



TITANIUM SERIES

A medical option for you and your loved ones...

**PLANS ARE 100%  
GUARANTEED ISSUE**

- » Insured Benefits
- » Discount Medical Plans
- » Consumer Savings Benefits
- » and much more...

All brought to you through an exclusive membership in the United Consumer Awareness Association - UCAA.



**Have questions? Ready to enroll?  
Simply contact your agent!**

These plans are for residents of NC only.

Benefits are provided to you through membership in the United Consumer Awareness Association (UCAA) which is part of your plan. The UCAA is a mission driven association committed to enhancing the lives of its members by providing access to a wealth of information related to health and wellness, consumer and environmental awareness, and human issues. The UCAA stresses change in consumption habits resulting in a healthier person, community, and world.



Secure quality benefits for you  
and your loved ones!

30 DAY  
GUARANTEE  
MONEY BACK

If you cancel within 30 days from your start/enrollment date, your membership fee will be refunded. The member activation fee is non-refundable, except where refund provisions for such are specified by state law.

Request for refund must be made in writing and sent to the plan administrator ONLY.

## *What do the plans offer?*

### **1. Limited Medical Indemnity Benefits (page 4)**

The Limited Medical Indemnity Benefits included in these plans provide a basic level benefit for individuals (and families) that do not have access to traditional coverage. Limited Medical Indemnity Benefits are not to be confused with major medical insurance and they are not meant to replace major medical plans.

- Doctor Office Visits
- Wellness Visits
- Hospital Confinement Benefit
- Diagnostic, X-Ray, Laboratory Benefit
- Ambulance Benefit
- Surgical & Anesthesia Benefits

### **2. Additional Insurance Benefits (page 5)**

- Emergency Room Benefit: \$1,000
- Accidental Death & Dismemberment Benefit: \$15,000
- Excess Accident Medical Expense Benefit: \$5,000

### **3. Association Membership Discount Medical Plans (pages 8-10)**

These features provided are designed to help you receive savings (in addition to the benefits listed above) on things like hospital stays, lab work, doctor visits, dental work, vision care, prescription drugs, hearing care and more! These plans are not insurance – rather, they are discount medical plans that will help reduce the expense of obtaining care and treatment. These plans are provided to you at NO ADDITIONAL COST through your association membership.

### **4. Association Membership Consumer Savings Benefits (page 11)**

Practical saving solutions on things like auto care, hotel stays, flowers, magazines, movies, sneakers/apparel, amusement park admissions, car rentals and MORE!

monthly plan costs\*

<b>Choice</b>	<b>\$139<sup>95</sup></b> /Individual	<b>\$219<sup>95</sup></b> /Plus Spouse or Child	<b>\$269<sup>95</sup></b> /Family
<b>Choice Plus</b>	<b>\$234<sup>95</sup></b> /Individual	<b>\$399<sup>95</sup></b> /Plus Spouse or Child	<b>\$539<sup>95</sup></b> /Family
<b>Elite</b>	<b>\$199<sup>95</sup></b> /Individual	<b>\$379<sup>95</sup></b> /Plus Spouse or Child	<b>\$484<sup>95</sup></b> /Family
<b>Elite Plus</b>	<b>\$299<sup>95</sup></b> /Individual	<b>\$529<sup>95</sup></b> /Plus Spouse or Child	<b>\$709<sup>95</sup></b> /Family
<b>Encore</b>	<b>\$369<sup>95</sup></b> /Individual	<b>\$664<sup>95</sup></b> /Plus Spouse or Child	<b>\$929<sup>95</sup></b> /Family
<b>Encore Plus</b>	<b>\$399<sup>95</sup></b> /Individual	<b>\$734<sup>95</sup></b> /Plus Spouse or Child	<b>\$1,039<sup>95</sup></b> /Family

\*There is a one-time enrollment fee of \$99.95 that will be applied to your first month's payment.

NOTE: Your total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverages, marketing and administration costs.

*Our Customer Care Consultants will provide you assistance every step of the way...*

Our professional team of Customer Care Consultants will assist you on how to best utilize the plan and truly maximize your savings!

They are trained to help find a participating provider or facility to suit your particular needs.

Our service does NOT stop until we know you are satisfied.



# Benefit Outline

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

## LIMITED MEDICAL INDEMNITY BENEFITS\*

CHOICE	CHOICEPLUS	ELITE	ELITEPLUS	ENCORE	ENCOREPLUS
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**Doctor Office Visits\*** This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.

» Doctor Office Visit - Indemnity Reimbursement:	\$105	\$105	\$105	\$105	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits	5/10 visits

**Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons.

» Doctor Office Visit - Indemnity Reimbursement:	N/A	\$105	\$105	\$105	N/A	N/A
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	2 visits	2 visits	2 visits	N/A	N/A

**Adult Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons (ages 6 to 64).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

**Child Wellness Visits\*** This benefit is payable for routine health examinations and immunizations for covered persons (birth to age 5).

» Doctor Office Visit - Indemnity Reimbursement:	N/A	N/A	N/A	N/A	\$95	\$95
» Maximum number of visits/Covered Person/Family per Policy Year:	N/A	N/A	N/A	N/A	1 visit	1 visit

**Diagnostic, X-ray, Laboratory\*** This benefit is payable when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day.

» Benefit amount per visit:	N/A	\$100	N/A	\$100	\$250	\$250
» Maximum number of visits per Covered Person per Policy Year:	N/A	3 sittings	N/A	3 sittings	2 sittings	2 sittings

**Diagnostic, X-ray, Laboratory Wellness Benefit\*** Benefits are paid for routine wellness diagnostic testing, X-rays and laboratory testing. Wellness diagnostic testing, X-rays and laboratory testing include but are not limited to pap test, colonoscopy, prostate cancer screening, mammography and bone density screening.

» Benefit amount per visit:	N/A	N/A	N/A	N/A	\$250	\$250
» Maximum number of visits per Covered Persons per Policy Year:	N/A	N/A	N/A	N/A	1 sitting	1 sitting

**Hospital Confinement Benefit\*** This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of ICU/CCU Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
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**ICU/CCU Benefit\*** This benefit is payable for days 1-31, up to the Daily Benefit Amount in the schedule, when as the result of a Covered Injury or Sickness a Covered Person is confined in a Hospital (semi-private room). In lieu of Hospital Confinement Benefit.

» Maximum per day (combined 31 day max per Covered Person per Policy Year) for ALL Hospital and ICU/CCU Confinements:	\$250	\$1,000	\$250	\$1,000	\$1,000	\$1,500
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**Ambulance\*** This benefit is payable when as the result of a Covered Injury or Sickness a Covered Person requires the services of a licensed professional ambulance company for transportation to or from a Hospital. Medical Emergency only.

» Benefit amount per trip:	N/A	\$100	N/A	\$100	\$100	\$100
» Maximum number of trips per Covered Person per Policy Year:	N/A	1 trip	N/A	1 trip	1 trip	1 trip

**Surgery (Inpatient/Outpatient)\*** When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Doctor's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for Covered Expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. Surgical Schedule can be found on page 12 of this guide.

» Per surgery:	N/A	N/A	See Surgical Schedule on page. 12			
» Maximum number of Covered Surgeries per Covered Person per Policy Year:	N/A	N/A	2 surgeries	2 surgeries	2 surgeries	2 surgeries

**Anesthesia Benefit (Inpatient/Outpatient)\*** This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness.

» Per visit:	N/A	N/A	See Surgical Schedule on page. 12			
» Maximum number of treatments per Covered Person per Policy Year:	N/A	N/A	2 treatments	2 treatments	2 treatments	2 treatments

\*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition). Benefits not available to residents of AK, CT, KS, MD, ME, MT, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. 12/12 Pre-Existing Condition Limitations apply to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

**ADDITIONAL INSURANCE BENEFITS:**

CHOICE	CHOICEPLUS	ELITE	ELITEPLUS	ENCORE	ENCOREPLUS
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**Emergency Room Benefit\*\*** This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. Medical Emergencies only. Subject to 6/12 Pre-Existing Condition Limitations. Subject to a \$100 deductible per Injury or Sickness per Covered Person. Covered Person becomes eligible after 30 continuous days of membership.

» Benefit Amount:	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
» Maximum number of visits per Covered Person/Family per Policy Year:	2 visits	2 visits	2 visits	2 visits	2 visits	2 visits

**Accidental Death and Dismemberment Benefit\*\*** If you are injured in a covered accident and the injury from such accident causes death or dismemberment within 365 days from the date of the accident, the insurance company will pay the amount shown. If you sustain more than one such loss as the result of one Accident, the insurance company will pay only one amount, the largest to which you are entitled. Spouse and dependent covered at the amount shown as well.

» Benefit Amount:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
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**Excess Accident Medical Expense Benefit (per accident)\*\*** If you are injured in a covered accident and receive treatment from a physician within 365 days from the date of the accident, the insurance company will pay up to the amount shown for actual expenses related to: Hospital room and board (up to the semi-private room rate), general nursing care, Hospital miscellaneous expenses during a hospital confinement or for outpatient surgery under general anesthetic, laboratory tests, x-rays, anesthesia, prescription drugs, therapeutic services and supplies, and hospital emergency care, doctor's visits (inpatient and outpatient), dental treatment for injury to sound natural teeth.

Spouse and dependent covered at the amount shown as well. Subject to a \$100 deductible applies per Accident per Covered Person. This benefit will only apply after any valid and collectible insurance for the same claim has been exhausted.

» Benefit Amount:	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
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\*\*Underwritten by Presidential Life Insurance Company. 6/12 Pre-Existing Condition means a Sickness or Injury for which medical care, treatment, diagnosis or advice was received or recommended within the 6 months prior to the Covered Person's Effective Date of coverage under the Group Policy will be excluded from coverage for the first twelve (12) months that coverage under the Group Policy is in effect.

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# Benefit Outline

## NON-INSURANCE FEATURES

	CHOICE	CHOICE PLUS	ELITE	ELITE PLUS	ENCORE	ENCORE PLUS
<b>ASSOCIATION MEMBERSHIP DISCOUNT MEDICAL PLANS</b> (pages 8- 10)						
These plans are provided to you at NO ADDITIONAL COST through your association membership.						
Doctor, Hospital, Lab and Podiatry Networks	✓	✓	✓	✓	✓	✓
Tiered Dental Plan	✓	✓	✓	✓	✓	✓
Tiered Vision Plan	✓	✓	✓	✓	✓	✓
Tiered Chiropractic Plan	✓	✓	✓	✓	✓	✓
3 Tier Prescription Drug Plan	✓	✓	✓	✓	✓	✓
24 Hour Counseling Hotline	✓	✓	✓	✓	✓	✓
24 Hour Nurse Hotline	✓	✓	✓	✓	✓	✓
Holistic Care	✓	✓	✓	✓	✓	✓
CallMD™	✓	✓	✓	✓	✓	✓
Elder Care	✓	✓	✓	✓	✓	✓
Diabetic Supplies Program	✓	✓	✓	✓	✓	✓
Hearing Care	✓	✓	✓	✓	✓	✓
Fitness Program	✓	✓	✓	✓	✓	✓
Discount Medical Imaging by NextImage Direct	✓	✓	✓	✓	✓	✓
Discount Home Medical Equipment	✓	✓	✓	✓	✓	✓
<b>ASSOCIATION MEMBERSHIP CONSUMER SAVINGS BENEFITS</b> (page 11)						
Member eShop Savings Program	✓	✓	✓	✓	✓	✓
We Care Credit Assistance	✓	✓	✓	✓	✓	✓
Hotel Savings	✓	✓	✓	✓	✓	✓
Vacation Resort Savings	✓	✓	✓	✓	✓	✓
Car Rental Services	✓	✓	✓	✓	✓	✓
Gift Basket Savings	✓	✓	✓	✓	✓	✓
Auto Maintenance	✓	✓	✓	✓	✓	✓
Movie Ticket Discounts	✓	✓	✓	✓	✓	✓
Amusement Park Savings	✓	✓	✓	✓	✓	✓
Boca Java™ Online Coffee Discounts	✓	✓	✓	✓	✓	✓
Floral Discounts	✓	✓	✓	✓	✓	✓
Magazine Subscription Savings	✓	✓	✓	✓	✓	✓
Reebok® Savings	✓	✓	✓	✓	✓	✓
Mortgage and Realtor Services	✓	✓	✓	✓	✓	✓
Roadside Assistance	✓	✓	✓	✓	✓	✓
Legal Counseling Services	N/A	N/A	N/A	✓	✓	✓
ID Theft Services	N/A	N/A	N/A	✓	✓	✓
Tradesman Referral Services	N/A	N/A	N/A	✓	✓	✓
Medical Records Software	N/A	N/A	N/A	✓	✓	✓
Moving and Storage Services	N/A	N/A	N/A	✓	✓	✓

## **LIMITED MEDICAL INDEMNITY BENEFITS - Frequently Asked Questions**

### **How do the Limited Medical Indemnity Benefits work?**

The plan contains Limited Medical Indemnity Benefits and does not require you to go to a doctor listed in the **Association Membership Discount Doctor Network**<sup>\*</sup>. The plan pays indemnity benefits directly to your provider or facility of choice. The amount the provider is paid is indicated in the descriptions on the previous page.

The Limited Medical Indemnity benefits are NOT major medical insurance, nor are they meant to replace major medical insurance.

### **How are medical claims processed?**

- **If you visit an in-network provider:** After the visit to the health care provider he/she will submit the claim to Coordinated Benefit Plan (CBP), a third party administrator. CBP will reprice the claim and the health care provider will then balance bill you if necessary.

### **What happens when I use up all my benefits?**

If your Limited Medical Indemnity Benefits are used to completion you still have access to bill repricing if you utilize the Association Membership Discount Doctor Network<sup>\*</sup>. Bills will be discounted if an in-network provider facility is visited.

### **What does the phrase “there is a 12/12 Pre-Ex for Hospital benefits” mean?**

Pre-Existing Condition means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person’s effective date of coverage under this Policy and for which the Covered Person has received diagnosis, medical advice, care or treatment within the 12-month period immediately preceding his effective date of coverage.

Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as defined, unless the loss is incurred at least 12-months after the Effective Date of coverage for a Covered Person. This provision does not apply to newborn or newly adopted children.

### **Is there a waiting period?**

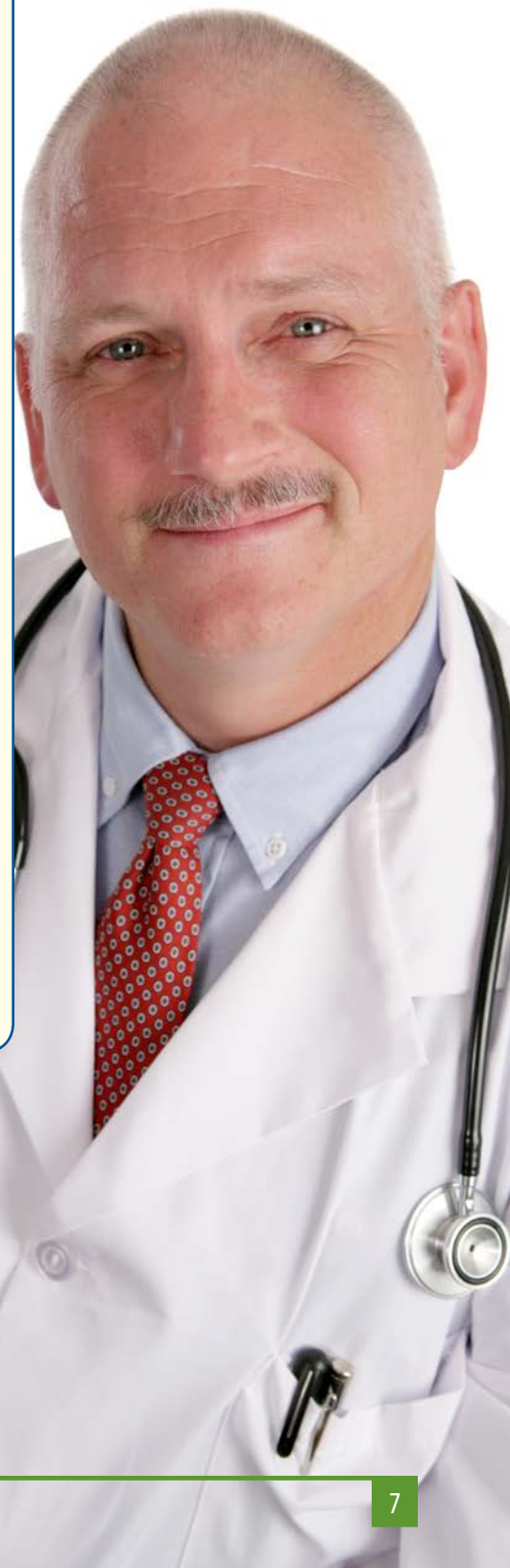
Yes. There is a 30 day waiting period for all sickness benefits.

### **How do I find providers in the network?**

Simply call a Customer Care Consultant or look up providers online.

<sup>\*</sup>NOTE: The Association Membership Discount Doctor Network is not insurance and is not affiliated with the United States Fire Insurance Company.

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## ASSOCIATION MEMBERSHIP DISCOUNT MEDICAL PLANS:

### Doctor, Hospital, Lab and Podiatry Networks

- **Doctor Network:** Enjoy specially contracted and negotiated rates with savings of **5% to 50%** at participating providers. You are assured the best service by working directly with a Customer Care Consultant who is a person dedicated to help you maximize your savings.
- **Hospital Network:** As a member, you may save **5% to 50%** off incurred hospital bills\*. The Customer Care Consultant will answer any questions you may have about how to utilize the program.
- **Lab Network:** Receive rates which offer savings averaging of at least **20%** on virtually all laboratory services including blood-work and lab screenings at any participating lab facility.
- **Podiatry Network:** Receive specially contracted and negotiated rates with savings of **5% to 50%** at participating providers.

\* Pricing and savings vary from one location and provider to another and are not guaranteed. NOTE: Network providers may NOT be available in certain areas.



### Tiered Dental Plan - A multi-tiered dental fee-for-service program, where you have access to dentists under THREE distinct scenarios.

- **Tier 1:** At select participating *schedule (A) Tier 1* general practitioners across the country, you receive a no-charge\* exam and x-rays in conjunction with a paid annual cleaning. Participating providers abide by a fee schedule of fixed payments for most procedures. Fixed schedule procedure rate savings are **25% - 60%** on dental care, as compared to the American Dental Association surveys of usual and customary fees.
- **Tier 2:** In the event a *schedule (A) Tier 1* provider is not available in a given area, a secondary schedule participating dentist may be available at some of the lowest rates of any national dental network.
- **Tier 3:** In the event a Tier 1 or Tier 2 dentist is not available in your area, please call a Customer Care Consultant for assistance in accessing a Tier 3 provider where available.

\*In conjunction with annual check-up prophylaxis (cleaning) provided by participating selected general practitioners of Tier 1. Note: There is no payment to the dentist from the plan, member pays doctor reduced fee. Network providers may not be available in some areas.



### Tiered Vision Plan - Save 10% to 50% at participating locations nationwide!

- **Tier 1:** At select participating vision outlets, a no-charge\* eyeglass vision exam is available once annually per family member. You also receive discounted rates of **10% to 50%** on eyeglasses, non-prescription sunglasses and contact lenses (excluding disposables) at participating independent and retail optical locations nationwide. Most frames, lenses and specialty items are available.
- **Tier 2:** You will receive **10% - 50%** discounts on eyeglasses, non-prescription sunglasses and contact lenses (excluding disposables) at participating independent and retail optical locations nationwide. Most frames, lenses and specialty items are available.
- **Ophthalmology & LASIK Features:** Save **20% to 60%** on medical eye exams and surgical procedures including LASIK at participating ophthalmology locations.

\*Prescription must be filled by the provider performing the no-charge exam if glasses are required. NOTE: Network providers may NOT be available in certain areas.

### Tiered Chiropractic Plan - Save on testing procedures, support and orthotics, massage and bodywork.

- **Tier 1:** As a member save **20% to 50%** at Participating Providers on adjustments, therapy, x-rays, exams and specialized procedures when visiting one of our participating providers.
- **Tier 2:** Save **5% to 20%** at our large network of participating providers. In the event a Tier 1 chiropractor is not available in your area, a secondary schedule participating provider will be presented to you.

NOTE: Network providers may not be available in certain areas.

Discount Medical Plans are provided by Patriot Health Florida, Inc., a discount medical plan organization. The features are not health insurance policies and are not available in all areas. The features provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with Patriot Health Florida, Inc., located at 160 Eileen Way, Syosset, New York 11791. 800-292-3797. Discount Medical Plans are not available in AK, MT, ND, VT and WA.

### 3 Tier Prescription Drug Plan

This program is accepted at over 50,000 participating pharmacies nationwide, including all the leading national chains! Simply visit a participating pharmacy, present your membership card and pay the pharmacy directly. You have the potential to save thousands of dollars annually on prescription drug charges.

- **Tier 1:** Drugs at up to a \$10.00 maximum cost.\*
- **Tier 2:** Drugs at up to a \$20.00 maximum cost.\*
- **Tier 3:** All other drugs are available for your benefit at negotiated rates. This program also provides additional options to lower your cost on Tier 3 drugs through an independent mail order service\*\* or free drug program.\*\*\*

\*Drugs are subject to be added or deleted without notice. A nominal handling fee may apply. \*\*Optional usage through an independent mail order service. \*\*\*Free drug programs available for pre-qualified low income families directly through drug manufacturers when and where available. NOTE: Prices on Tiers 1, 2 & 3 are based on a 1 pill per day dosage, 30 day supply. Discount is only available at participating pharmacies. Please see prescription drug member guidebook for complete information and drug listings by Tier.

### 24 Hour Counseling Hotline

You and your immediate family members have unlimited access to a master's level therapist via a toll-free number. All counselors have been specially trained to offer prompt, confidential counseling to help you and your immediate family members deal with and overcome the problems that they may encounter every day.

#### Features:

- Toll-free, confidential access to a master's level therapist for telephone counseling.
- Free support and self-help group referrals.
- Referrals to a local licensed therapists for face-to-face counseling at specially discounted membership rates.

### 24 Hour Nurse Hotline - *Unlimited, Toll-Free, 24/7 Access to Registered Nurses For You and Your Family completely confidential.*

The nurses are specially trained to offer prompt, confidential medical counseling to help you make informed decisions about your family's health and medical care. However, nurses will not diagnose or provide treatment.

**Receive information regarding:** Treating common illnesses, explanations as to what to expect during medical testing, Diagnostic and surgical procedures, recently diagnosed medical conditions, and prescription and over the counter medication information.

### Holistic Care

The integration of alternative medicine into conventional western medicine is quickly revolutionizing the landscape of the American healthcare system.

- The Holistic Care Service provides a concierge approach to finding a Holistic Care provider that will meet your specific need(s).
- A Customer Care Consultant will take your request for a particular discipline and call you back with the nearest location.
- 20% Savings on all treatments and services and no limits on the number of visits.
- Practitioner disciplines Include: Acupuncturists, Massage Therapists, Dieticians, Naturopathic Providers and MORE!

NOTE: Network providers may NOT be available in certain areas

### CallMD™ Program - *Get sound medical advice from the comfort of your own home! 24/7!*

As a Member you will receive two (2) toll-free physician telephone consultations. You have access to a nationwide network of medical doctors and registered nurses available to discuss your medical issues. You can also access over-the-phone prescriptions. (where permitted by law) PLUS your electronic medical records will be maintained in a highly secured internet accessible environment available to network doctors prior to your consultations. CallMD's services are completely toll-free and there are no age restrictions or limitations!

Note: Additional consultations may be purchased for \$35.00

### Diabetic Supplies - *10% to 60% Saving on Diabetic Supplies.*

A convenient service for members with diabetes. This program provides special member pricing on most diabetic supplies. These items include: test strips, glucose meters, lancing devices, lancets, and MORE!

## Elder Care - Call toll-free 24/7 for advice about your loved ones.

Save on home health and long term care services, available for any member of your family including grandparents.

### Features:

- Save from **10% to 25%** on home health aides, nursing homes, assisted living facilities, Alzheimer's special care units and respite care facilities.\*
- Save on geriatric care management services such as telephone check-in, elder assessments and care plans. Geriatric care managers are professionals who are expert at advising families and coordinating care for the elderly.

\*Savings available for new patients only.

## Hearing Care

### Beltone Features:

- Free hearing screening and **15%** discount on Beltone hearing aides at more than 1,300 Beltone locations.
- Lifetime care program includes complimentary hearing aid checkup, free hearing screening, free cleaning and inspection while under warranty, and a 30 day refund policy.
- Patients under the age of 18 must provide a physician's authorization to receive tests or treatment. Some locations are not equipped to handle small children.

### HearPO Features:

- **20% to 50%** off audiology and hearing aide services at more than 1,400 participating HearPO providers.
- Comprehensive follow up for one year at no charge. 100% discount on repairs and a 60 day refund policy.
- Your hearing aid comes with a 12 month standard manufacturer's warranty. Modifications will be made without cost during warranty should a change within hearing levels require different circuitry.

## Fitness Program

Enjoy **10%-50%** off Membership Dues at Over 1,500 Locations Nationwide! Month to month memberships at top area fitness centers\* The Fitness Program includes many franchises of Gold's Gym, Bally's Fitness, Curves for Women and other chains as well as independent fitness clubs.

\* \$10 administrative fee may apply upon cancellation

## Discount Medical Imaging by NextImage Direct

As a member you can save **50-75%** on MRI, PET and PET/CT scans. NextImage Direct leads the industry in providing the highest quality radiology and diagnostic testing services via a premier nationwide network of fully credentialed and certified imaging facilities and physicians.

- Save **50-75%** on medical imaging
- High quality accredited centers
- Same day or next day scheduling
- Access to the premier accredited image centers
- Quality diagnosis by qualified and credentialed physicians
- Matching the patient's specific needs to the right equipment

## Discount Home Medical Equipment

Nationwide services for Home Medical Equipment and Orthotics & Prosthetics. Save **50%** when using the nation's largest network of community-based providers. Homelink is a one-stop shop for all of your medical equipment and supplies. No matter where you are located in the United States, Homelink can provide your medical equipment and supplies.

- **Categories include:** Durable Medical Equipment, Medical Supplies, Bone Growth Stimulators, TENS-Electromedical, Respiratory Therapy, Orthotics and Prosthetics

**Member eShop Savings:** Shop at your favorite stores, earn points and save money! Receive up to 20% in rebates and 60% in discounts!

**WeCare Credit Assistance:** This benefit will provide you with practical solutions for real-life financial problems like: credit restoration, debt settlement, bankruptcy counseling, loss mitigation, financial education and MORE!

**Hotel Savings:** You and your family can receive up to 15%-30% off room rates at: Ramada, Amerihost, Days Inn, Howard Johnson, Travelodge, Wingate, & Knights Inn.

**Vacation Resort Savings:** Choose from a full assortment of luxurious resort accommodations at "member-only" rates. From drive-to weekend getaways, to more exotic destinations, this exclusive member benefit offers you a wide variety to choose from!

**Car Rental Services:** Save 10% - 25% off rental rates!

**Gift Basket Savings:** Members receive 10% off gift baskets and gifts at GiftTree.com! GiftTree offers a wide-assortment of high-quality gifts including wine baskets, gourmet baskets, flowers, fruit, personalized gifts and much more.

**Auto Maintenance:** Simply call the toll-free number to locate participating service centers who can provide up to 10% off auto maintenance items such as brake service, tire and battery service and various other general auto maintenance needs. Participating locations include: Aamco, Jiffy Lube, Meineke, Maaco, Mr. Transmission, Dr. Nicks, Pep Boys, Pro-Care, MultiState Transmission, Milex Centers, and many more!

**Movie Ticket Discounts:** Take advantage of 20% (or more) off movie tickets! Participating theaters include: AMC, Lowes, Regal, and Edwards.

**Amusement Park Discounts:** Receive discounts at Seaworld in Orlando, FL, San Diego, CA and San Antonio, TX, Busch Gardens in Tampa Bay, FL and Williamsburg, VA and for Adventure Island, Water County and Sesame Place!

**Boca Java Online Coffee Discounts:** You and your family can receive discounts on coffee, Tea, Food, gifts and much more! Simply visit the Boca Java website and receive up to a 20% discount on your entire order.

**Floral Discounts:** Receive 15% off all floral arrangement orders!

**Magazine Subscription Savings:** Receive 30% off most magazine orders.

**Reebok® Savings:** Receive 15% off all items at Reebok outlet stores!

**Mortgage and Realtor Services:** You are able to save up to \$3000 on the sale and financing of your home!



Easy to use savings benefits.  
There's something for everyone!

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**Roadside Assistance:** Provides you and your family with 24 hour toll-free Emergency Roadside Dispatch Assistance.

**Legal Program:** Provides five (5) initial telephone consultations per year, 1 per legal matter. Provides one 1/2 hour office consultation (1 per legal matter), unlimited online consultations (where available) with a local attorney.

**ID Theft:** Provides resolution services and connects members with a professional customer service representative in the event of an identity theft occurrence.

**Tradesman Referral:** Get matched to pre-screened home improvement contractors who are reviewed by ServiceMagic's 10 point contractor screening process. \$1,000 service guarantee! Get matched with maids, plumbers, electricians, handymen, painters and much more!

**Medical Records Software:** Save time when changing doctors by printing medical history with a mouse click.

**Moving and Storage Services:** Receive up to 60% savings off retail prices depending on the region of the country and service available at the time of need.



**United Consumer Awareness Association "UCAA" Terms & Conditions:**

1. **MEMBERSHIP:** UCAA Membership is mission oriented and provides consumer related information and programs encouraging more positive consumption of information, products and services for the benefit of families nationwide. Member means a person whose membership has been accepted by the Association. Membership in the UCAA also includes association limited insurance benefits, non-insurance association benefits, and consumer discount savings.
2. **MEMBERSHIP PAYMENTS:** You hereby authorize the Association or its' designated membership administrator to charge your credit card or bank account using the billing information supplied by you for the Membership charges selected by you every month. Your initial membership payment will be processed immediately upon enrollment. Membership is automatically renewed monthly and your recurring payment will routinely draw from your specified account each month thereafter. Non-payment of monthly membership fees will result in cancellation of Membership benefits. It is your responsibility to make sure that you are being charged each month. If you fail to make payment or your payment does not go through, your membership will be terminated and no benefits will be available to you.
3. **CANCELLATION:** If you are not completely satisfied, you may call 888-633-5080 to cancel at any time. You will be sent a full refund of the first months' membership fee only if cancellation is received either in writing to UCAA administration, 160 Eileen Way, Syosset, NY 11791, by fax to (516) 495-7195 or by e-mail to cancellations@unitedconsumer.org within thirty (30) days from your enrollment date. The Member enrollment fee is non-refundable, except where refund provisions for such are specified by state law. Refunds take 2 - 4 weeks for processing. When insurance claims are submitted during the first thirty (30) days of membership you agree that such a submission constitutes acceptance of the membership, the products and their terms and submission of such a claim constitutes a waiver of any and all refund rights. For cancellations after the first 30 days, you must provide notification in writing, by fax or e-mail prior to your next monthly payment due date to prevent another automatic bill from occurring. If you cancel, membership will terminate at the end of the billing cycle for which you have paid. Please call 888-633-5080 to confirm your request for cancellation was received.
4. **ADDITIONAL MEMBERSHIP MATERIALS:** If you lose or require additional Membership materials, the cost for additional membership fulfillment booklets or cards requested after the first 30 days of the plan effective date, are as follows: a) No charge for an e-mailed package. b) \$15 per membership fulfillment booklet and \$8 per 2 membership card package. These materials will be sent via certified mail.
5. **MEMBER PROXY:** UCAA is a not for profit association wherein officers and directors may hold meetings from time to time. Enrollment signifies your acceptance to designate and appoint the Secretary of UCAA in office at any particular time and from time to time as your proxy and agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on your behalf at any and all meetings of the members, to execute consents and to otherwise act for you in the same manner and with the same effect as if you were personally present. You hereby authorize your proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with UCAA. You hereby understand and agree to this proxy as a voluntary designated appointment and that you have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. Should you wish to do so, you will notify the Secretary of UCAA of your desire in this respect.
6. **THIRD PARTY INSURANCE DISCLAIMER:** UCAA is not an insurance company and does not sell insurance. All insurance matters are handled directly with licensed companies. UCAA assumes no liability or risk with regard to insurance services and

neither receives nor processes premiums or claims and receives no commission with regard to insurance processed. The insurance coverages are made available by licensed insurance companies which issued master policies to UCAA.

7. **THIRD PARTY DISCLAIMER:** Association is not a merchant, manufacturer, or a provider of any savings programs or Services included in membership. UCAA may change service providers at its sole discretion. Providers of services at discounted pricing receive no reimbursement from UCAA. UCAA assumes no liability or risk for payment for services to these providers. Discount medical plans are included at no extra charge as part of membership and are administered by a licensed Discount Medical Plan provider.
8. **RELEASE:** Benefits are to be used at your sole discretion. Each Member, for himself/herself, and on behalf of any Family Member who uses the Program membership ("Membership Participant"), hereby forever releases, acquits, and discharges each of the Association and its employees, officers, directors, agents, affiliates and third party providers from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant, or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Member benefits or Program service ("Service"). The sole recourse available to a Member, Membership Participant, or Member's legal representative(s) against Association will be cancellation of the Program membership as provided in Paragraph 3 of this Agreement.
9. **ENTIRE AGREEMENT:** All provisions under this Agreement constitute the entire Agreement between the Company and the Member. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.
10. **HEADINGS:** The headings or captions provided throughout this Agreement are for reference purposes only, and will in no way affect the meaning or interpretation of this Agreement.
11. **WAIVER OF BREACH:** A waiver of Association of a breach of any provision of this Agreement will not be deemed a waiver by Association of any other breach of the same or different provision.

**Insurance Benefits underwritten by the United States Fire Insurance Company**

**LIMITATIONS AND EXCLUSIONS (MAY VARY BY STATE)**

Benefits will not be paid for charges or loss caused by, or resulting from, any of the following:

1. Suicide or any intentionally self inflicted Injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
3. Commission, or attempt to commit, a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
6. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and: (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (2) The Covered Person was within a 25-mile

# Terms and Conditions

- radius of the site of the release either: (a) At the time of the release; or (b) Within 24-hours of the start of the release; or (c) Occurs while he is in the issue state of this Certificate;
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
  10. Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
  11. Dental care, x-rays, or treatment other than Injury to natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
  12. Spinal manipulations and manual manipulative treatment or therapy or physiotherapy;
  13. Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
  14. Rest cures or custodial care, or treatment of sleep disorders;
  15. Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
  16. Normal pregnancy or childbirth, except for Complications of Pregnancy;
  17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
  18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
  19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
  20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery: (a) On an injured part of the body following trauma, infection or other disease of the involved part; (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
  21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
  22. Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
  23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
  24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
  25. Prescription medicines, unless specifically provided for under this Certificate;
  26. Any Injury that is caused by flight or travel in, or upon: (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger; (b) An ultra light, hang gliding, parachuting or bungi cord jumping; (c) A snowmobile; (d) Any two or three wheeled motor vehicle; (e) Any off road motorized vehicle not requiring licensing as a motor vehicle; (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
  27. Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
  28. Services, treatment or loss: (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (c) Which a Covered Person would not have to pay if he did not have insurance; (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family; (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; (f) Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
  29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
  30. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that: (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished; (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

There are multiple insurance products and premiums included as part of membership. The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows;

CHOICE: Single = \$31.21, Single/Spouse = \$65.03, Single/Child(ren) = \$65.03, Family = \$89.73 CHOICE PLUS: Single = \$84.00, Single/Spouse = \$163.32, Single/Child(ren) = \$163.32, Family = \$241.51 CHOICE PLUS MAX: Single = \$84.00, Single/Spouse = \$163.32, Single/Child(ren) = \$163.32, Family = \$241.51 ELITE: Single = \$82.55, Single/Spouse = \$160.48, Single/Child(ren) = \$160.48, Family = \$237.41 ELITE MAX: Single = \$82.55, Single/Spouse = \$160.48, Single/Child(ren) = \$160.48, Family = \$237.41 ELITE PLUS: Single = \$128.79, Single/Spouse = \$268.31, Single/Child(ren) = \$268.31, Family = \$370.27 ELITE PLUS MAX: Single = \$128.79, Single/Spouse = \$268.31, Single/Child(ren) = \$268.31, Family = \$370.27 ENCORE: Single = \$172.01, Single/Spouse = \$334.44, Single/Child(ren) = \$334.44, Family = \$494.55 ENCORE MAX: Single = \$172.01, Single/Spouse = \$334.44, Single/Child(ren) = \$334.44, Family = \$494.55 ENCORE PLUS: Single = \$195.48, Single/Spouse = \$380.06, Single/Child(ren) = \$380.06, Family = \$562.00 ENCORE PLUS MAX: Single = \$195.48, Single/Spouse = \$380.06, Single/Child(ren) = \$380.06, Family = \$562.00

The above Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association membership.

**Emergency Room Benefit Exclusions and Limitations:**

**Underwritten by Presidential Life Insurance Company**

Notice of Claim: Written notice of claim must be given to the claims administrator within 30 days after a covered loss starts, or as soon thereafter as is reasonably possible.

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. war or any act of war, whether war is declared or not;
3. 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.
4. riding as a passenger in or other activity related to any aircraft or other flying device of any kind;
5. hernia, however caused,
6. services or treatment provided by a family member or the Insured Person;
7. experimental or investigational procedures;
8. cosmetic surgery or procedures;
9. hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit;
10. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
11. any loss to which a contributing cause was the Covered Person's being voluntarily engaged in any illegal occupation or activity, or the voluntary commission of or voluntary attempt to commit a felony;
12. 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; or
13. 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; or
14. 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.

**Excess Accident Medical Expense Benefit and Accidental Death & Dismemberment Benefit Exclusions and Limitations:**

**Underwritten by Presidential Life Insurance Company**

Notice of Claim: Written notice of claim must be given to the claims administrator within 30 days after a covered loss starts, or as soon thereafter as is reasonably possible.

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. Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
12. any loss to which a contributing cause was the Covered Person's being voluntarily engaged in any illegal occupation or activity, or the voluntary commission of or voluntary 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; or
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; or
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.

