

UASB ENROLLMENT FORM

Option #1 Option #2

Please check off an option above

Summary Of Benefits

Option# 1

ER \$2,500 Benefit / \$100 Deductible / \$5,000 YR MAX

AME \$10,000 Benefit / \$1,000 Deductible / \$20,000 YR MAX Option includes UASB Membership, Lifestyle Benefits & Rx. Must be a UASB member to purchase Insurance Benefits.

Option# 2

ER \$5,000 Benefit // \$250 Deductible / \$10,000 YR MAX

AME \$25,000 Benefit / \$2,500 Deductible / \$50,000 YR MAX Option includes UASB Membership, Lifestyle Benefits & Rx. Must be a UASB member to purchase Insurance Benefits.

EMERGENCY ROOM BENEFIT Subject to the definitions, provisions, exclusions and limitations stated herein,

Subject to the definitions, provisions, exclusions and limitations stated herein, We will pay the Emergency Room Benefit shown in the Schedule if a Covered Person requires medically necessary treatment by a Physician in a Hospital emergency room for a medical emergency due to Injury or Sickness. We will pay a benefit not to exceed Usual and Customary charges for emergency room Covered Expenses.

Benefits are subject to deductible, limits and maximums shown in the Certificate Schedule.

Covered Expenses are the following charges:

- 1) charges of a licensed and legally accredited hospital
- 2) physician charges
- 3) charges of or licensed registered nurse (R.N.), who is not a member of the Insured Person's family;
- 4) charges for x-ray, laboratory tests, oxygen, casts, splints, crutches, braces (other than dental braces), blood, blood plasma, prescription drugs and medications;
- 5) charges for Injury or Sickness to sound, natural teeth
- 6) charges for rental of durable medical equipment of a medical or surgical nature, medically necessary for treatment of the Injury or Sickness and not used solely for comfort or convenience.

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Definitions: As they relate to this benefit.

Hospital means a facility that: is licensed as a hospital and operated pursuant to law; is primarily engaged in providing or operating either on its premises or in facilities available to the hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians, medical diagnostic and major surgery facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.); maintains and operates a minimum of five beds; has x-ray and laboratory facilities either on the premises or available on a contractual prearranged basis; maintains permanent medical history records; or a facility that is accredited by the Joint Commission on Accreditation of Health Care Organization.

Hospital does not mean convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, whether such facilities are operated as a separate institution or as a section of an institution operated as a hospital. Hospital does not mean a facility primarily providing custodial care or educational services. Deductible means the amount of Covered Expenses an Insured Person must pay for each emergency room visit before benefits are available. Medical Emergency means the sudden onset of a medical condition for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one that manifests itself by acute symptoms that are sufficiently severe that, without immediate medical attention, could reasonably be expected to result in: placing the Insured Person's health in serious jeopardy; serious impairment of bodily functions; or serious dysfunction of any bodily organ or part. Medically Necessary means services or supplies that are Covered Expenses, prescribed by Your Physician, to diagnose or treat an Injury or Sickness, that are known to be safe and effective by the majority of licensed Physicians who diagnose or treat that Injury or Sickness; provided such services are: provided at the appropriate facility and at the appropriate levels of care for the treatment of the Covered Person's medical condition; not provided primarily for the convenience of the Covered Person, the treating Physician or the Hospital providing the service; consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies; not primarily educational, experimental or investigative; consistent with the Covered Person's symptoms, diagnosis or treatment; and no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency. Physician means a licensed practitioner of the healing arts acting within the scope of his or her license. The attending Physician may not be: employed or retained by the Policyholder; the Covered Person, or a person who is related to the Covered Person. Sickness means a sickness, illness or disease which occurs after the effective date of coverage under this certificate and while this certificate is in force. Usual and Customary means the most common charge for similar professional services, drugs procedures, devices, supplies or treatment within the city or county in which the charge is incurred.

ACCIDENTAL MEDICAL - DENTAL EXPENSE BENEFIT Subject to all other terms of the policy and this certificate, We will provide the Accidental Medical-Dental Expense Benefit in the Schedule for accidental bodily injuries. A Covered Person's Injury must occur while the Insured Person's coverage is in force under this certificate and must directly and independently cause a loss to the Covered Person that is covered by this certificate. Losses incurred after the expiration or termination of coverage under this certificate are not covered. If a Covered Person's Injury results in Covered Expenses shown below, We will pay benefits, not to exceed Usual and Customary charges, for any such Covered Expenses incurred within fifty-two (52) weeks of the date of such Injury, provided the first such expense must be incurred within sixty (60) days after the date of the Injury. Benefits are subject to deductible, limits and maximums shown in the Certificate Schedule.

Covered Expenses for the following charges:

- 1) Charges of a licensed and legally accredited hospital, outpatient surgical facility, ambulatory surgical center or clinic
- 2) Physician charges;
- 3) Charges of or licensed registered nurse (R.N.), who is not a member of the Insured Person's family

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4) General ambulance charges, to the nearest hospital for treatment, but only if incurred within 48 hours after the accident

5) Charges for x-ray, laboratory tests, oxygen, casts, splints, crutches, braces (other than dental braces), blood, blood plasma, prescription drugs and medications

6) Charges for injuries to sound, natural teeth

7) Charges for rental of durable medical equipment of a medical or surgical nature, medically necessary for treatment of the Injury and not used solely for comfort or convenience.

Definitions: As they relate to this benefit.

Ambulatory Surgical Center means a licensed public or private establishment with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures with continuous physician services and registered professional nursing services when a patient is in the facility and that does not provide services or accommodations for patients to stay overnight. It does not include a hospital emergency department, trauma center, physician's office or center for termination of pregnancy.

Cosmetic Surgery means surgery that is primarily for the purpose of improving appearance and does not, other than incidentally, correct or improve a functional impairment.

Deductible means the amount of Covered Expenses a Covered Person must pay for each Accident before benefits are available.

Hospital means a facility that: is licensed as a hospital and operated pursuant to law; is primarily engaged in providing or operating either on its premises or in facilities available to the hospital on a contractual prearranged basis and under the supervision of a staff of one or more duly licensed Physicians, medical diagnostic and major surgery facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; provides 24-hour nursing service by or under the supervision of a registered nurse (R.N.); maintains and operates a minimum of five beds; has x-ray and laboratory facilities either on the premises or available on a contractual prearranged basis; maintains permanent medical history records; or a facility that is accredited by the Joint Commission on Accreditation of Health Care Organization.

Hospital does not mean convalescent, nursing, rest or extended care facilities or facilities operated exclusively for treatment of the aged, whether such facilities are operated as a separate institution or as a section of an institution operated as a hospital. Hospital does not mean a facility primarily providing custodial care or educational services.

Intensive Care or Intensive Care Unit includes a cardiac care unit and means a section, ward or wing within the Hospital that is separated from other Hospital facilities and: is operated exclusively for the purpose of providing care and treatment of critically ill or injured patients; and has special supplies and equipment necessary for such care and treatment of critically ill or injured patients; and provides room and board and close observation and care by registered nurses and other specially trained hospital personnel; excluding any Hospital facility maintained for the purpose of providing normal postoperative recovery treatment or service.

Medically Necessary means services or supplies that are Covered Expenses, prescribed by the Covered Person's Physician, to diagnose or treat a Injury or Sickness, that are known to be safe and effective by the majority of licensed Physicians who diagnose or treat that Injury or Sickness; provided such services are: provided at the appropriate facility and at the appropriate levels of care for the treatment of the Covered Person's medical condition; not provided primarily for the convenience of the Covered Person, the treating Physician or the Hospital providing the service; consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies; not primarily educational, experimental or investigative; consistent with the Covered Person's symptoms, diagnosis or treatment; and no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency.

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Physician means a licensed practitioner of the healing arts acting within the scope of his or her license. The attending physician may not be: employed or retained by the Policyholder; the Covered Person; or a person who is related to the Covered Person.

Usual and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the city or county in which the charge is incurred.

EXCLUSIONS AND LIMITATIONS

We will not pay for any loss as a result of:

- 1) suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness;
- 2) Sickness, disease or bacterial infection of any kind, except: a) those which occur as a result of accidental ingestion; or b) pus forming infections which occur through an accidental cut or wound;
- 3) war or any act of war, whether war is declared or not;
- 4) service in one of the armed forces of any country or international authority; Note 1: If an Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium. Note 2: This exclusion (4) does not apply to a Covered Person who is: a) a member of an armed force reserve corps or National Guard unit; and b) in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days.
- 5) riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
- 6) hernia, however caused,
- 7) services or treatment provided by a family member or the Insured Person;
- 8) experimental or investigational procedures;
- 9) cosmetic surgery or procedures
- 10) hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit
- 11) Injury or Sickness arising out of or in the course of employment for wage or profit, unless the Covered Person is ineligible for or legally exempt from Workers' Compensation coverage
- 12) any loss to which a contributing cause was the Covered Person's being engaged in any illegal occupation or activity, or commission of or attempt to commit a felony
- 13) Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol
- 14) Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician
- 15) related to pregnancy or childbirth. Pre-Existing Conditions Limitation: Expenses incurred for treatment of Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of Coverage under the Group Policy

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Member Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Telephone#: _____

DOB: _____ Social Security#: _____

Type of coverage: Single Couple Family

Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Social Security: _____

Dependent (s) Name: _____

DOB: _____ Social Security: _____

Gender: _____ Relationship: _____

Dependent (s) Name: _____

DOB: _____ Social Security: _____

Gender: _____ Relationship: _____

Dependent (s) Name: _____

DOB: _____ Social Security: _____

Gender: _____ Relationship: _____

Payment Information

Name on Credit Card: _____ Type of card: _____

Card #: _____ Expiration Date: _____ CVC Code: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ authorize UASB to charge my banking account or credit card listed above, in the amount of \$_____ for my UASB ER/Accidental policy, which includes a onetime enrollment processing fee of **\$40.00**. This payment authorization is valid and to remain in effect unless I, _____ notify UASB of its cancellation by sending written notice. I understand that all changes and cancellations must be sent 30 days prior to the requested date.

Signature: _____ Date: _____