

COMPLEMENT CARE

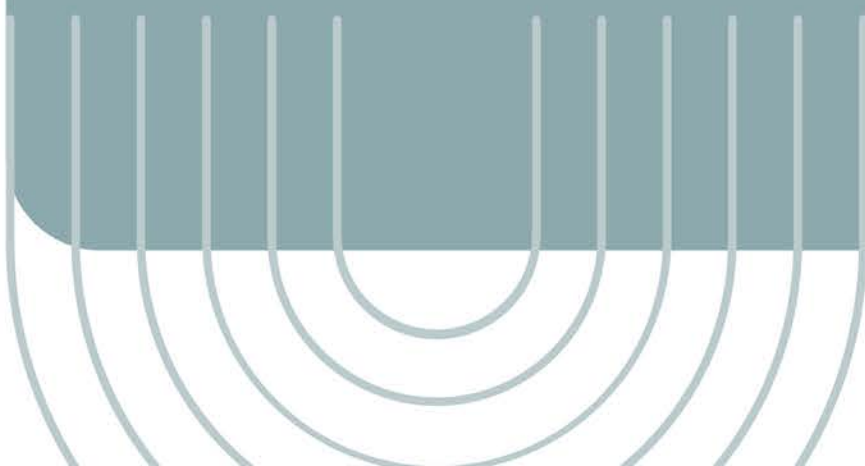
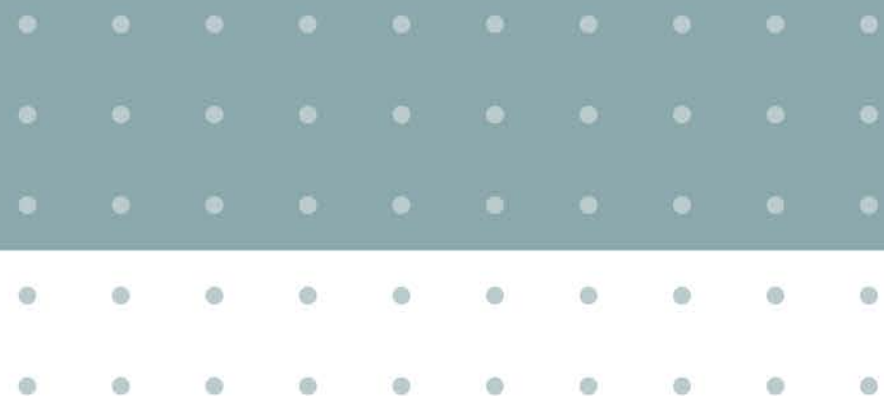
underwritten by SiriusPoint America Insurance Company



01.

INTRODUCTION

Complement Care Plan



SUPPLEMENTAL INSURANCE

The Complement Care plan is a supplemental insurance plan designed to complement your existing comprehensive health insurance.



LIMITED COVERAGE

It provides limited coverage for **doctor, urgent care and emergency room visits** and is available exclusively to members of the United Business Association (UBA).



02.

GROUP HOSPITAL INDEMNITY INSURANCE

Underwritten by SiriusPoint America Insurance Company



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.

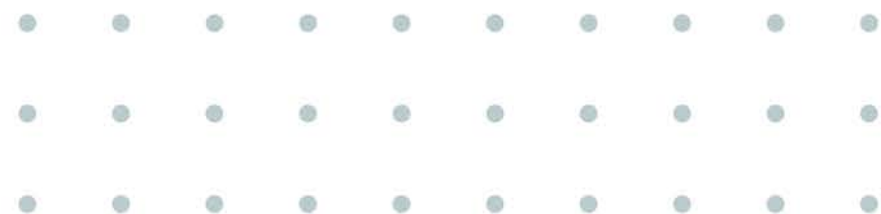
- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections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

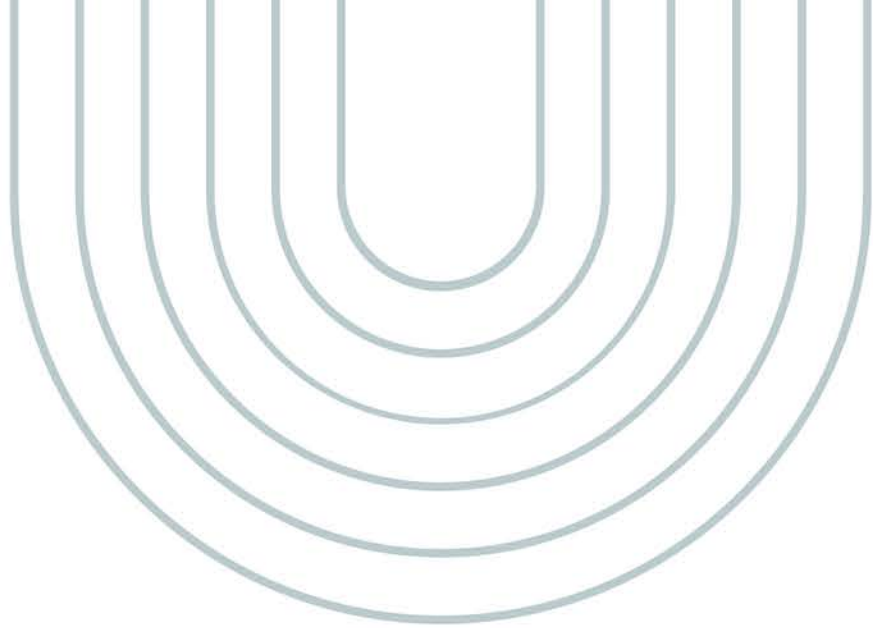
Looking for comprehensive health insurance?

- 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 Commissioner's website ([naic.com](https://www.naic.com)) under 'Insurance Departments'.
- If you have this policy through your job, or a family member's job, contact the employer.





DOCTOR & URGENT CARE VISITS

Pays a lump sum of \$125 per visit for up to 4 visits per year per covered person for physician office visits or urgent care visits

EMERGENCY ROOM VISITS

Pays a lump sum \$500 per day for up to 2 days per covered person, per year for emergency room visits

"Coverage Year" means a period beginning on the Primary Covered Person's Certificate Effective Date and ending 12 months after that date. Successive Coverage Years will begin after the first Coverage Year, each extending for 12-Month periods, provided that the Primary Covered Person does not terminate His coverage within the same Coverage Year. If the Primary Covered Person terminates His coverage during a Coverage Year and re-enrolls for coverage under a new certificate within the same Coverage Year, all benefits, benefit limits and benefit maximums will be those that applied to Him under the previously terminated certificate. In this case, a new Coverage Year will begin for the Primary Covered Person after He has been insured under the new certificate for a period of 12 months.

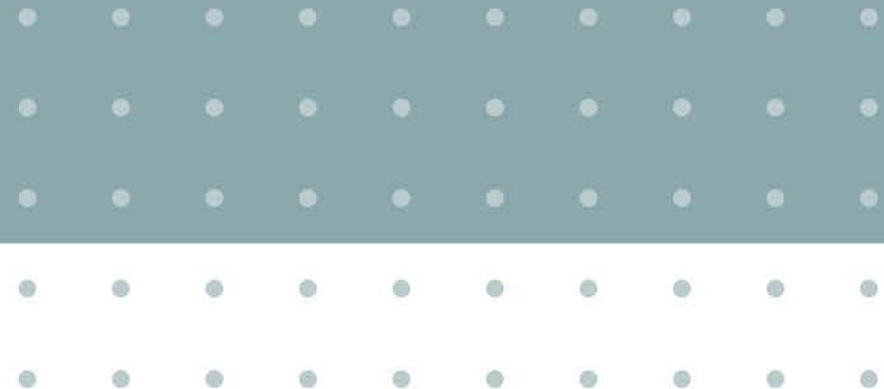
Coverage ends for Group Hospital Indemnity Insurance when the member turns 65.

Please make sure to read the full terms, definitions, limitations, and exclusions in your Group Hospital Indemnity Insurance Policy and Certificate of Insurance. Coverage could vary or may not be available in all states.



03.

ELIGIBILITY & ENROLLMENT



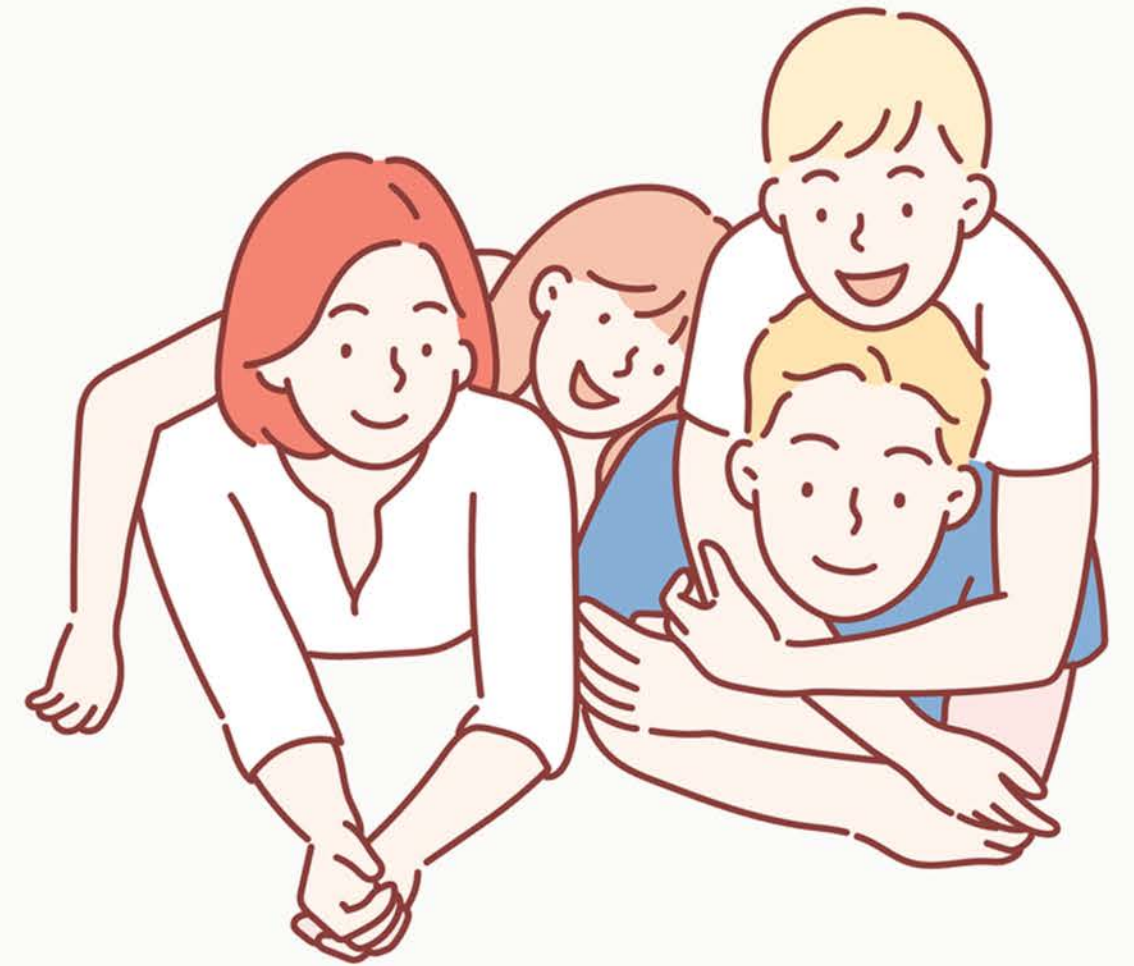
ELIGIBLE PARTICIPANTS

UBA members aged 18-64

Spouses up to age 64

Dependent Children

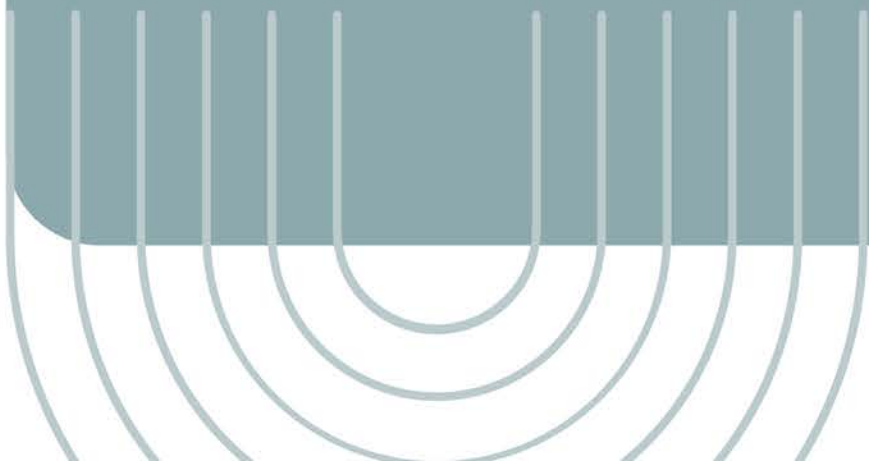
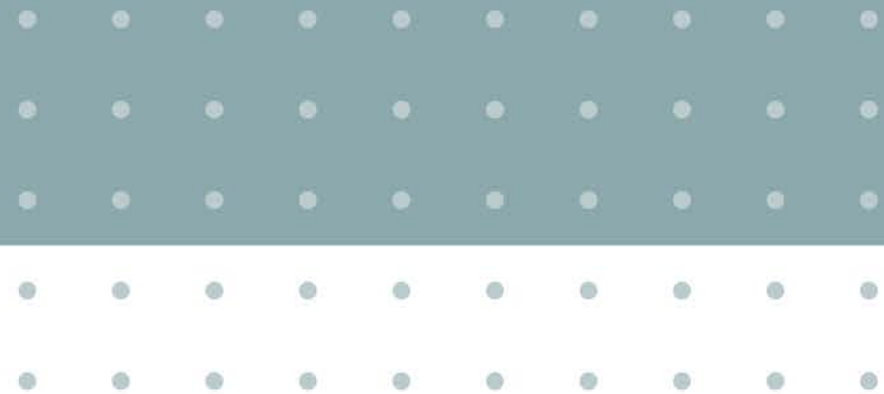
Coverage ends when the member turns 65.



04.

ADDITIONAL INFORMATION

About Complement Care Plan





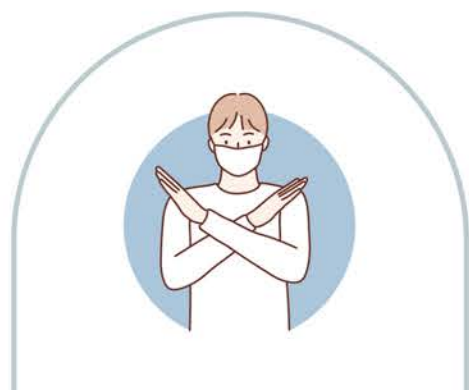
PLAN COST*

Individual: \$35 per month
Individual+1: \$70 per month
Family: \$120 per month

Plan cost does not include the required \$10 monthly membership dues

This plan offers limited coverage and is not a substitute for major medical insurance. does NOT provide minimum essential coverage in accordance with the Patient Protection and Affordable Care Act (ACA).

LIMITED COVERAGE



Current rate(s) for insurance coverage included in the Complement Care Plan and underwritten by SiriusPoint America Insurance Company:

Group Hospital Indemnity Insurance:

\$10.85/mo for Member
\$23.44/mo for Member+1
\$36.73/mo for Family

Additional costs for administration and agent commissions are also included in the overall plan cost.



30-DAY GUARANTEE

Full refund available if cancelled within the 30 days of the effective date, provided no claims have been filed.

Review the Certificate of Insurance for detailed terms, conditions, limitations and exclusions. If there are any discrepancies between the descriptions in this presentation and the Certificate, the Certificate will govern.

REVIEW CERTIFICATES





FOR THOSE SEEKING EXTRA PROTECTION

The Complement Care plan is a valuable supplement for those seeking additional protection against out-of-pocket costs for emergency room, doctor or urgent care visits. Ensure thorough understanding by reviewing all policy documents and considering the plan's suitability for your needs.



Thank you!



LEARN MORE

Do you have any questions?

Call us at 866-438-4274

Email: info@ubamembers.com

Website: ubamembers.com

Enroll at ubaapplication.com

This presentation offers a concise overview of the Complement Care Plan, focusing on its benefits, eligibility, and costs, while emphasizing the supplemental nature of the coverage. For full plan descriptions, terms, conditions, limitations & exclusions, state variations, please review the Certificate of Insurance.