

GAP 5000 & BB 3.0

Supplemental Gap Insurance:
Financial Certainty Against
Life's Unpredictabilities

This Membership Plan also includes
Direct Primary Care
and more...

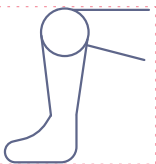


Because Life's Uncertainties Need Certainties



BLANKET GROUP ACCIDENT INSURANCE

Up to \$5,000 Accident Medical Expense*
(\$100 Deductible per accident)



BLANKET GROUP ACCIDENT INSURANCE

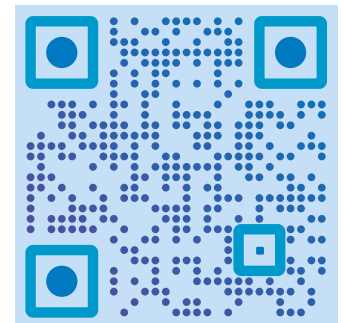
Up to \$2,500 Accidental Death & Dismemberment*
(see schedule of benefits for details)



GROUP CRITICAL ILLNESS INSURANCE

\$5,000 lump sum benefit (after the first year)*
(\$1,000 if first diagnosis occurs within the first year)

SCAN FOR QUOTE
& TO ENROLL



or

APPLY NOW



Underwritten by

Blanket Group Accident Insurance and Group Critical Illness Insurance are underwritten by SiriusPoint America Insurance Company

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

*See page 10 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 unless otherwise stated. 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 Blanket Group Accident Medical Expense Insurance Work?

ACCIDENTAL INJURY OCCURS



An unexpected accident 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 accident.

SEEK MEDICAL CARE



Visit any healthcare provider for treatment. Use your ACA, group or other traditional health insurance card for the initial coverage.

There is no network. You can visit any provider for care.

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.

DEDUCTIBLE & CLAIM AMOUNT



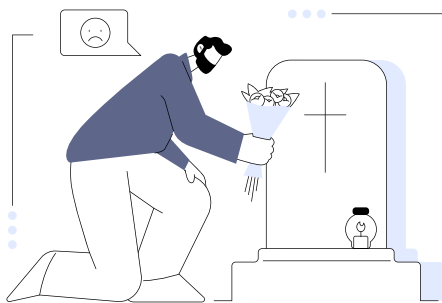
After primary health insurance or other types of insurance (Auto, Worker's Comp, etc.) pays, the supplemental accident medical expense covers remaining out-of-pocket covered expenses up to \$5,000, with a \$100 deductible².

²Deductible is per accident. Maximum benefit for the Blanket Group Accident Medical Expense Insurance is \$5,000 per covered person, per year.

See page 10 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 unless otherwise stated. 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.*

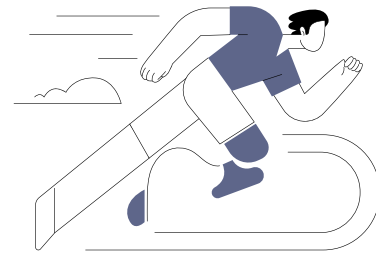


Supplemental Accidental Death & Dismemberment Insurance provides benefits in the unfortunate event of accidental death or severe injury that results in dismemberment. It complements your existing life and health insurance policies by covering specific scenarios that they may not fully address.



Financial Support for Accidental Death

Provides a lump sum to beneficiaries, helping them handle financial needs after an accidental death.



Coverage for Dismemberment and Loss of Use

Offers compensation for loss of limbs, sight, speech, or hearing to support recovery and adaptation.

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**STAND
STRONG
AGAINST
ILLNESS AND
BE PREPARED
FOR THE
BATTLE
AHEAD**

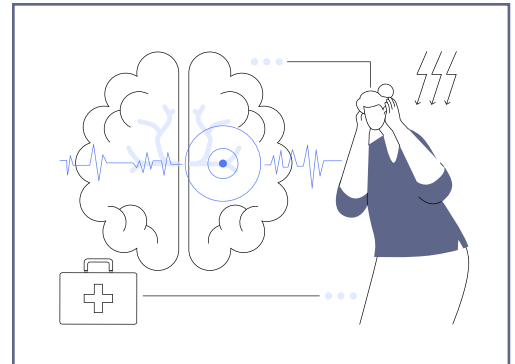
COVERED CRITICAL ILLNESSES



INVASIVE CANCER



HEART ATTACK



STROKE

*See page 10 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 unless otherwise stated. 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.**

How does Supplemental Critical Illness Insurance Work?



STEP 1: DIAGNOSIS OF A CRITICAL ILLNESS

The journey begins with the unfortunate event of being diagnosed for the **first time** with one of the covered critical illnesses. This initial diagnosis is the trigger for activating a claim for the critical illness insurance coverage.

STEP 2: FILE A CRITICAL ILLNESS CLAIM

Once diagnosed, the next step is to file a critical illness claim form. Submit the necessary documentation, including a confirmation of the diagnosis from your healthcare provider. The claim's administrator will review the documentation to confirm the first diagnosis of the covered illness.

STEP 3: RECEIVE A LUMP SUM PAYMENT

Upon confirmation of a first diagnosis of a covered critical illness by the claim's administrator, the covered member will receive a lump sum maximum benefit. If the diagnosis occurs **after** the first year from the effective date, the payment will be \$5,000. If it is **within** the first year, the benefit will be \$1,000. This payment provides financial support to help manage expenses related to the critical illness.

IMPORTANT DISCLAIMERS

One-Time Payment:

The lump sum payment is issued only once, and only upon the first diagnosis of a covered critical illness.

Coverage Termination: Once the benefit is paid, the coverage for that member terminates. Coverage also terminates when the member reaches the age of 65.

Eligible Members: Coverage applies exclusively to the member and their covered spouse. This is a one-time benefit.

By understanding these steps, you can better prepare for the unexpected and ensure you have the necessary financial support when facing a critical health challenge.

*See page 10 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 unless otherwise stated. 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.**



DIRECT PRIMARY CARE & MORE THROUGH BENEFIT BOOST 3.0

In today's fast-paced world, having a reliable insurance plan is crucial, but **what if your membership could offer more than just traditional supplemental coverage?** Enter **Benefit Boost 3.0**, a suite of non-insurance services designed to elevate your overall membership experience beyond Insurance.



IN-OFFICE DOCTOR & URGENT CARE VISITS



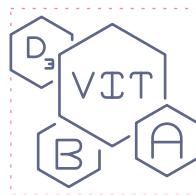
VIRTUAL PRIMARY CARE VISITS



RETAIL RX & PET RX PRESCRIPTION DISCOUNTS



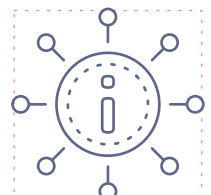
DENTAL DISCOUNTS



MULTI-VITAMIN GUMDROPS



IDENTITY THEFT MONITORING DISCOUNT



FAMILYSOURCE®

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). All services in Benefit Boost3.0 are not insurance and may not be available in all states.

Healthcare2U Direct Primary Care

\$25 Access Fee In-office Doctor Visits

\$50 Access Fee for In-office Urgent Care Visits

\$25 Access Fee for Chronic Care Management*

No Claim Forms, No Hassle Care

One Phone Number to Schedule all Visits



**Healthcare2U does not provide specialty care outside of their partner-physician clinics. If a member is currently seeing a specialist for an advanced disease state, HC2U recommends not leaving that specialist.*



SML Dental Discounts

15%-50%* discount per visit in most instances at participating providers

Aetna Dental Access® Network¹

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



Multi-Vitamins

90-day supply

Reorders at no cost

Free Shipping

HC2U Virtual Primary Care Visits

\$0 Access Fee for consultations

Available 24/7/365

Phone or Video Consultation options

Schedule using HC2U App or

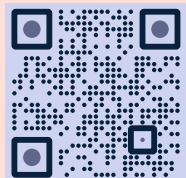
Call One Phone Number to Schedule



THE POWER OF 
Beyond Insurance

Discover More,
Power More.

Explore the **Power** of
Benefit Boost 3.0



Scan
QR Code
For
Details

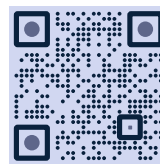


Paramount RX Prescription &
Pet Prescription Discounts

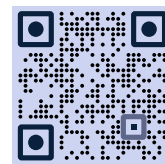
Save an average of 15% on Brand Drugs
Average Savings of 40% on Generic Drugs

No Annual Limits on Usage

Scan
QR Codes
For Web
Tools



RETAIL RX



PET RX

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 provider and 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 on fees paid.** Such refunds are issued within 30 days of request.

¹The discount program provides access to the Aetna Dental Access® Network. this network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent representative, or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

Healthcare2U (HC2U) Direct Primary Care Value Disclaimer:

Healthcare2U's Direct Primary Care (DPC) is a healthcare membership. DPC is not insurance and does not satisfy ACA minimum essential coverage. Individuals ages 2 to 65 are eligible for Healthcare2U's DPC membership. Dependents under the age of two are not eligible to enroll for Healthcare2U. Dependent children are eligible for membership until the last day of their 25th year. Individuals are eligible until the last day of their 64th year. Healthcare2U is not available to any member on Medicare, Medicaid or Tricare. No walk-ins allowed. Unlimited services (including Virtual DPC / telehealth) must be accessed through Healthcare2U's Patient Advocacy Line (PAL)™ and all care is provided through Healthcare2U's Private Physician Network (PPN)™. In-office appointments are only available within business hours (Monday through Friday, 7 am to 6 pm CST). PAL may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services. Applicable visit fees apply. After hours? Members have the option to speak to a physician virtually. Telehealth programs are provided through third-party organizations and are not connected to Healthcare2U. Healthcare2U's membership does not include inpatient or outpatient hospital services or critical illness. **This is not insurance.**

While the Benefit Boost 3.0 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 3.0 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 Healthcare2U Direct Primary Care program or any of the other the non-insurance services in Benefit Boost 3.0 or the membership benefits and services of the United Business Association.

USING DIRECT PRIMARY CARE IS AS SIMPLE AS **ONE PHONE CALL!**



STEP ONE

On your Effective Date, you will receive a welcome message via text or email from Healthcare2U. This message will walk you through the next steps to download the Healthcare2U mobile application and instruct you how to login.

STEP TWO

Download the Healthcare2U Mobile App from the associated app store for Android or Apple devices. Scan the QR code in your welcome message or simply search “Healthcare2U” and begin your download.

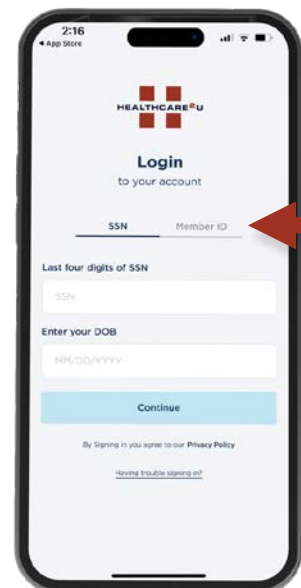
Download App from QR Code:



STEP THREE

Sign in to the Healthcare2U Mobile App. There are 2 selections Login to your account via SSN or Member ID. **Select the Member ID option.** Your welcome message email will also contain instructions on how to log in to the Healthcare2U mobile application.

(Your member ID should include BB and your Member ID number. Make sure to use the entire Member ID, e.g., BB123456.)

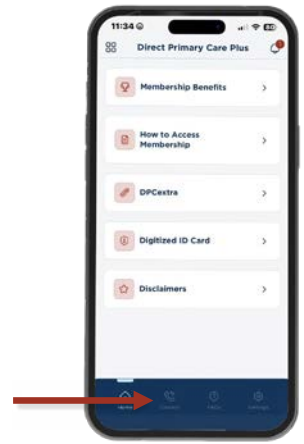


No walk-ins allowed. Unlimited services (including Virtual DPC / telehealth) must be accessed through Healthcare2U's Patient Advocacy Line (PAL)™ and all care is provided through Healthcare2U's Private Physician Network (PPN)™. In-office appointments are only available within business hours (Monday through Friday, 7 am to 6 pm CST). PAL may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services. Applicable visit fees apply. After hours? Members have the option to speak to a physician virtually. Telehealth programs are provided through third-party organizations and are not connected to Healthcare2U. Healthcare2U does not provide specialty care outside of their partner-physician clinics. If a member is currently seeing a specialist for an advanced disease state, HC2U recommends not leaving that specialist. Healthcare2U's membership does not include inpatient or outpatient hospital services or critical illness. This is not insurance.

STEP FOUR

Healthcare2U's mobile application is your hub for everything related to your membership. Within this app you will find your membership benefit information, digitized ID cards and more!

To schedule care, simply click on the contact button to reach the Bilingual Patient Advocacy Line (PAL).



STEP FIVE

Everything begins with the phone call to Healthcare2U's Bilingual Patient Advocacy Line. Based on the member's symptoms, Healthcare2U's medical professionals will provide direct primary care options of a Virtual DPC consult or an in-office doctor's appointment with a Healthcare2U physician or urgent care facility.

- Member Chooses the option.
- Healthcare2U will schedule the virtual consult or the in-office appointment.

In-Office Appointments:

- Member will be given appointment details.
- Member is responsible for paying the visit access fees associated with their care.
- At the appointment, the physician will treat the member and prescribe generic medication if necessary.

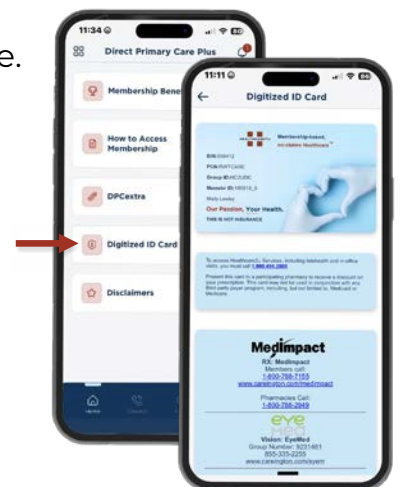
Virtual Care:

- Member will consult licensed physician either over the phone or via video, based on preference.
- When appropriate, physician will call in a prescription to the member's pharmacy of choice.
- Virtual Primary Care is available 24/7/365 with a \$0 visit access fee.

DIGITIZED ID CARD

The Healthcare2U mobile application also includes access to your digitized membership ID card. This card houses all information you need to access your Healthcare2U membership.

Simply click the Digitized ID card button on your app homepage to access your ID card.



No walk-ins allowed. Unlimited services (including Virtual DPC / telehealth) must be accessed through Healthcare2U's Patient Advocacy Line (PAL)™ and all care is provided through Healthcare2U's Private Physician Network (PPN)™. In-office appointments are only available within business hours (Monday through Friday, 7 am to 6 pm CST). PAL may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services. Applicable visit fees apply. After hours? Members have the option to speak to a physician virtually. Telehealth programs are provided through third-party organizations and are not connected to Healthcare2U. If a member is currently seeing a specialist for an advanced disease state, HC2U recommends not leaving that specialist. Healthcare2U's membership does not include inpatient or outpatient hospital services or critical illness. This is not insurance. SiriusPoint America Insurance Company is not affiliated with this non-insurance HC2U Direct Primary Care Plus program or the membership benefits and services of the United Business Association.

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 VIEW & DOWNLOAD CERTIFICATE OF INSURANCE, BB 3.0 AND UBA GUIDES
ALABAMA	https://www.ubamembers.com/certs_gap5000&BB3_AL.pdf
ARKANSAS	https://www.ubamembers.com/certs_gap5000&BB3_AR.pdf
ARIZONA	https://www.ubamembers.com/certs_gap5000&BB3_AZ.pdf
CALIFORNIA	https://www.ubamembers.com/certs_gap5000&BB3_CA.pdf
COLORADO	https://www.ubamembers.com/certs_gap5000&BB3_CO.pdf
DELAWARE	https://www.ubamembers.com/certs_gap5000&BB3_DE.pdf
DISTRICT OF COLUMBIA	https://www.ubamembers.com/certs_gap5000&BB3_DC.pdf
FLORIDA	https://www.ubamembers.com/certs_gap5000&BB3_FL.pdf
GEORGIA	https://www.ubamembers.com/certs_gap5000&BB3_GA.pdf
ILLINOIS	https://www.ubamembers.com/certs_gap5000&BB3_IL.pdf
INDIANA	https://www.ubamembers.com/certs_gap5000&BB3_IN.pdf
KANSAS	https://www.ubamembers.com/certs_gap5000&BB3_KS.pdf
KENTUCKY	https://www.ubamembers.com/certs_gap5000&BB3_KY.pdf
LOUISIANA	https://www.ubamembers.com/certs_gap5000&BB3_LA.pdf
MICHIGAN	https://www.ubamembers.com/certs_gap5000&BB3_MI.pdf
MISSISSIPPI	https://www.ubamembers.com/certs_gap5000&BB3_MS.pdf
MISSOURI	https://www.ubamembers.com/certs_gap5000&BB3_MO.pdf
NEBRASKA	https://www.ubamembers.com/certs_gap5000&BB3_NE.pdf
NEVADA	https://www.ubamembers.com/certs_gap5000&BB3_NV.pdf
NORTH CAROLINA	https://www.ubamembers.com/certs_gap5000&BB3_NC.pdf
NORTH DAKOTA	https://www.ubamembers.com/certs_gap5000&BB3_ND.pdf
OHIO	https://www.ubamembers.com/certs_gap5000&BB3_OH.pdf
OKLAHOMA	https://www.ubamembers.com/certs_gap5000&BB3_OK.pdf
RHODE ISLAND	https://www.ubamembers.com/certs_gap5000&BB3_RI.pdf
TENNESSEE	https://www.ubamembers.com/certs_gap5000&BB3_TN.pdf
TEXAS	https://www.ubamembers.com/certs_gap5000&BB3_TX.pdf
VIRGINIA	https://www.ubamembers.com/certs_gap5000&BB3_VA.pdf
WEST VIRGINIA	https://www.ubamembers.com/certs_gap5000&BB3_WV.pdf
WISCONSIN	https://www.ubamembers.com/certs_gap5000&BB3_WI.pdf
WYOMING	https://www.ubamembers.com/certs_gap5000&BB3_WY.pdf
Benefit Boost 1.0 Guide	https://www.ubamembers.com/sample_bb3_UBA.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 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 10). 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. **Blanket Group Accident Insurance and Group Critical Illness 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, Gallagher Affinity Insurance Services, Inc., Healthcare2U (HC2U), Paramount RX, Aetna Dental Access®, LifeLock™, FamilySource® 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 Gap 5000 & BB 3.0 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 Gap 5000 & BB 3.0 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.

**Coverage ends for covered spouse when they turn 70 and covered dependents when they turn 26 (could vary by state). Primary Member and Eligible Spouse must be enrolled prior to their 65th birthday. Coverage ends for Critical Illness when member and covered spouse turn 65.*



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:

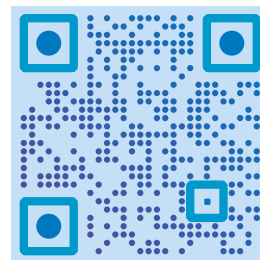
- Certificates of Insurance
- Digital ID Cards
- Claim Forms
- Member Guides
- Copies of Enrollment Forms
- Vitamin Order Forms
- Healthcare2U App Instructions & PAL #
- Dental Discount Provider Look-up
- Paramount RX Discount ID Cards

Membership Plan Costs

Family Demographics	Monthly Cost	UBA Dues	Total Monthly Cost
Individual	\$70	\$10	\$80
Individual + Spouse	\$130	\$10	\$140
Individual + Child(ren)	\$150	\$10	\$160
Family	\$190	\$10	\$200

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 Gap 5000 & BB 3.0 membership plan also include these monthly insurance rates: ¹Blanket Group Accident Insurance: \$4.17 (Member), \$8.37 (Member+1), \$15.76 (Family) and ¹Group Critical Illness Insurance: \$3.26 (Member) & \$6.51 (Member+Spouse). The Gap 5000 & BB 3.0 membership plan also includes costs for Benefit Boost 3.0, agent compensation and administration.

SCAN FOR QUOTE
& TO ENROLL



or

APPLY NOW

