AGENT PLAN OVERVIEW

underwritten by: Renaissance Life & Health

Insurance Company of America

SELECT BUTTON BELOW TO JUMP TO SECTION -

SUPPLEMENTAL BENEFIT BOOST INSURANCE PLANS STAND-ALONE PLANS

View UBA membership quide:

sample_ubamembership.pdf

https://www.ubamembers.com/

UBA MEMBERSHIP

underwritten by: Vision Service Plan (VSP)

Lifestyle & business services, discounts & networking. Membership is <u>required</u> for all plans that include group insurance listed on this plan overview.

Available in all 50 U.S. states

Entire Family \$10 per month

United Business Association (UBA)

New Marketing Library for All Producers

Available at: (select the links below to go to the page) https://healthyamerica.insurance.com/marketinglibrary.html

Or go to direct Marketing Library Pages

Brochures: https://healthyamericainsurance.com/brochures.html

Flyers: https://healthyamericainsurance.com/flyers.html

Presentations:

https://healthyamericainsurance.com/presentations.html

Videos: https://healthyamericainsurance.com/videos.html

Important Forms:

https://healthyamericainsurance.com/haforms.html

Full Product Descriptions: https://healthyamericainsurance.com/haproducts.html

Effective Date Schedules: https://healthyamericainsurance.com/effectivedates.html

Training:

https://healthyamericainsurance.com/training.html

			DENTAL &	VISION PLANS							
VSP individual vision plans		naissance.	FCL	NTAL	FCL	Renaissance.					
VSP IND VISION PLAN	UBA	VISION	FCL DENTAL	3000	FCL DENTAL ORAG	UBA DENTAL					
VIEW PLAN FLYER	VIEW PL	AN FLYER	VIEW PLAN F	LYER	VIEW PLAN	FLYER	VIEW PLAN FLYER				YER
 \$15 copay wellvision exams (every 12 months) \$25 copay prescription glasses (every 12 months) Additional Savings DOES NOT REQUIRE UBA MEMBERSHIP TO ENROLL 		exam hths) e allowance	 \$3000 annual m \$25 copay per v 100% Preventive 80% Basic 50% Major MAC plan (12 month waiting Major servite) 	isit e g period on	 Dental HMO pla Must select Prir \$9 copay per vis Pays a set amou on procedure c in cert schedule 	 \$1000 annual max benefit 100% Preventive 70% Basic 50% Major In- or out-of network (12 month waiting period on Major services) 					
Plan cost		Plan Cost		Plan Cost		Plan Cost	Area	Ind	Ind+1	Fam	States
varies based on State,	Ind	\$14.00	Ind	\$35	Ind	\$20	1	\$41	\$81	\$147	AL, AR, LA,
Area & Age	Ind+1	\$27.00	Ind+Sp	\$70	Ind+Sp	\$35					
(use quote engine at ubaapplication.com)	Family	\$43.00	Ind+Child(ren)	\$80	Ind+Child(ren)	\$40	2	\$46	\$91	\$164	Ces) DN APP States AL, AR, LA, MS, & WV GA MO NE
an Cost above does NOT include the		does NOT include the nonth UBA membership	Family	\$100	Family	\$50	3	\$52	\$102	\$184	AL, AR, LA, MS, & WV GA, MO, NE, SC, TX & WY IL, KY, OK & TN
quired \$10 per month UBA membership les. All plan costs above are monthly.	dues. All plan costs	above are monthly.	required \$10 per month (dues. All plan costs above a		\$113	\$205	AZ, DC, FL, IN, IA, NV, NJ, NM, ND, OH, PA, VA, & WI				
State Availability: L, AR, AZ, CA, CO, CT, DE, DC,	State Availability: AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, KY, LA, MI, MS, MO, NE, NV, NM, ND, OH, OK, PA, SC, TN, TX, VT, VA, WV, WI & WY		State Availability: AL, AR, AZ, DE, DC, FL, GA,IA, IN, KS, KY, LA, MO, MS, MT, ND, NE, OK, TN, TX & WV		State Availa TX	5	\$64	\$125	\$226	DE & MI	
L, GA, HI, ID, IL, IN, IA, KS, KY, A, MD, ME, MI, MN, MO, MS,						6	\$71	\$140	\$252	CT & ID	
MT, MC, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, H, OK, PA, RI, SC, SD, TN, TX,						7	\$80	\$157	\$284	CA	

underwritten by First Continental

Life & Accident Insurance Company

underwritten by: Renaissance Life & Health

Insurance Company of America

underwritten by First Continental

Life & Accident Insurance Company

SUPPLEMENTAL GROUP ASSOCIATION INSURANCE PLANS													
UBA ACCIDENT	GAP 1	0000	GAP 25000			COMPLEMENT CARE		GAP TERM					
VIEW PLAN FLYER	VIEW PLAN FLYER	VIEW PLAT	N FLYER	VIE	W PLAN FLYER		VIEW PLAN FLYER		VIEW PLAN FLYER				
- \$25,000 AME - \$5,000 AD&D	- \$5,000 AME - \$2,500 AD&D - \$5,000 CI (\$1000 in 1st yr)	- \$10,000 AME - \$5000 AD&D - \$10,000 Cl (\$10	000 in 1st year)	- \$25,000 AME - \$5,000 AD&D - \$25,000 CI (\$2500 in 1st yr)			25 Doc Office / Urgent Car visits per covered person per yea 00 ER Visits visits / covered person per year)	ar)	- \$10,000 death benefit - primary - 50% of Primary benefit - spouse - 25% of Primary benefit - child (subject to waiting period & attained age benefit reduction)				
Plan Cost Ind \$20 Ind+1 \$30 Family \$50 Plan Cost above does NOT include the required \$10 per mor UBA membership dues. All plan costs above are monthly. State availability: AL, AR, AZ, CA, CO, DC, DE, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC,	Ind Ind+1 Family Plan Cost above does NOT includ UBA membership dues. All plan co State availability: AL, AR, AZ, CA, CO, IL, IN, KS, KY, LA, MI	DC, DE, FL, GA,	UBA membership due State availat AL, AR, AZ, C	NOT include the required \$10 per mont s. All plan costs above are monthly.	h Plan Cost a UBA memb State AL, A	Plan Cost Ind \$35 Ind+1 \$70 Family \$120 bove does NOT include the required \$10 per n pership dues. All plan costs above are monthly e availability: Z, AR, CA, CO, DC, DE, FL, GA, KY LA, MI, MO, MS, MT, NC,	ly.	Plan Cost Ind \$12 Ind+1 \$20 Family \$20 Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly. State availability: AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, Ind H, ID, VG, IOLA, ML, HO, MG, ND, NE, OU					
ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY	IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NV, OH, OK, RI, TN, TX, VA, WI, WV & WY	ND, NE, NV, OH, OK WI, WV & WY	, RI, TN, TX, VA,		OH, OK, RI, TN, TX, VA,	ND, N	NE, NV, OH, OK, RI, SC, TN, TX, VI, WV & WY	,	IL, IN, KS, KY, LA, MI, MO, MS, ND, NE, OH, OK, RI, SC, TN, TX, VA, WI, WV & WY				
underwritten by: SiriusPoint America Insurance Company	underwritten by: SiriusPoint America Insurance Company	underwritten by: SiriusPoint America Insurance Company	SIRIUS POINT	underwritten SiriusPoint Ar Insurance Cor	merica SIRIUS POINT	Sirius	rwritten by: Point America ance Company	JS NT	underwritten by: Guarantee Trust Life Insurance Company				
GAP AME 10K+	UBA ACCIDENT+	GAP CI25K+	GAP 5	6000+	GAP 5000+H	C2U	GAP EDGE+		GAP 5+				
VIEW PLAN FLYER	VIEW PLAN FLYER	VIEW PLAN FLYER	VIEW PLA	N FLYER	VIEW PLAN FL	YER	VIEW PLAN FLYER		VIEW PLAN FLYER				
- \$10,000 AME - \$1,000 AD&D +Benefit Boost 1.0 (AME is based on a schedule of benefits for covered services)	- \$5,000 AD&D (\$2	5,000 CI 500 in 1st yr) nefit Boost 1.0	- \$5,000 AME - \$2,500 AD&D - \$5,000 CI (\$1 +Benefit Boos	,000 in 1st yr)	- \$5,000 AME - \$2,500 AD&D - \$5,000 CI (\$1000 ir +HC2U DPC Value	1st yr) an Cost	- \$125 Dr / Urgent Care (- \$500 ER visits (2 visits)* +Benefit Boost 1.0		 \$5,000 AME & \$2,500 AD&D \$10,000 Term Life (see Gap Term above for info) (with the following riders to Accident below) \$5,000 Cancer & \$5,000 Limited Specified Disease (Heart Attack / Stroke) \$2,500 Sickness & Lump Sum Hospital +Benefit Boost 1.0 				
Plan CostInd\$50	Plan CostInd\$40		Ind	Plan Cost \$30	Ind Ind+Sp	\$80 \$150	Plan Co Ind \$65		Plan CostInd\$70				
Ind+1 \$90		d+Sp \$60	Ind+1	\$50	Ind+Child(ren) Family	\$180 \$250	Ind+1 \$125		Ind+1 \$140				
\$10 per month UBA membership dues. All plan	\$10 per month UBA membership dues. All plan \$10 per	st above does NOT include the required month UBA membership dues. All plan ove are monthly.	Family Plan Cost above does NOT \$10 per month UBA mem costs above are monthly.		Plan Cost above does NOT inclu \$10 per month UBA membershi costs above are monthly.	de the required	Family \$190 Plan Cost above does NOT include the \$10 per month UBA membership dues costs above are monthly.	required	Family \$140 Plan Cost above does NOT include the required \$10 per month UBA membership dues. All plan costs above are monthly.				
		e availability: Z, MO, MS, OK & TX	State availabilit AL, AR, AZ, CA, C GA, IL, IN, KS, KY MS, NC, ND, NE, RI, TN, TX, VA, W	CO, DC, DE, FL, , LA, MI, MO, NV, OH, OK,	State availability: AL, AR, AZ, DC, DE, FI IN, IA, KY, LA, MI, MS, ND, OH, OK, RI, SC, TI WV, WI & WY	NE, NC,	State availability: AL, AZ, AR, CA, CO, DC, D GA, IL, IN, KY, LA, MI, MO, NC, ND, NE, NV, OH, OK, F TX, VA, WI, WV & WY	, MS,	AL, AR, AZ, DC, DE, GA, IA, IL, LA, MS, NE,				

underwritten by:

SiriusPoint America

Insurance Company

SIRIUS POINT underwritten by: United States

Fire Insurance Company

^1 Medically Necessary Visit & 1 Wellness Visit (Wellness visit NOT available in MI). | * Gap Edge+ Doc & Urgent Care Visits - 4 visits per covered person per year & Emergency Room visits are 2 visits per covered person per year.

SIRIUS POINT underwritten by: Windsor Life

Insurance Company

underwritten by:

SiriusPoint America

Insurance Company

underwritten by: Guarantee Trust GTL

Life Insurance Company

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SIRIUS

underwritten by:

SiriusPoint America

Insurance Company

underwritten by: REQU Guarantee Trust Life Insurance Company

REQUIRES A SSN ON APP

 $GTL \left| \begin{smallmatrix} \mathsf{guarantee} \\ \mathsf{trust} \\ \mathsf{life} \end{smallmatrix} \right|$



Stand-alone a la carte health & wellness services

State Availability: All 50 U.S. states

(except SML Dental Discounts is not available in AK, CT, IA, MA, RI, UT, VT & WA)

All plans below are non-insurance plans and do not require an insurance license to market.

AGENT PLAN OVERVIEW

Also available is the **FREE** Paramount RX and Pet Prescription Discount Card - Prescription discounts up to 40% off generic & up to 15% off brand - Available in all 50 U.S. States.

PARAMOUNT

		— NEW PL	ANS																
	HC2U HC2U HC2U HC2U DPCvalue DPCplus DPCadvantage		LYRIC HEALTH VIRTUAL VISITS		LYRIC HEALTH VIRTUAL PRIMARY CARE		BENEFIT BOOST VITAMINS		SML DENTAL DISCOUNTS		BENEFIT BOOST 1.0			BENEFIT BOOST 2.0					
VIEW BROCI	VIEW BROCHURE VIEW BROCHURE VIEW BROCHURE		VIEW BROCHURE		VIEW BROCHURE		VIEW BROCHURE		VIEW BROCHURE		VIEW BROCHURE		VIEW BROCHURE						
 \$25 Access fee for In-Office Dr Visit \$50 Access fee for In-Facility Urgent Care \$0 Accesss Fee for Virtual Primary Care \$0 Access Fee for Virtual Primary Care \$		In-Office Dr V Annual Physio - \$25 Access fee In-Facility Urg - \$0 Accesss Fee Virtual Primar - Must call in to Advocacy Line schedule appo No Walk-ins all (Visits are unlimited 8	510 Access fee for In-Office Dr Visit Annual Physical & labs 525 Access fee for In-Facility Urgent Care 60 Accesss Fee for Virtual Primary Care Must call in to Patient Advocacy Line (PAL) to chedule appointment No Walk-ins allowed Visits are unlimited & there are 4 overed labs with annual physical)		 \$0 Access fee for In-office Dr Visits In-Facility Urgent Care Virtual Primary Care Annual Physical & labs Must call in to Patient Advocacy Line (PAL) to schedule appointment No Walk-ins allowed (Visits are unlimited & there are 4 covered labs with annual physical) 		 \$0 Access fee for Virtual Urgent Care Visits & Virtual Talk Therapy Visits Available 24/7/365 Access to pay per session Virtual Psychology & Virtual Psychiatry 		 \$0 Access fee for Virtual Primary Care Visits Virtual Urgent Care Visits Virtual Talk Therapy Visits Wellness Labs Virtual Dermatology & more FREE Paramount RX & Pet RX Discount Card 		- Adult Multi-Vitamin Gummies - 90 day supply - No cost for shipping - Members can reorder		 Up to 15% to 50% savings per visit for discounts on dental services like: Cleanings Fillings X-Rays and more Aetna Dental Access* Network 		 Lyric Health Virtual Visits Virtual Urgent Care & Virtual Talk Therapy (see Lyric Virtual Visits for details) Free Adult Multi-Vitamins SML Dental Discounts (see SML Dental Discounts for details) LifeLock discounts Paramount RX Discount card FamilySource* Resources 			 Lyric Health Virtual Primary Care (see Virtual Primary Care for details) Free Adult Multi-Vitamins SML Dental Discounts (see SML Dental Discounts for details) LifeLock discounts Paramount RX Discount card FamilySource* Resources 	
	Plan Cost		Plan Cost		Plan Cost		Plan Cost		Plan Cost		Plan Cost			Plan Cost		Plan Cost			Plan Cost
Ind	\$40	Ind	\$50	Ind	\$80	Ind	\$10	Ind	\$30	Ind	\$15	In	nd	\$10	Ind	\$40		Ind	\$80
Ind+Sp	\$80	Ind+Sp	\$100	Ind+Sp	\$160	Ind+1	\$20	Ind+1	\$60	Ind+1	\$30	In	nd+1	\$10	Ind+1	\$80		Ind+1	\$100
Ind+Children	\$100	Ind+Children	\$120	Ind+Children	\$200	Family	\$30	Family	\$60	Family	\$30	Fa	amily	\$10	Family	\$100		Family	\$100
Family	\$120	Family	\$180	Family	\$250		to enroll in any of	NOT required	NOT required to enroll in any of		UBA or HAA Membership is NOT required to enroll in any of		UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost		UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. Benefit Boost 1.0 might be included in			UBA or HAA Membership is NOT required to enroll in any of	
UBA or HAA Membership is UBA or HAA Membership NOT required to enroll in any of NOT required to enroll in the stand-alone Benefit Boost the stand-alone Benefit B Subscription plans. Subscription plans. All above plan costs are monthly. All above plan costs are n		n any of Boost	UBA or HAA Membership is NOT required to enroll in any of the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.		the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.		the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.		the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.		Subscription plans. All above plan costs are monthly.		some UBA or HAA membership plans that include +Benefit Boost 1.0. For those UBA or HAA plans that include + Benefit Boost 1.0, UBA or HAA membership is required and the plan cost for Benefit Boost 1.0 is built into the overall plan cost. All above plan costs are monthly.			the stand-alone Benefit Boost Subscription plans. All above plan costs are monthly.			
,	organization is nationwide & or		Direct Primary Care (DPC) organization is nationwide & provided by:		(DPC) onwide &	Benefit Boost telehealth services are provided by Lyric Health:		are provided by Lyric Health:		Benefit Boost Vitamins are provided by: Healthy America Insurance Services		SML Dental Discounts use the Aetna Dental Access® Network			Benefit Boost	ost 1.0 vendors are: PARAMOUNT Rx		Benefit Boost 2.0 vendors are:	
		HEALTHCARE ² U		HEALTHCARE ² U		lyric		RX Discounts provided by Paramount RX		& H A Partners, Inc. Healthy Omerica		Aetna Dental Access®		Aetna Dental Access® FamilySource®			Aetna Dental Access® FamilySource® America		

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