuals considering membership in the United Business Association (UBA) and provide clarity regarding the nature of benefits and services available through association membership.

### INSURANCE AND COVERAGE

**Non-Qualifying Health Insurance:** If any insurance is included in a UBA plan, it should be noted that this is not considered basic health insurance or major medical coverage. It does not qualify as minimum essential coverage under the Affordable Care Act as per M.G.L. c. 111M and 956 CMR 5.00. These supplemental insurance benefits are not and do not qualify as Medicare prescription drug plans.

**Membership Requirement:** Enrollment in association group insurance programs is contingent upon being a member of the United Business Association. Without membership, access to these programs is not available.

**Group Insurance Policies:** Various insurance companies have issued group insurance policies to the UBA as the group master policyholder.

### MEMBERSHIP DETAILS

**Review of Membership Guide:** Members are urged to review the membership guide thoroughly to understand the full scope of benefits and services, including terms, conditions, details, definitions, age limits, state availability, and limitations.

**Supplemental and Additional Services:** Membership in UBA allows access to additional membership programs, such as Group Supplemental Insurance and non-insurance Benefit Boost, an a la carte non-insurance health and wellness service. However, purchasing or enrolling in these additional membership plans is not required for UBA membership.

### DISCLOSURE FOR SIRIUSPOINT AMERICA INSURANCE COMPANY

SiriusPoint America Insurance Company does not offer and is not affiliated with the additional non-insurance Benefit Boost services and discount programs offered in connection with membership in the United Business Association (UBA).

**Read the Certificate(s) of Insurance carefully** (you can select the link for your state specific certificate on page 11). This brochure is a brief description of various group association insurance membership products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Group Policy and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance. **Group Hospital Indemnity Insurance and Group Critical Illness Insurance are underwritten by SiriusPoint America Insurance Company, New York, NY**. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. **If there are any discrepancies between the description in this brochure and the Certificate(s), the Certificate(s) will govern.**

United Business Association, SiriusPoint America Insurance Company, Lyric Health, FamilySource®, LifeLock™, Paramount RX®, Aetna Dental Access®, and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

### PRICING AND SUBSCRIPTION DETAILS

Any quoted prices or information regarding the Bright Med membership dues are non-binding and may change with a thirty (30) day notice, or the days notice required by your state. Notifications can be sent via mail to your most recent mailing address or through email to your last registered email address. **It is your responsibility to monitor the transactions on your account each month and to cancel with the Third Party billing Administrator (TPA) when you wish**. Each month, we cover the cost of the membership services on your behalf, regardless of whether you utilize them. For details on refunds, please refer to our Refund Policy. The TPA for United Business Association (UBA) holds SOC 1, SOC 2, and PCI-DSS certifications. Please note that on your bank or credit card statements, the billing descriptor will appear as UBAGAP8664384274, where the number 8664384274 corresponds to our phone number.

### REFUND AND CANCELLATION POLICY

We offer a refund policy on all UBA Membership programs. If you are not satisfied, you may cancel, and a refund will be issued if the cancellation occurs within the first thirty (30) days. We want you to be 100% satisfied with your Bright Med membership benefits and services.

***To Cancel:***

Contact the Billing TPA:

HealthyAmerica / H A Partners, Inc.

409 W Vickery Blvd, Ft Worth TX 76104

1-866-438-4274

***Cancellation Methods:***

**Email**: info@ubamembers.com

**Phone**: 1-866-438-4274 (M-Thurs 8 am-5 pm or Fri 8 am-1:30 pm CST)

**Online Form**: https://www.ubamembers.com/billing.html

**Member Portal**: https://members.ubaapplication.com

**Fax**: 1-817-335-1270

*Please do not cancel through your agent. Canceling directly with the TPA will ensure that your cancellation is processed correctly. Once a cancellation request is made, our team will send a confirmation cancellation notice by email. While we believe that you will be pleased with your overall membership product, we cannot warrant or guarantee the performance of any service. Services and product costs are subject to change. For billing, customer service, fulfillment, or membership questions, contact 866-438-4274.*

# Limitations & Exclusions - Group Hospital Fixed Indemnity Insurance

**Pre-Existing Condition Limitation:**

We will not cover any loss due to a Pre-Existing Condition if the loss begins within 6 months after the Covered Person's effective date of insurance. However, We may pay benefits for a loss due to a Pre-existing Condition of a Covered Person who was covered:

1. by a Replaced Policy; and
2. by the Policy, issued by Us to the Policyholder on the Policy Effective Date, and the Certificate.

We will review the claim. If the Pre-existing Condition Limitation in the Certificate does not apply, We will pay the benefits provided by the Policy and the Certificate.

If the Covered Person does not satisfy the Certificate's Pre-Existing Condition Limitation, but can satisfy the Replaced Policy's pre-existing Condition limitation giving credit for all time insured under both policies; then We will pay the lesser of:

1. the benefits provided by the Policy and the Certificate without applying the Pre-Existing Condition Exclusion; or
2. the benefits provided by the Replaced Policy.

If the Covered Person does not satisfy the Certificate's Pre-Existing Condition Limitation or that of the Replaced Policy, no Benefit will be paid.

**Pregnancy Limitation**

Benefits for a normal pregnancy are paid on the same basis as for any other Sickness beginning on the 270th day after the Covered Person's effective date of insurance and while coverage under the Policy is in force for the Covered Person. The 270-day period will be reduced by one day for each day that a Replaced Policy was in force.

Benefits are payable for at least 48 hours following a normal delivery and at least 96 hours following a caesarean section delivery.

When a decision is made to discharge a monther or newborn prior to the expiration of 48 or 96 hours, whichever applies, benefits are payable for follow-up  are that is provided within 72 hours after discharge as determined to be Medically Necessary by the health care professionals responsible for discharging the mother or newborn.

Any decision to shorten the length of Inpatient stay to less than 48 or 96 hours must be made by the Physician attending the mother or newborn, except that if a nurse-midwife is attending the mother in collaboration with a Physician, the decision may be made by the nurse-midwife. Decisions regarding early discharge must be made only after conferring with the mother or a person responsible for the mother or newborn.

For purposes of this provision, a person responsible for the mother or newborn may include a parent, guardian, or any other person with authority to make medical decisions for the mother or newborn.

**Other Exclusions and Limitations**

In addition to any benefit or service-specific exclusion, We will not pay benefits for any loss, which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Certificate of Insurance.

1. mental or emotional disorders without demonstrable organic disease;
2. treatment of Drug Addiction or for the use of drugs, except when the drugs are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
3. treatment of Alcoholism, or treatment of the use of alcohol;
4. rest cures;
5. dental services or treatments unless needed due to Injury;
6. routine eye examinations, eye glasses or the fitting thereof;
7. hearing aids or the fitting thereof;
8. hospitalization, treatment or service for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by a national government or agency thereof unless the Covered Person is legally required to pay for the charges therefor in the absence of insurance;
9. cosmetic services or treatment, except when such services or treatment is Medically Necessary;
10. reconstructive plastic surgery, except when Medically Necessary:
    a. to restore a normal bodily function;
    b. to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
    c. for breast reconstruction following mastectomy
11. routine well-baby care;
12. losses related to pregnancy that begins before the Covered Person's effective date of insurance;
13. intentionally self-inflicted injury;
14. suicide or any attempted suicide while sane or insane;
15. taking part in an illegal occupation;
16. war, declared or undeclared;

*Please make sure to review the Certificates of insurance and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. The above Limitations and Exclusions were taken from the OH Certificate of Insurance and there could be variations of the above for different states. Please refer to the Certificate of Insurance for your specific state for the exact Limitations and Exclusions specific to your state.* ***If there are any discrepancies between this brochure and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations apply.***

# Limitations & Exclusions - Group Hospital Fixed Indemnity Insurance (continued)

**Other Exclusions and Limitations (continued)**

17. commission or attempt to commit a felony or an assault;
18. commission of or active participation in a riot or insurrection;
19. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
20. travel in or on any kind of aircraft, except as:
    a. a fare-paying passenger on a regularly scheduled commercial airline; or
    b. a passenger in a privately owned and operated airplane that seats more than 10 passengers;
21. active duty service in the military, naval or air services. Upon Our receipt of proof of service, We will refund any premium paid for this time on a pro-rata basis. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
22. losses that take place outside of the United States;
23. treatment of Drug intoxication, except when caused by drugs that are prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
24. losses for which benefits are compensable under Worker's Compensation Law or any similar law.

# Limitations & Exclusions - Group Critical Illness Insurance

**Pre-Existing Condition Limitation:**

We will not pay benefits for a Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition.
This Limitation will not apply to a Critical Illness that occurs after coverage under the Certificate is in force for the Covered Person for at least 6 months after the Covered Person's most recent effective date of insurance.

If coverage under this Certificate replaces a prior plan of Critical Illness Insurance sponsored by Policyholder and the Covered Person does not satisfy the Certificate's Pre-Existing Condition Limitation, but can satisfy their prior plan's pre-existing condition limitation giving credit for all time insured under both policies, then We will pay the lesser of:

1. benefits under the Certificate without application of the pre-existing conditions limitation; or
2. benefits of the prior plan

The following conditions must be met:

1. the Primary Covered Person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

**Exclusions**

No benefits will be payable for any of the following unless coverage is specifically provided for and described by name in the Certificate.

1. A Critical Illness diagnosed outside of the United States.
2. Any Critical Illness suffered by a Covered Person that is caused by, contributed to, or that occurs during any of the following:
   a. Any intentionally self-inflicted injury;
   b. Suicide, or attempted suicide, while sane or insane;
   c. Active duty military service;
   d. Participation in the commission or attempted commission of a felony;
   e. Active participation in a riot or insurrection;
   f. Being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
   g. Psychosis; or
   h. Alcoholism or drug addiction.

*Please make sure to review the Certificates of insurance and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. The above Limitations and Exclusions were taken from the OH Certificate of Insurance and there could be variations of the above for different states. Please refer to the Certificate of Insurance for your specific state for the exact Limitations and Exclusions specific to your state.* ***If there are any discrepancies between this brochure and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations apply.***

BRIGHT MED

## AVAILABLE TO UBA MEMBERS

Members age 18-65*

Eligible Spouse up to age 65*

Eligible Dependents up to age 26*

**Coverage ends for primary member and covered spouse when they turn 65 and ends for covered dependents when they turn 26 (could vary by state).*

# HOW TO **ENROLL**

Complete Simple Enrollment Form:
https://ubaapplication.com

Questions on Program:
Call **866-438-4274**

Enroll with Agent Assistance:
Call **866-438-4274**

## Already Enrolled?

Visit the Member Portal
https://members.ubaapplication.com for:

- Certificates of Insurance
- Digital ID Cards
- Claim Forms
- Member Guides
- Lyric Health App Instructions
- Copies of Enrollment Forms
- Vitamin Order Forms

**United Business Association**
409 W Vickery Blvd, Fort Worth TX 76104
866-438-4274 | info@ubamembers.com
https://www.ubamembers.com
https://members.ubaapplication.com

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