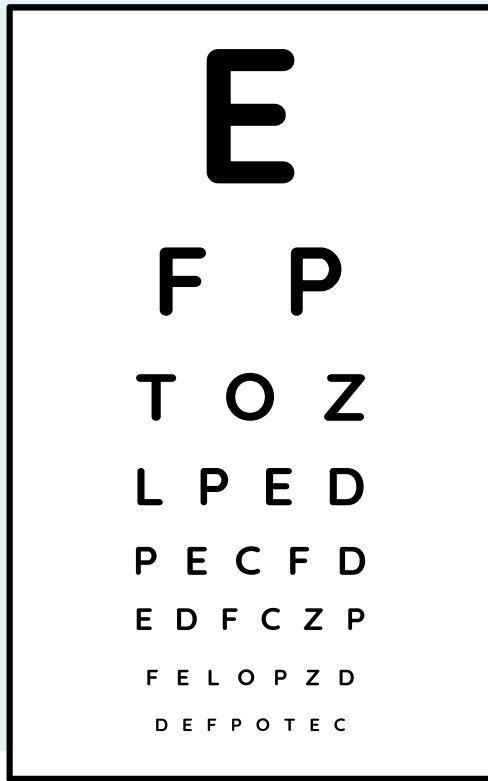


GROUP VISION INSURANCE†

- \$10 Copayment Well vision exam every 12 months* (In-network)
- \$25 Copay for Prescription Glasses every 12 months* (In-network)
- \$130 Frames Allowance (In-network)
- Lenses & Lens Enhancements^
- Coverage for Contact Lenses (Necessary or Elective)^
- Additional out-of-network coverage^
- Vision Network is VSP Choice Network

*Beginning with the first date of service

^See Certificate of Insurance for full details, limits, exclusions, copayments & maximums



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

VIEW YOUR STATE CERTIFICATE OF INSURANCE FOR **FULL INSURANCE DETAILS**
SCHEDULE OF BENEFITS, & LIMITATIONS & EXCLUSIONS

STATE	LINK TO DOWNLOAD CERTIFICATES OF INSURANCE
ALABAMA	https://www.ubamembers.com/certs_ubavision_AL.pdf
ARKANSAS	https://www.ubamembers.com/certs_ubavision_AR.pdf
ARIZONA	https://www.ubamembers.com/certs_ubavision_AZ.pdf
CALIFORNIA	https://www.ubamembers.com/certs_ubavision_CA.pdf
COLORADO	https://www.ubamembers.com/certs_ubavision_CO.pdf
CONNECTICUT	https://www.ubamembers.com/certs_ubavision_CT.pdf
DELAWARE	https://www.ubamembers.com/certs_ubavision_DE.pdf
DISTRICT OF COLUMBIA	https://www.ubamembers.com/certs_ubavision_DC.pdf
FLORIDA	https://www.ubamembers.com/certs_ubavision_FL.pdf
GEORGIA	https://www.ubamembers.com/certs_ubavision_GA.pdf
IDAHO	https://www.ubamembers.com/certs_ubavision_ID.pdf
ILLINOIS	https://www.ubamembers.com/certs_ubavision_IL.pdf
INDIANA	https://www.ubamembers.com/certs_ubavision_IN.pdf
KENTUCKY	https://www.ubamembers.com/certs_ubavision_KY.pdf
LOUISIANA	https://www.ubamembers.com/certs_ubavision_LA.pdf
MICHIGAN	https://www.ubamembers.com/certs_ubavision_MI.pdf
MISSISSIPPI	https://www.ubamembers.com/certs_ubavision_MS.pdf
MISSOURI	https://www.ubamembers.com/certs_ubavision_MO.pdf
NEBRASKA	https://www.ubamembers.com/certs_ubavision_NE.pdf
NEVADA	https://www.ubamembers.com/certs_ubavision_NV.pdf
NEW MEXICO	https://www.ubamembers.com/certs_ubavision_NM.pdf
NORTH DAKOTA	https://www.ubamembers.com/certs_ubavision_ND.pdf
OHIO	https://www.ubamembers.com/certs_ubavision_OH.pdf
OKLAHOMA	https://www.ubamembers.com/certs_ubavision_OK.pdf
PENNSYLVANIA	https://www.ubamembers.com/certs_ubavision_RI.pdf
SOUTH CAROLINA	https://www.ubamembers.com/certs_ubavision_SC.pdf
TENNESSEE	https://www.ubamembers.com/certs_ubavision_TN.pdf
TEXAS	https://www.ubamembers.com/certs_ubavision_TX.pdf
VERMONT	https://www.ubamembers.com/certs_ubavision_VT.pdf
VIRGINIA	https://www.ubamembers.com/certs_ubavision_VA.pdf
WEST VIRGINIA	https://www.ubamembers.com/certs_ubavision_WV.pdf
WISCONSIN	https://www.ubamembers.com/certs_ubavision_WI.pdf
WYOMING	https://www.ubamembers.com/certs_ubavision_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 - \$14 per month

Individual+1 - \$27 per month

Family - \$43 per month

IMPORTANT DISCLAIMERS FOR THIS PLAN AND FLYER

Read the Certificate(s) of Insurance carefully. This flyer is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance.

Group Vision Insurance is underwritten by Renaissance Life & Health Insurance Company of America Indianapolis, IN and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies ("Renaissance") can be reached at PO Box 1596, Indianapolis, IN, 46206. There is no ownership affiliation between Renaissance and UBA Dental & Vision. The policy is issued to the United Business Association (UBA) and includes the following: exclusions, limitations, reductions of benefits, waiting periods, and terms of renewal and termination. Subject to state availability, variability, and Renaissance's right to increase premium rates.

Cancellation / Termination of Benefits/Renewability: Coverage terminates when UBA terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by UBA, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of UBA to provide required information; or at Renaissance's option with 30 days notice. Notice of termination provided to UBA is considered notice of termination to all members and will not be sent to you individually by Renaissance. The policy automatically renews each policy anniversary until cancellation/termination.

The insurance described above provides limited benefits. Limited benefit policies are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. This insurance 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, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Renaissance Life & Health Insurance Company of America does not offer and are not affiliated with the discount programs offered in connection with membership in the United Business Association (UBA). Plan cost 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 this description and the Certificate, the Certificate will govern.

United Business Association, Renaissance Life & Health Insurance Company of America and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

