



TRU (GAP)

AGENT TRAINING PRESENTATION

A SUPPLEMENT TO
BRONZE ACA PLANS

TWO TRUGAP PLAN DESIGNS

TRU**GAP** COMPREHENSIVE

INPATIENT & OUTPATIENT



Group Supplemental Medical Insurance
underwritten by SiriusPoint America Insurance Company

DESIGNED TO SUPPLEMENT
YOUR **BRONZE ACA PLAN**

sirius POINT Supplemental Health Plan for those under 65 and not on Medicaid.

UBA
TruGapCompGuide_v0524
HASA-GAP-1000

TruGap Comprehensive
(Inpatient & Outpatient)

TRU**GAP** HOSPITAL

INPATIENT ONLY



Group Supplemental Medical Insurance
underwritten by SiriusPoint America Insurance Company

DESIGNED TO SUPPLEMENT
YOUR **BRONZE ACA PLAN**

sirius POINT Supplemental Health Plan for those under 65 and not on Medicaid.

UBA
TruGapHospGuide_v0524
HASA-GAP-1000

TruGap Hospital
(Inpatient Hospital **ONLY**)

TRUGAP COMPREHENSIVE HIGHLIGHTS

Combined Inpatient
Hospital & Outpatient
Plan Year Deductible*

\$1,000

*Per covered person
Max Family Deductible - \$2,000

Max Family Deductible is 2 times the Individual Deductible

Combined Inpatient
& Outpatient Benefit*

\$7,500

*Per covered person
Max Plan Year Family Benefit - \$15,000

Plan Year Benefit Max per Family is 2 times the Individual Maximum

Eligible Classes

- ✓ A UBA Member
- ✓ Ages 18 - Under 65
- ✓ **MUST BE ENROLLED
IN & MAINTAIN A
BRONZE ACA PLAN**

There is a **30 day waiting period** from initial eligibility before coverage begins.



TRUGAP HOSPITAL HIGHLIGHTS

Inpatient Hospital
Plan Year Deductible*

\$1,000

*Per covered person
Max Family Deductible - \$2,000

Max Family Deductible is 2 times the Individual Deductible

Inpatient Hospital
Benefit*

\$7,500

*Per covered person
Max Plan Year Family Benefit - \$15,000

Plan Year Benefit Max per Family is 2 times the Individual Maximum

Eligible Classes

- ✓ A UBA Member
- ✓ Ages 18 - Under 65
- ✓ **MUST BE ENROLLED IN & MAINTAIN A BRONZE ACA PLAN**

TruGap Hospital **DOES NOT** cover any outpatient benefits

There is a **30 day waiting period** from initial eligibility before coverage begins.



IMPORTANT DETAILS ON BOTH TRUGAP PLANS

PLAN YEAR IS A CALENDAR YEAR

- The first year is the period of time that begins on the Effective Date and ends on December 31st.
- For subsequent years, it is the period of time that begins on January 1st and ends December 31st.

DEPENDENTS AGE Unmarried & under 30

- May vary by state - check Agent Guide for state variations.

INPATIENT Definition

- Registered bed patient in a Hospital for more than 24 continuous hours and is charged room and board by the facility. Must be in facility on advice of a Physician & under regular care & treatment of a Physician.

Read Agent Guide for Full definitions, details & state variations

Not for Consumer Use

TRUGAP COMPREHENSIVE

INPATIENT & OUTPATIENT



AGENT GUIDE

- Review Agent Compliance
- Plan Details & State Variations
- and more...

Group Supplemental Medical Insurance underwritten by SinusPoint America Insurance Company

DESIGNED TO SUPPLEMENT YOUR BRONZE ACA PLAN

 Supplemental Health Plan for those under 65 and not on Medicaid.

TRUGAP.Como_AgentGuide_v0524
HASA-GAP-1000


REVIEW TRUGAP AGENT GUIDES

FOR STATE VARIATIONS

Not for Consumer Use

TRUGAP HOSPITAL

INPATIENT HOSPITAL ONLY




AGENT GUIDE

- Review Agent Compliance
- Plan Details & State Variations
- and more...

Group Supplemental Medical Insurance underwritten by SinusPoint America Insurance Company

DESIGNED TO SUPPLEMENT YOUR BRONZE ACA PLAN

 Supplemental Health Plan for those under 65 and not on Medicaid.

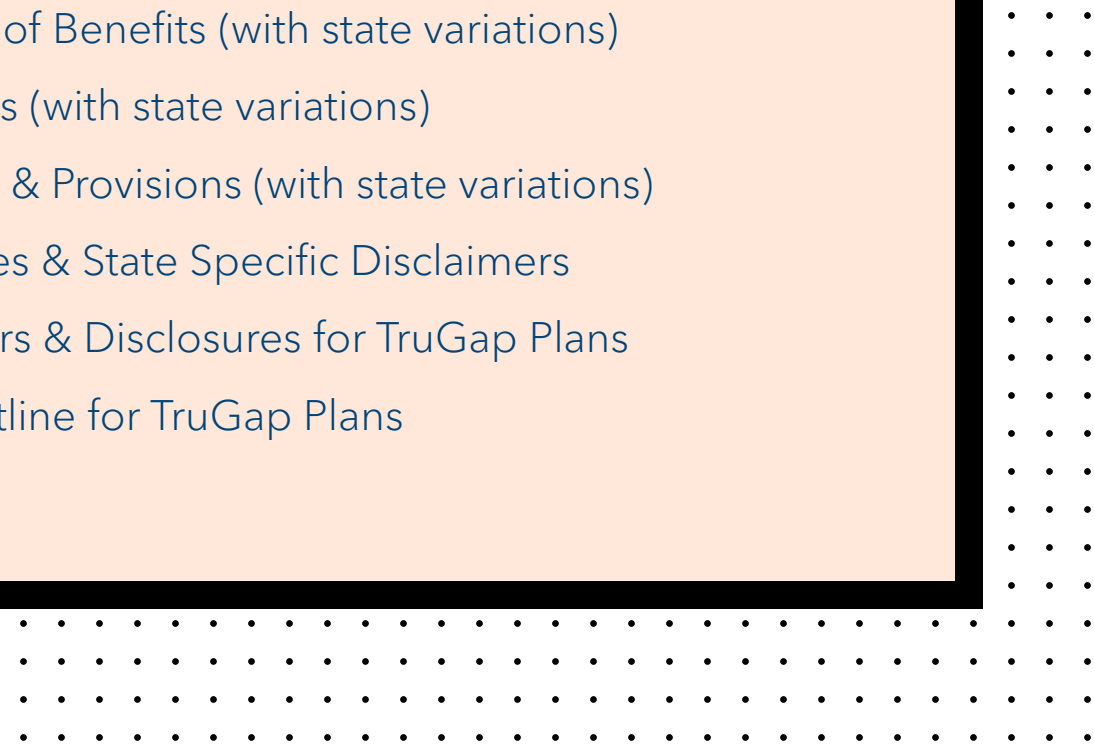
TRUGAP.HOSPITAL_AgentGuide_v0524
HASA-GAP-1000



WHAT'S IN THE TRUGAP AGENT GUIDES

- ✓ Agent Compliance Requirements
- ✓ Eligibility (with state variations)
- ✓ Schedule of Benefits (with state variations)
- ✓ Definitions (with state variations)
- ✓ Coverage & Provisions (with state variations)
- ✓ Disclosures & State Specific Disclaimers
- ✓ Disclaimers & Disclosures for TruGap Plans
- ✓ Script Outline for TruGap Plans

All agents selling TruGap should review the Agent Guide.



AGENT COMPLIANCE HIGHLIGHTS

- ✓ Make sure to read all information on enrollment application to the potential member.
- ✓ Make sure to explain that they will be enrolling in the United Business Association which requires an additional \$10 per month membership dues.
- ✓ Sell only in states you are licensed and appointed.
- ✓ Give an accurate and true representation of the TruGap plan you are offering based on their state.
- ✓ Abide by all state and federal laws and regulations with regards to any insurance marketed.
- ✓ Explain the cost breakdown to member like Association Dues vs Insurance Premiums & admin fees (if applicable), etc.
- ✓ Make sure to use the correct email address of the potential member when filling out the enrollment. The member must receive the link to complete the verification / e-sign part of the application process as well as the email is tied to the Member Portal.

For full list of Agent Compliance requirements, please refer to the Agent guide.



TRUGAP BROCHURE TIPS

VIEW STATE CERTIFICATE OF INSURANCE FOR FULL INSURANCE DETAILS INCLUDING LIMITATIONS & EXCLUSIONS

Select the links above to view the full terms, conditions, limitations and exclusions of the TruGap plan in your state as well as the UBA Membership guide and the Paramount RX® membership Guide.

STATE	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE
ARIZONA	https://www.ubamembers.com/certs_trugapcomprehensive_AZ.pdf
CALIFORNIA	https://www.ubamembers.com/certs_trugapcomprehensive_CA.pdf
FLORIDA	https://www.ubamembers.com/certs_trugapcomprehensive_FL.pdf
MICHIGAN	https://www.ubamembers.com/certs_trugapcomprehensive_MI.pdf
TEXAS	https://www.ubamembers.com/certs_trugapcomprehensive_TX.pdf
UBA Membership Guide	https://www.ubamembers.com/sample_ubamembership.pdf
Paramount RX Discount Card	https://www.ubamembers.com/sample_paramountrxdiscounts_UBA.pdf

These links in the PDF version of the TruGap brochures are clickable and will open the Certificates & Membership guides. All available State Certificates of Insurance are here for the member to view.



It is important to review the Certificate of Insurance in your state for any state variations of coverage.



Available states (with more coming soon)

AZ, CA, FL, MI & TX

Brochures, website, enrollment, agent guides & training will all update when new states are added. We will notify you of any added states and updates to all materials.

TRUGAP PLAN COSTS

TRUGAP COMPREHENSIVE

UNDER 55 YEARS OLD:

Member Only: \$134.19
Member and Spouse: \$256.72
Member and Child(ren): \$240.23
Member and Family: \$344.75

AGE 55 YEARS AND OLDER:

Member Only: \$201.28
Member and Spouse: \$398.54
Member and Child(ren): \$259.24
Member and Family: \$439.92

TRUGAP HOSPITAL

UNDER 55 YEARS OLD:

Member Only: \$31.00
Member and Spouse: \$59.30
Member and Child(ren): \$55.49
Member and Family: \$79.64

AGE 55 YEARS OLD AND OLDER:

Member Only: \$46.49
Member and Spouse: \$92.06
Member and Child(ren): \$59.88
Member and Family: \$101.62

ADD \$10 UBA MEMBERSHIP DUES TO PLAN COSTS ABOVE TO GET THE TOTAL MONTHLY PLAN COST

REQUIRED QUESTIONS FOR ENROLLMENT

UBA QUESTIONS

This section pertains to Association enrollment and some supplemental insurance benefits.

1. Are you an owner or an employee of a small business (less than 50 employees)?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------



Must be YES to continue. This is UBA Membership's qualifying question

Must be YES to continue - must be Bronze ACA plan

Must be NO to continue

Eligibility Questions

Eligibility Question(s) for TRUGAP Comprehensive

Your answers to the following questions are determining factors for enrollment eligibility with TRUGAP Comprehensive.

Do all proposed insureds participate in a Health Benefit Plan?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
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Are any proposed insureds for coverage covered by an Title XIX program (e.g., Medicaid, Medicare, Champus or Tricare)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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CONTINUE >

Eligibility Questions

Eligibility Question(s) for TRUGAP Hospital

Your answers to the following questions are determining factors for enrollment eligibility with TRUGAP Hospital.

Do all proposed insureds participate in a Health Benefit Plan?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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Are any proposed insureds for coverage covered by an Title XIX program (e.g., Medicaid, Medicare, Champus or Tricare)?

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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CONTINUE >

Must be YES to continue - must be Bronze ACA plan

Must be NO to continue

HOW TO COMPLETE A TRUGAP ENROLLMENT

The screenshot shows the 'UBA ENROLLMENT' page for the United Business Association. It includes sections for UBA Membership, Optional Programs and Add-Ons, and Household Information. Three orange callout arrows point to the 'No' button for UBA membership, the 'ACA Supplements' checkbox, and the 'State' dropdown menu.

Must answer this **Yes** if not already a UBA member. They must join the United Business Association and be part of the group in order to enroll in TruGap.

The Group Supplemental Medical Insurance underwritten by SiriusPoint America Insurance Company for both TruGap Hospital or TruGap Comprehensive plans is issued to the United Business Association (UBA) as the Policyholder.

Select **Category** to view plans.
TruGap is in the **ACA Supplement Category**.

(You can select multiple categories to view all plans - if applicable)

Enter **State** and Household information and then hit continue.



CHOOSE A TRUGAP PLAN TO ENROLL

The screenshot displays the UBA website interface for selecting an ACA Supplement plan. The header includes navigation links for 'Enroll', 'Member Portal', and 'About UBA', along with an 'Agent Sign In' link. Below the header, the user's profile is shown as '1 Person, State: TX' and the selected plan cost is '\$10.00/month'. The main content area is titled 'BROWSE' and 'ACA Supplements'. Two plan cards are displayed side-by-side. The first card is for 'TRUGAP Hospital' at \$31/month, described as an 'ACA Health Insurance Supplement (Inpatient Only)'. The second card is for 'TRUGAP Comprehensive' at \$134.19/month, described as an 'ACA Health Insurance Supplement'. Both cards have tabs for 'Overview' and 'Details'. The 'SELECT' button for the TRUGAP Comprehensive plan is circled in orange. A 'Filter Categories' dropdown is located at the top right of the plan selection area. At the bottom of the page, there are 'Previous' and 'ENROLL' buttons.

View Cost of Plans

View Details on the plan including Brochure & Certificate

To Choose the plan click on Select

Next select Enroll to continue

ENTER INFO FOR TRUGAP ENROLLMENT

The screenshot shows the 'ENROLL' page with 'HOUSEHOLD DETAILS' selected. It includes fields for 'Primary Member' (First Name, MI, Last Name, Sex, Date of Birth), 'Add Spouse', 'Add Dependent', 'Contact Information' (Phone Number, Alt. Phone, Email Address), and 'Residence Address' (Street, City, State, Zip Code). A checkbox 'This is also my Mailing Address' is checked. At the bottom, there is a 'Help & Support' section with a 'No Agent' button and the text 'UBA Member Services 866-438-4274'. A 'CONTINUE' button is visible on the right.

Make sure you see your name and Agent Info here

Complete Household Details

The screenshot shows the 'ENROLL' page with 'ADDITIONAL INFORMATION' selected. It includes an 'EFFECTIVE DATE' section with a 'Requested Effective Date' dropdown menu set to '06/01/2024'. Below this are 'UBA QUESTIONS' and 'ENROLLMENT QUESTIONS' sections. The 'UBA QUESTIONS' section includes a question: '1. Are you an owner or an employee of a small business (less than 50 employees)?' with 'Yes' and 'No' buttons. The 'ENROLLMENT QUESTIONS' section includes a question: '1. Do all proposed insureds participate in a Health Benefit Plan?' with 'Yes' and 'No' buttons. A 'NOTE' is present: 'Coverage under the policy issued to the Association is available only while coverage is continuously maintained in an underlying Health Benefit Plan. Coverage will terminate upon termination of the Health Benefit Plan.' At the bottom, there is a 'CONTINUE' button on the right.

1st or 15th Effective Date Choices

Choose Effective Date & Answer Required Questions

ENROLL

1 Person, State: TX

2 Selected \$41.00/month

PAYMENT INFORMATION

PAYER RELATION

Who is paying for this enrollment?

Myself Someone Else

PAYMENT METHOD

ACH Payment Credit Card

ECHECK VISA MasterCard AMERICAN EXPRESS

BANK ACCOUNT INFORMATION

Account Type Checking Savings

Account Holder Name Account Number

Routing Number

BILLING ADDRESS

Select from Addresses

City Fort Worth State TX Zip Code

Enrolling In

UBA Membership A nationwide membership of small business owners and employees, where We are Better Together	\$10.00
TRUGAP Hospital ACA Health Insurance Supplement (Inpatient Only)	\$31.00
Total Monthly	\$41.00

Your Agent

No Agent

CONTINUE

Previous

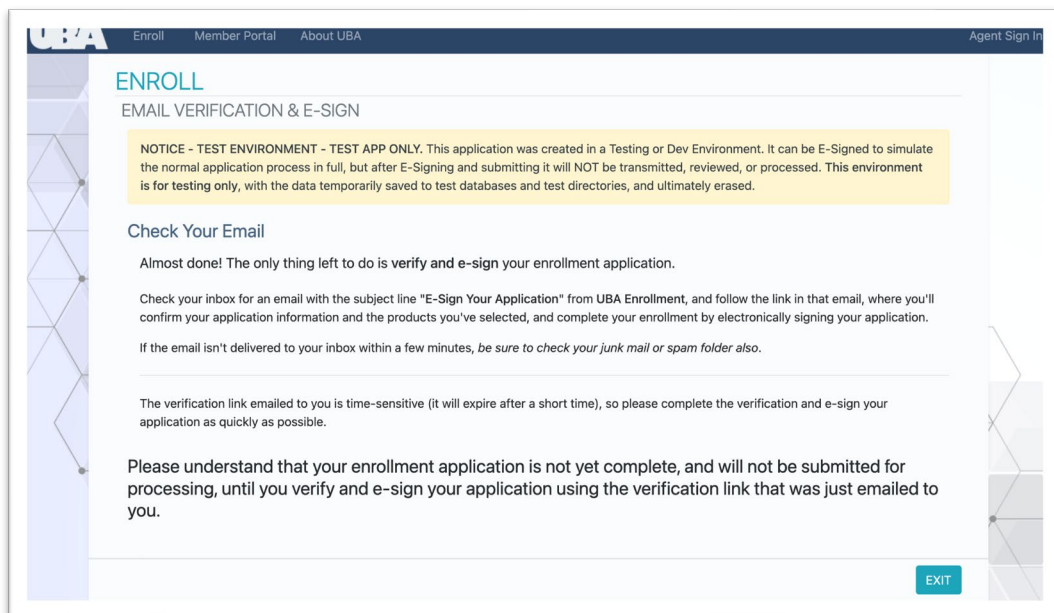
LAST PAGE OF TRUGAP ENROLLMENT FOR AGENTS TO ENTER

View Total Cost breakdown of the plans member is enrolling

Enter Billing Information
Make sure you use the correct payor information which could be different than the primary member.

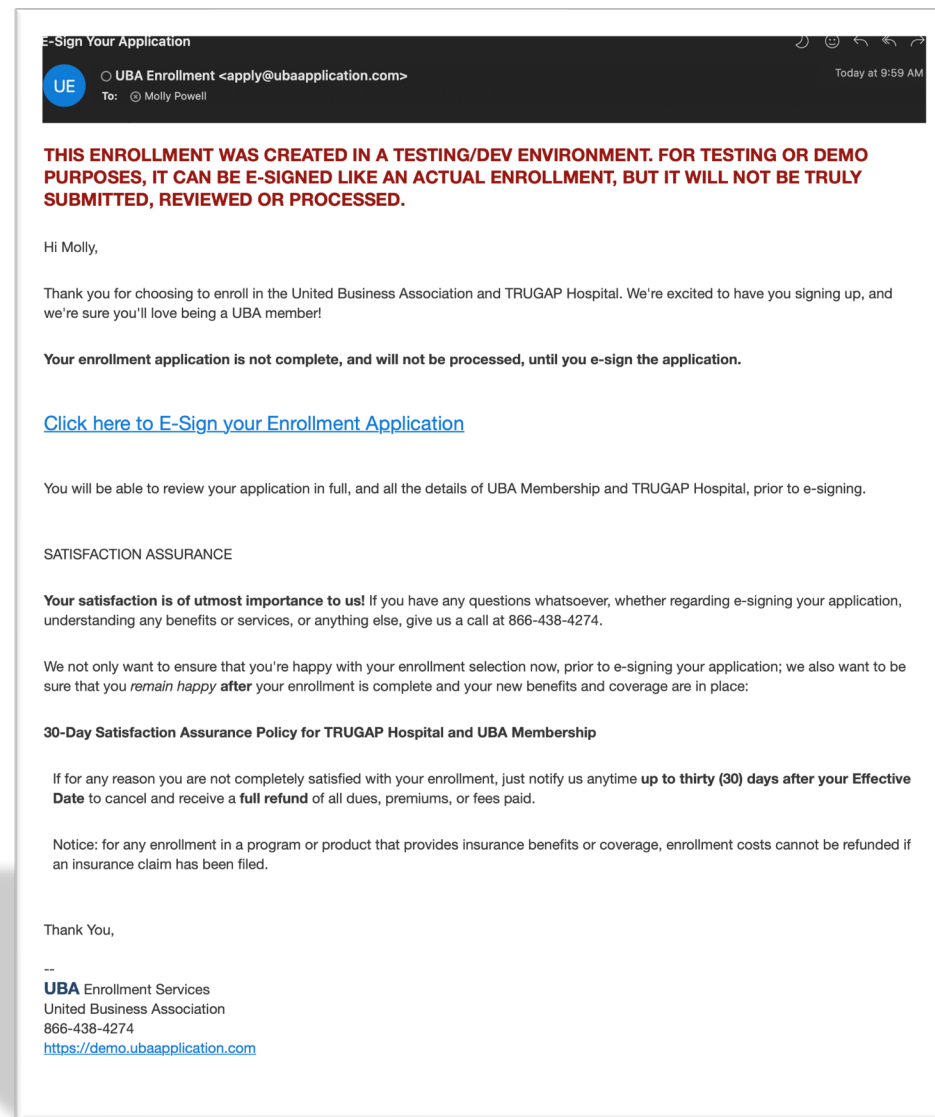
Once you hit Continue button, the app is submitted and the client will get the email to verify enrollment, accept all required disclaimers / disclosures and then e-sign the enrollment application. Your part is completed once you hit this Continue Button.

FINAL STEPS FOR TRUGAP ENROLLMENT



This is the last page you will see as an agent after you hit continue on the billing page and the app is now turned over to the client to finish.

Make sure to hit EXIT to be able to start over a new app.



Email the member will receive to complete Verification, Accept Disclaimers & E-Sign. The application will not be processed unless the member COMPLETES this step.



MEMBER STARTS
VERIFICATION & E-SIGN
PHASE OF ENROLLMENT

MEMBER VERIFICATION FOR TRUGAP ENROLLMENT

Member can view info entered on application here and edit any errors

View Plans member is enrolling along with Plan Costs

View and/or Change Effective Date requested

Read and Accept Disclaimers

Hit Continue

FINAL STEPS FOR MEMBER TO COMPLETE A TRUGAP ENROLLMENT

ENROLL CONFIRM & E-SIGN

By electronically signing your application, you authorize billing of your enrollment in the total amount shown below to the payment method you provided.

ENROLLMENT SUMMARY

UBA Membership A nationwide membership of small business owners and employees, where We are Better Together	\$10.00
TRUGAP Hospital ACA Health Insurance Supplement (Inpatient Only)	\$31.00
Total Monthly	\$41.00

PAYMENT INFORMATION

Payment Method: Credit Card (Visa)

Card Holder Molly Testrue	Card Number XXXX-XXXX-XXXX-1111	Exp. 5/26
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PAYMENT AUTHORIZATION

You authorize H A Partners, Inc (HAPI) to initiate charges to your credit card in the total monthly amount shown for the plan(s) or product(s) you've selected for this enrollment. This authorization will remain in effect until HAPI receives notice from you that it should be cancelled.

Your first monthly payment will be charged immediately when your application is processed. Subsequent monthly payments will be charged on the 5th each month if your effective date is the 1st, or the 15th each month if your effective date is the 15th, beginning the month after your effective date. Your credit card statements will show all payment transactions related to this enrollment as being paid to "UBA GAP 866-438-4274".

You agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, it may result in forfeiture of your membership or enrollment and all benefit(s) and/or coverage(s), and neither HAPI nor your financial institution shall be held liable whatsoever.

Cancellation of this enrollment requires at least 10 days advance notice except during the initial Satisfaction Assurance period. Refunds of completed payments are available only during the initial Satisfaction Assurance period. See the Satisfaction Assurance policy(ies) pertaining to your selected product(s) for the initial Satisfaction Assurance period(s) which may vary by product. Cancellation requests can be submitted online through the UBA Member Portal, by email to billing@ubaapplication.com, or by phone at 866-438-4274.

You will receive your I.D. Cards in the mail within 14 days of purchase. Digital copies of your I.D. Cards, as well as all Membership Guides and Certificates of Insurance pertaining to the plans or products you've purchased, will be immediately available for download upon completion of your application. Please take the time to review all Guides and Certificates to ensure you fully understand your products and plan benefits, including any limitations, exclusions, definitions, or state variations.

HEALTH INFORMATION PRACTICES (SiriusPoint America Insurance Company)

I understand that under the Federal Regulations and state law, I have a right to see and correct personal information that SiriusPoint America Insurance Company (hereafter referred to as "Company") collects about me, and that I may obtain a description of my rights under these laws and of the Company's information practices by writing to the Company at the following address: SiriusPoint America Insurance Company, Attention: Legal Department, 1 World Trade Center 285 Fulton Street, 47th Floor New York, NY 10007.

CONFIRMATION AND ACKNOWLEDGEMENTS (SiriusPoint America Insurance Company)

I represent that the information set forth on this enrollment form is correctly recorded, complete and true to the best of my knowledge and belief, and that it forms the basis of my insurance. I agree that the Certificate together with this Enrollment Form, the Group Policy, and Policyholder's Application, and any amendments or riders will completely describe the benefits and conditions of the insurance agreement. SiriusPoint America Insurance Company will rely and act upon the answers and information I provide on this Enrollment Form. The Company reserves the right to retroactively adjust the premium rate for the group at any time in the event that material misrepresentation of information has occurred. My insurance coverage will not become effective until this Enrollment Form is received and approved by the Company, any applicable premium is paid, and in no event prior to the effective date of the Group Policy.

I understand and acknowledge that I am enrolling for coverage under a Supplemental Medical Insurance Plan. The insurance provided is not Major Medical or Comprehensive Medical coverage, is not intended to cover all medical expenses and does not satisfy an individual's obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

COPIES OF THIS FORM (SiriusPoint America Insurance Company)

I understand and agree that a copy of this form and other communications from SiriusPoint (including faxes and electronic transmissions of this form) will be an original and may be made available to me in an electronic format through a secure information system so I may generate and maintain hard copies for my records. I acknowledge and consent to receiving electronic copies of applicable insurance-related documents, in lieu of paper copies, to the extent permitted by law. I understand that I will continue receiving electronic copies unless I choose to withdraw my consent by submitting a written request to SiriusPoint with my intent to be provided with paper or other nonelectronic copies of insurance-related forms.

APPLICANT SIGNATURE

Sign your application by typing your first and last name exactly as entered on your application. Your signature will be saved to your application along with your IP address and the current date & time. You agree that your electronic signature will serve as your original signature, and by signing you agree to all acknowledgements, agreements, authorizations, and certifications that have been presented to you for this enrollment.

I hereby request to enroll in UBA Membership and TRUGAP Hospital. I have reviewed, understand, and agree to all terms and conditions. I authorize H A Partners, Inc, the Administrator of this enrollment, to charge the initial payment and monthly amount according to the Enrollment Summary above to the credit card I have provided. I attest that I am the owner of, an authorized signer on, or have been granted express authority to use, the credit card provided for this purchase. I agree that this Authorization is to remain in full force until revoked by me in writing to 409 W. Vickery Blvd, Fort Worth, TX 76104 or by phone 866-438-4274.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Electronic Signature (Molly Testrue)
Type your first and last name to sign

SATISFACTION ASSURANCE

We want you to be completely satisfied. If you have any problems, or any questions at all about your enrollment or any benefits, please don't hesitate to call Member Services at 866-438-4274.

30-Day Satisfaction Assurance Policy for TRUGAP Hospital and UBA Membership

If for any reason you are not completely satisfied with your enrollment, just notify us anytime up to thirty (30) days after your Effective Date to cancel and receive a full refund of all dues, premiums, or fees paid.

Notice: for any enrollment in a program or product that provides insurance benefits or coverage, enrollment costs cannot be refunded if an insurance claim has been filed.

Outside of the Satisfaction Assurance period defined above, cancellation of an enrollment requires at least 10 days advance notice. Cancellation requests can be made by email to billing@ubaapplication.com, by phone at 866-438-4274, or through the UBA Member Portal. Refunds of completed enrollment payments are available only during the Satisfaction Assurance period. Please allow 7-10 business days from the date of request for an issued refund to complete processing.

← PREVIOUS SUBMIT →

Member reviews & reads over final disclosures

Member E-Signs
They sign the
Primary Member
Name here

Once Member hits
SUBMIT, the application
will be process and they
will be drafted for the first
month's plan cost upon our
draft / new business cycle.

APPLICATION COMPLETED MEMBER WILL BE PROCESSED

APPLICATION COMPLETE

NOTICE - TEST APP ONLY. This application was submitted in a Test or Dev environment, and will NOT be transmitted, reviewed, or processed. This environment is for testing only, with the data temporarily saved to test databases and directories only. Any enrollment forms, certificates, or policies that have been generated and made available below are for test/demo purposes only, and include watermarks to indicate such.

ENROLLMENT SUBMITTED ✓

ALL DONE! Thank you for verifying and e-signing your enrollment application, and welcome to the *United Business Association, new UBA Member!* Your completed application has been successfully submitted for enrollment processing.

Enrollment Date: May 15th, 2024
Effective Date: June 1st, 2024 *

Your new Member ID: 9826305

Here's what's next 📌

- You can download your new ID Card(s) and access all member information to use your new benefits, at the [UBA Member Portal](#).
 - Since we've already verified your email address and confirmed your identity, the above link to the Member Portal makes registering quick & easy (just click & enter your desired login password when you get there). If you don't have time to create your Member Portal login now, no worries: Your 'Application Complete' confirmation email will include your Member ID as well as a link to the Member Portal, so take care of it at your leisure.
- After your enrollment has completed processing, you'll be able to start using your new benefits on the Effective Date 06/01/2024. *

Full Member Guides and/or insurance coverage documents pertaining to the products in which you've enrolled, such as Policies or Certificates of Insurance, are all available to you in the [UBA Member Portal](#).

* Delays in enrollment processing, though uncommon, can occur for various reasons (typically invalid information provided in the enrollment application), and so the Effective Date cannot be guaranteed and is subject to change until processing is complete.

ENROLLMENT SUMMARY
Click/tap any item for detailed description.

UBA Membership A nationwide membership of small business owners and employees, where We are Better Together	\$10.00
TRUGAP Hospital ACA Health Insurance Supplement (Inpatient Only)	\$31.00
Total Monthly	\$41.00

Member can see plans and plan cost enrolled

ENROLLMENT FORMS

The UBA Enrollment Application includes a summary of all products, plans, or memberships selected for this enrollment. Any additional enrollment applications or forms required by your selected products or benefits are also provided. Please review all application(s) and save copies for your personal records. Your enrollment application and all forms associated with your enrollment will also be available to you any time through the UBA Member Portal.

- UBA Enrollment Application
- Enrollment Form (SPAIC Group Supplemental Medical Insurance)

SATISFACTION ASSURANCE

We want you to be completely satisfied. If you have any problems, or any questions at all about your enrollment or any benefits, please don't hesitate to call Member Services at 866-438-4274.

30-Day Satisfaction Assurance Policy for TRUGAP Hospital and UBA Membership

If for any reason you are not completely satisfied with your enrollment, just notify us anytime up to thirty (30) days after your Effective Date to cancel and receive a full refund of all dues, premiums, or fees paid.

Notice: for any enrollment in a program or product that provides insurance benefits or coverage, enrollment costs cannot be refunded if an insurance claim has been filed.

Outside of the Satisfaction Assurance period defined above, cancellation of an enrollment requires at least 10 days advance notice. Cancellation requests can be made by email to billing@ubaapplication.com, by phone at 866-438-4274, or through the UBA Member Portal. Refunds of completed enrollment payments are available only during the Satisfaction Assurance period. Please allow 7-10 business days from the date of request for an issued refund to complete processing.

EXIT

Member can see their Enrollment & Effective Dates

Members can view & download copies of their enrollment documents. All other documents are located on the Member Portal (Certificates, etc)

Member can set up their account on the Member Portal
Member will also receive an email to set up their Member Portal which has Digital ID cards, Copies of Enrollment Forms, Brochure, Certificates of Insurance, UBA Membership guide and more...

HOW TO USE TRUGAP ID CARD & FILE CLAIMS

Hospitals ONLY with TruGap Hospital

SUPPLEMENTAL HEALTH PLAN
Group Supplemental Medical Insurance
Underwritten by SiriusPoint America Insurance Company

SIRIUS POINT

MEMBERNAME

COVERED DEPENDENTS

DEPNAME1	EFFECTIVE DATE
DEPNAME2	DEPEFFDATE1
DEPNAME3	DEPEFFDATE2
DEPNAME4	DEPEFFDATE3
DEPNAME5	DEPEFFDATE4
DEPNAME6	DEPEFFDATE5
DEPNAME7	DEPEFFDATE6
DEPNAME8	DEPEFFDATE7
DEPNAME9	DEPEFFDATE8
DEPNAME10	DEPEFFDATE9
	DEPEFFDATE10

United Business Association
EFFECTIVE DATE: EFFDATE
MEMBER ID#: MEMID#
MEMBERSHIP: MEMTYPE

ubamembers.com
866-438-4274

For Billing Questions, Call:
BILLINGNAME
BILLINGPHONE

TRU(7:12) | UBA
HASA-GAP-1000_v0524

Member Info
Effective Date
Member ID
Type
(Ind, Family, etc)

Name of Billing TPA
& Phone # for Billing
questions or changes

List of covered dependents & dependent effective dates

TruGap ID Card

CLAIMS SUBMISSION

Health Special Risk, Inc. (HSR)
PAYOR ID: 65449
TruGap Policy#: HASA-GAP-1000
Mail:
Health Special Risk, Inc. (HSR)
8400 Belleview Dr, Suite 150
Plano, TX 75024
Providers Must include:
Itemized bills (HCFA or UB04)
Primary Carrier EOB

ELIGIBILITY

To confirm eligibility, verify benefits or check the status of a claim, please call:
Health Special Risk, Inc. (HSR) at
866-523-3452 or 972-512-5600

TRU(7:12)
Secondary Medical Plan Information:
Plan Name: PLNNAME
Deductible: \$1,000 (max \$2,000 per family)
Benefit Amount: \$7,500 (max \$15,000 per family)
Plan Type: PLNTYPE
Benefits are paid to the provider.

LOGIN TO YOUR MEMBER PORTAL:
<https://members.ubaapplication.com>

This card doesn't guarantee coverage. Claims for benefits shall be administered based on the Policy. Outpatient Physician office visits and prescription coverage are not covered with this supplemental plan. Under the contract provisions of this plan, members are required to maintain Affordable Care Act (ACA) coverage.

UBA

Provider files with Payor ID & TruGap Policy#

NO CLAIM FORMS REQUIRED

Provider can confirm eligibility or check claims

Benefit Info
Plan Name
(TruGap Hospital or TruGap Comprehensive)
Deductible
Benefit Amount
Plan Type
(Inpatient & Outpatient or Inpatient Hospital Only)

No network restrictions^a with TruGap.
You can visit any doctor, lab, outpatient clinic, or hospital with TruGap.



HOW DOES TRUGAP WORK

- When you visit a provider for treatment (inpatient or outpatient), you will present both ID Cards (your ACA Bronze ID card and your supplemental TruGap ID card).
- The provider will file the claim with your Bronze ACA primary insurance carrier first.
- Your Bronze ACA primary insurance carrier sends the provider the payment and Explanation of Benefits (EOB).
- Provider will then file the claim with your TruGap supplement plan with the TruGap claim's administrator using the information on the back of the TruGap ID card.
- TruGap claim's administrator will send the payment to provider and EOB statement to member.

IMPORTANT NOTE ON VERIFYING BENEFITS:
A provider can verify coverage using the information on the back of the TruGap ID card and also with the policy number: HASA-GAP-1000 and the primary member's name.

^aYou will have to refer to your ACA Bronze policy for details on any network restrictions on your primary insurance plan.

DON'T FORGET TO HIGHLIGHT UBA MEMBERSHIP BENEFITS

- 24 Hr Nurse Helpline
- DirectLabs - Lab Discounts
- Health Savings Account - HSA Bank
- Gateway Medicaid
- Association Hearing Services
- VSP Individual Savings Pass
- Emergency Travel Assist
- Marquee Health
- SafetyNet Child ID card Services
- Graduate Scholarship Program
- TrueCar Buying Network
- 24-Hr Roadside Assistance
- Car Rental Discounts
- Safelite AutoGlass
- TravNow
- CruisesOnly
- Choice Hotels
- Savings Perks Program
- LuckyDiem
- Tickets at Work
- 1800Flowers.com
- Heartland Payroll Processing
- UPS Delivery Services
- TruPoint Tax Service
- ODP Business Solutions
- Lenovo Discount
- Constant Contact Email Marketing
- LegalConnect
- 3Nickels
- STEPS Career Academy
- Business Owners Policy
- Data Breach & Cyber Liability
- SPOT Pet Insurance

MEMBERSHIP GUIDE FOR UBA MEMBERS



UNITED BUSINESS ASSOCIATION
Association for Small Business Owners & Employees

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These UBA membership benefits are included with the \$10 per month membership dues.

THANK YOU

ANY QUESTIONS

800-964-8331