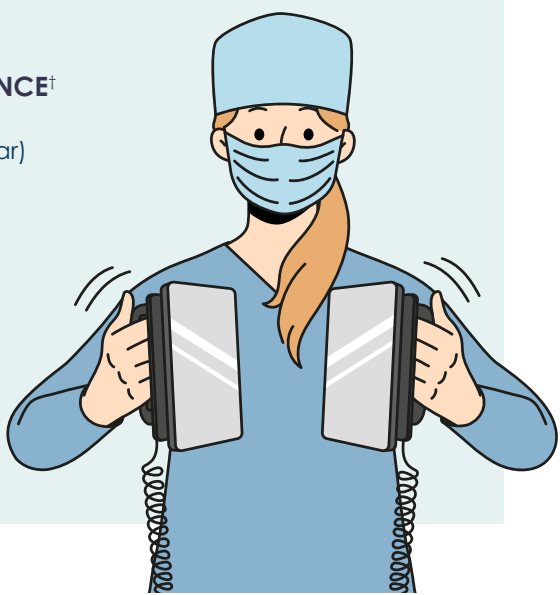


GROUP HOSPITAL INDEMNITY INSURANCE[†]
\$125 Physician Office Visit or Urgent Care Visit
(up to 4 visits per covered person per year)

GROUP HOSPITAL INDEMNITY INSURANCE[†]
\$500 Emergency Room Visit
(up to 2 visits per covered person per year)



COMPLEMENTcare[®]

([†]See **page 2** certificates of insurance for the full benefit descriptions, terms, conditions and limitations and **page 3** for disclaimers.)

VIEW YOUR STATE CERTIFICATE OF INSURANCE FOR FULL INSURANCE DETAILS INCLUDING ANY STATE VARIATIONS

STATE	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE
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

FOR MORE INFORMATION

AGENT NAME

AGENT PHONE #

AGENT EMAIL ADDRESS

FOR A QUOTE AND TO ENROLL: UNIQUE LINK ADDRESS HERE

Designed to supplement your comprehensive qualified medical insurance plan.



Individual - \$35 per month*

Individual+1 - \$70 per month*

Family - \$120 per month*

IMPORTANT DISCLAIMERS FOR THIS PLAN AND FLYER

*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 plan also include these monthly insurance rates: ¹Group Hospital Indemnity Insurance: \$10.85 (Member), \$23.44 (Member+1), \$36.73 (Family).

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 2).

This flyer 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.** Blanket Group Accident Insurance and Group Critical Illness Insurance Policies 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. Coverage for Group Hospital Indemnity Insurance is for member and eligible spouse between the ages of 18-54, and their enrolled dependent children. Benefit for Group Hospital Indemnity Insurance ends at age 65. Membership plan cost for Complement Care does not include the separate \$10 UBA Membership dues. You must be a member of the United Business Association in order to purchase this plan. **If there are any discrepancies between the description in this flyer and the Certificate, the Certificate will govern.**

United Business Association, SiriusPoint America Insurance Company, and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

