

# UBA VISION

Supplemental Vision Insurance:  
Safeguard your sight with  
Vision Insurance

## A Smart Financial Step for Lasting Clarity



### ASSOCIATION GROUP VISION INSURANCE

In-network Copayments\*  
(Every 12 months, beginning with the first date of service)

- \$10 Well Vision Exam
- \$25 Lenses, Frames & Necessary Contacts
- \$60 Elective Contact Lenses

Frames, Lenses & Enhancements- Up to Plan Allowance\*  
(Every 12 months, beginning with the first date of service)

Out-of-network coverage\*

Vision Network is VSP Choice Network\*

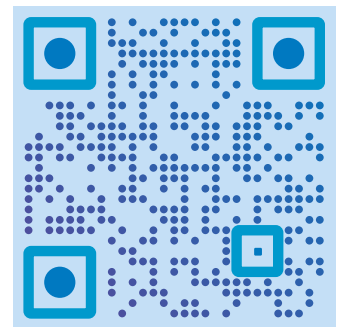


### Underwritten by

Association Group Vision Insurance is underwritten by  
Renaissance Life & Health Insurance Company of America  
No claim forms required when seeking care from in-network providers.

\*See page 4 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. 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.**

SCAN FOR QUOTE  
& TO ENROLL



or

APPLY NOW

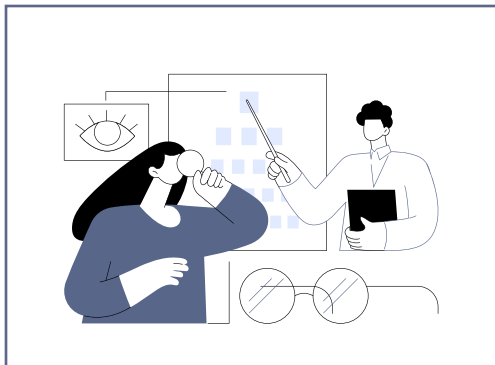


We're a Member of BBB





## FINDING THE RIGHT VISION PROVIDER

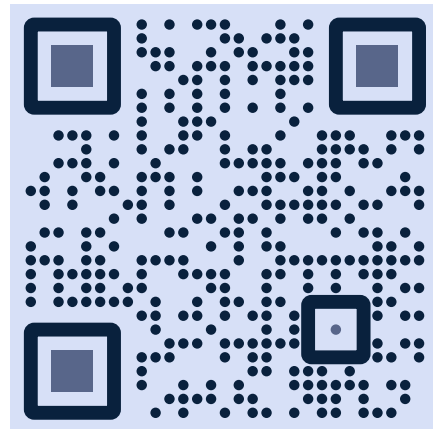


### IN-NETWORK PROVIDERS

Visiting an in-network participating provider can help you save more on your vision care. No claim form is needed for in-network visits.

**vsp**<sup>™</sup>  
vision care

Scan the QR code to access the VSP network and find a participating provider.



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# Out-of-network vs In-network Vision Benefits

Covered Service or Material	In-network Provider Benefit	Out-of-network Provider Benefit	Frequency Beginning with the first date of service
Eye Examination <sup>1</sup>	Covered in full after \$10 Copayment	Up to \$45 after \$10 Copayment	Once every 12 months
Frames <sup>2</sup>	Covered up to Plan Allowance after \$25 Copayment	Up to \$70 after \$25 Copayment	Once every 12 months
Lenses - Benefits for lenses are per complete set, not per lens.			
Single Vision	Covered in full after \$25 Copayment	Up to \$30 after \$25 Copayment	Once every 12 months
Lined Bifocal	Covered in full after \$25 Copayment	Up to \$50 after \$25 Copayment	Once every 12 months
Lined Trifocal	Covered in full after \$25 Copayment	Up to \$65 after \$25 Copayment	Once every 12 months
Lenticular	Covered in full after \$25 Copayment	Up to \$100 after \$25 Copayment	Once every 12 months
Contact Lenses <sup>3</sup> - provided in lieu of all other lens and frame benefits available			
Necessary Contacts Professional Fees / Materials	Covered in full after \$10 Copayment	Up to \$210 after \$10 Copayment	Once every 12 months
Elective Contacts Fitting & Evaluation	Covered in full after \$60 Copayment	See Elective Professional Fees / Materials	Once every 12 months
Elective Contacts Professional Fees / Materials	Up to \$130	Up to \$105	Once every 12 months
Low Vision <sup>4</sup> - for severe visual problems not correctable with regular lenses			
Supplemental Testing (includes evaluation, diagnosis, and prescription of vision aids)	Covered in full	Up to \$125	Every 2 years
Supplemental Aids	75% of amount up to \$1000 <sup>5</sup>	75% of amount up to \$1000 <sup>5</sup>	Every 2 years

<sup>1</sup>Complete initial vision analysis: includes appropriate examination of visual functions and prescription of corrective eyewear where indicated.

<sup>2</sup>Benefits for lenses and frames include reimbursement for the following necessary professional services:

- Prescribing and ordering proper lenses;
- Assisting in frame selection;
- Verifying accuracy of finished lenses;
- Proper fitting and adjustments of frames;
- Subsequent adjustments to frames to maintain comfort and efficiency;
- Progress or follow-up work as necessary

<sup>3</sup>Necessary contact lenses are covered services when specific benefit criteria are satisfied and when prescribed by Covered Person's in-network provider or out-of-network provider. Review and approval by RHLICA's claims administrator is not required for Covered Person to be eligible for Necessary Contact Lenses. When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for 12 months.

<sup>4</sup>Low Vision benefits secured from out-of-network providers are subject to the same time and copayment provisions described above and in the Certificate of Insurance for in-network providers. The Covered Person should pay the out-of-network provider's full fee at the time of service. Covered Person will be reimbursed an amount not to exceed what would be paid to an in-network provider for the same services and/or materials. There is no assurance that the amount reimbursed will cover 75% of the provider's full fee.

<sup>5</sup>Maximum benefit for all Low Vision services and materials is \$1000.00 every two (2) years

## Review Certificates of Insurance for Plan Details, Terms, Limitations and Exclusions

When considering supplemental vision insurance plans, it is crucial for you 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 your 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, you can gain clarity on how your group insurance will function, ensuring you 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 your group insurance plan.

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

*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 RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (RLHICA)

Renaissance Life & Health Insurance Company of America does not offer and is not affiliated with the discount programs offered in connection with membership in the United Business Association (UBA).

Association 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. **If there are any discrepancies between the description in this brochure and the Certificate(s), the Certificate(s) will govern.** United Business Association, First Continental Life & Accident Insurance Company, 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 UBA Vision plan costs 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 UBA Vision 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](mailto: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.*



## 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:

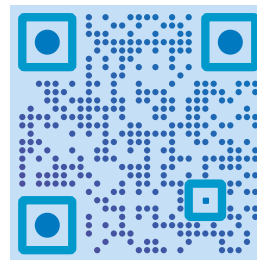
- Certificates of Insurance
- Digital ID Cards
- Claim Forms
- Member Guides
- Copies of Enrollment Forms
- Vision Provider Look-up Links

### UBA Vision Plan Costs

Family Demographics	Monthly Cost
Individual	\$14
Individual + 1	\$27
Family	\$43

UBA Vision Plan Costs are monthly and continue until member cancellation. You must be a member of United Business Association in order to enroll in this plan. There is an additional \$10 per month for association membership dues that are separate from the plan costs listed above for the UBA Vision plan.

SCAN FOR QUOTE  
& TO ENROLL



or

