

COMPLEMENT CARE

Supplemental Gap Insurance:
Financial Certainty Against
Life's Unpredictabilities



Because Life's Uncertainties Need Certainties



GROUP HOSPITAL INDEMNITY INSURANCE

\$125 Doctor Office or Urgent Care Visit*
(4 visits per covered person per coverage period)



GROUP HOSPITAL INDEMNITY INSURANCE

\$500 Emergency Room Visit*
(2 visits per covered person per coverage period)

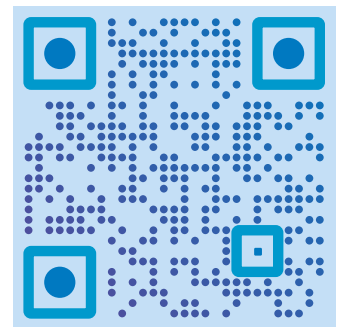


Underwritten by

Group Hospital Indemnity Insurance is underwritten by
SiriusPoint America Insurance Company

For all group insurance benefits, members are required to submit a claim form.

SCAN FOR QUOTE
& TO ENROLL



or

APPLY NOW



*See page 4 for Certificates of Insurance for state specific details, definitions, terms, conditions, and limitations, coverage may not be available or may vary by state. Benefit amounts are per covered person per coverage period. 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 flyer and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations may apply.**

We're a Member of BBB



How does Group Hospital Indemnity Insurance Work?

SICKNESS OR INJURY OCCURS



An unexpected accident or illness happens. This is the first step in activating your supplemental insurance plan.

Make sure to review the Certificate to see if there are any exclusions or limitations that apply to the covered accident or illness including pre-existing condition limitations.

SEEK MEDICAL CARE



Visit any healthcare provider (Doctor Office, Urgent Care or Emergency Room) for treatment. You do not need to show your UBA Gap ID Card. Use your traditional insurance ID Card for primary coverage.

There is no network. You can visit any provider for care. Your UBA Gap Plan is supplemental insurance coverage and should help with covering deductibles and out-of-pocket expenses related to covered accident or sickness.

FILE CLAIM FORM, EOB & BILLS



After receiving medical care, complete the claim form¹. Gather and submit itemized bills and your Explanation of Benefits (EOB).

¹Claim needs to be filed within 90 days from the date of the injury. Make sure to read Certificate for other time limits on coverage.

CLAIM AMOUNT



Hospital Indemnity insurance pays a set amount per covered visit: \$125 for doctor or urgent care visits and \$500 for ER visits, to either the member or the provider, as selected on the claim form.

Hospital Indemnity amount is per covered person per coverage period with a maximum # of visits (4 visits for Urgent Care & Doctor visits & 2 visits for ER).

See page 4 for Certificates of Insurance for state specific details, definitions, terms, conditions, and limitations, coverage may not be available or may vary by state. Benefit amounts are per covered person per coverage period. 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 flyer and the Certificates, the Certificates shall govern. Pre-Existing Condition Limitations may apply.*



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

IMPORTANT: This is a fixed indemnity policy, NOT 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](https://www.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](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Review Certificates of Insurance for Plan Details, Terms, Limitations and Exclusions

When considering supplemental gap insurance plans, it is crucial for members to thoroughly review the state-specific Certificate 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.

STATE	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE & UBA GUIDE
ALABAMA	https://www.ubamembers.com/certs_complementcare_AL.pdf
ARKANSAS	https://www.ubamembers.com/certs_complementcare_AR.pdf
ARIZONA	https://www.ubamembers.com/certs_complementcare_AZ.pdf
CALIFORNIA	https://www.ubamembers.com/certs_complementcare_CA.pdf
COLORADO	https://www.ubamembers.com/certs_complementcare_CO.pdf
DELAWARE	https://www.ubamembers.com/certs_complementcare_DE.pdf
DISTRICT OF COLUMBIA	https://www.ubamembers.com/certs_complementcare_DC.pdf
FLORIDA	https://www.ubamembers.com/certs_complementcare_FL.pdf
GEORGIA	https://www.ubamembers.com/certs_complementcare_GA.pdf
ILLINOIS	https://www.ubamembers.com/certs_complementcare_IL.pdf
INDIANA	https://www.ubamembers.com/certs_complementcare_IN.pdf
KENTUCKY	https://www.ubamembers.com/certs_complementcare_KY.pdf
LOUISIANA	https://www.ubamembers.com/certs_complementcare_LA.pdf
MICHIGAN	https://www.ubamembers.com/certs_complementcare_MI.pdf
MISSISSIPPI	https://www.ubamembers.com/certs_complementcare_MS.pdf
MISSOURI	https://www.ubamembers.com/certs_complementcare_MO.pdf
MONTANA	https://www.ubamembers.com/certs_complementcare_MT.pdf
NEBRASKA	https://www.ubamembers.com/certs_complementcare_NE.pdf
NEVADA	https://www.ubamembers.com/certs_complementcare_NV.pdf
NORTH CAROLINA	https://www.ubamembers.com/certs_complementcare_NC.pdf
NORTH DAKOTA	https://www.ubamembers.com/certs_complementcare_ND.pdf
OHIO	https://www.ubamembers.com/certs_complementcare_OH.pdf
OKLAHOMA	https://www.ubamembers.com/certs_complementcare_OK.pdf
RHODE ISLAND	https://www.ubamembers.com/certs_complementcare_RI.pdf
SOUTH CAROLINA	https://www.ubamembers.com/certs_complementcare_SC.pdf
TENNESSEE	https://www.ubamembers.com/certs_complementcare_TN.pdf
TEXAS	https://www.ubamembers.com/certs_complementcare_TX.pdf
VIRGINIA	https://www.ubamembers.com/certs_complementcare_VA.pdf
WEST VIRGINIA	https://www.ubamembers.com/certs_complementcare_WV.pdf
WISCONSIN	https://www.ubamembers.com/certs_complementcare_WI.pdf
WYOMING	https://www.ubamembers.com/certs_complementcare_WY.pdf
UBA Membership Guide	https://www.ubamembers.com/sample_ubamembership.pdf

Links above in the PDF are clickable when connected to the internet.

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 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 4). 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 Blanket 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 is 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, 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 Complement Care 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 Complement Care 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.



AVAILABLE TO UBA MEMBERS

Members age 18-65*

Eligible Spouse up to age 65*

Eligible Dependents up to age 26*

**Coverage ends for covered member & covered spouse when they turn 65 and 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:

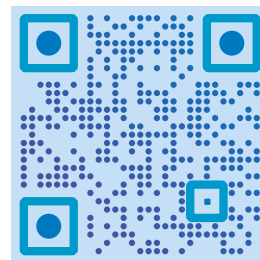
- Certificates of Insurance
- Digital ID Cards
- Claim Forms
- Member Guides
- Copies of Enrollment Forms

Membership Plan Costs

Family Demographics	Monthly Cost	UBA Dues	Total Monthly Cost
Individual	\$35	\$10	\$45
Individual +1	\$70	\$10	\$80
Family	\$120	\$10	\$130

Membership Plan Costs are monthly and continue until member cancellation. The following monthly insurance rates apply to coverage underwritten by SiriusPoint America Insurance Company¹. Your overall total association membership dues for the optional supplemental Complement Care membership plan also include these monthly insurance rates: Group Hospital Indemnity Insurance: \$10.85 (Member), \$23.44 (Member+1), \$36.73 (Family) . The Complement Care membership plan also includes costs for agent compensation and administration.

SCAN FOR QUOTE
& TO ENROLL



or

APPLY NOW



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