



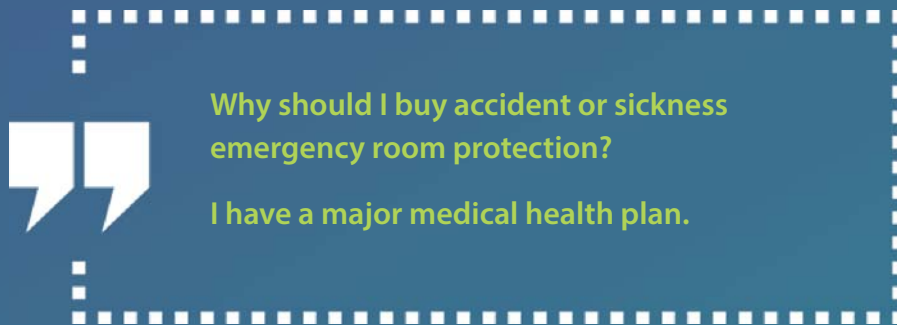
Gap ER	Plan Costs
Individual	\$35
Individual+1	\$55
Family	\$65

Plan Costs listed above do not include the separate \$10 UBA Membership dues.

Why Gap ER PlanSM

Emergencies happen when you least expect it.

Gap For the Unexpected.



While comprehensive major medical health insurance plans cover most expenses for accidents and sickness for emergency room visits, you could still be out-of-pocket for medical expenses due to health plan deductibles, coinsurance maximums and out-of-network costs if you choose to go to a doctor or provider not in your network. Emergency room insurance helps to offset some of those out-of-pocket costs.

Hospital Fixed Indemnity Insurance helps with out-of-pocket costs due to accident or sickness for emergency room visits and daily hospital confinement.¹

The Gap ER PlanSM is a great fit for young families, people who tend to be accident prone, or those that just want that extra layer of protection for some of their out-of-pocket costs due to an accident or sickness for emergency room visits. GAP ER PlanSM is designed to supplement your comprehensive health insurance plan for additional protection.

**THIS IS A LIMITED POLICY. THIS IS NOT COMPREHENSIVE MAJOR MEDICAL INSURANCE.
THIS IS A HOSPITAL FIXED INDEMNITY ONLY POLICY.**

¹ This is a brief description of coverage provided under the Policy Certificate and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to 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 for under the Patient Protection and Affordable Care Act.

WHO WE ARE

United Business Association

The United Business Association (UBA) is a nationwide membership of small business owners and employees. UBA leverages our purchasing power to secure benefits and discounts not otherwise available on an individual basis. With group insurance programs, shared business knowledge, business and lifestyle benefits and services and opportunities to network, We are Better Togethersm. Your membership in the United Business Association allows you to access and enroll in any additional Gap Plan that provides an insured benefit. Various insurance companies have issued group limited benefit insurance policies to the United Business Association as the group master policyholder. Product features, additional plans and availability may vary by state.

Inside Gap ER Member Guide:

pgs: 4-7

Hospital Fixed Indemnity Insurance

- Daily Emergency Room Visits Benefit for Accident & Sickness
- Daily Hospital Confinement Benefit

Sickness or injury for which a covered person seeks immediate medical treatment at the nearest available facility: in-hospital emergency rooms, free-standing emergency rooms and urgent care centers.²

pgs: 8-15

Exclusions, Limitations, Claims Information & Other Important Membership Details

Find out what is not covered by reviewing the exclusions and limitations (pgs 8-9). Find out how to file a claim (pg 10) and learn about other important membership details like refund / cancellation policy for UBA (pgs 11-15).

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Hospital Fixed Indemnity & ER Insurance

- Daily Emergency Room Visits Benefit for Accident & Sickness
- Daily Hospital Confinement Benefit



Daily Emergency Room Visits Benefit For Accident & Sickness³

We will pay the benefit shown in the schedule of benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of an Accident or Sickness.

“Emergency Room” means a trauma center, or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or a Physician’s office.

“Medical Emergency”³

Means a Sickness or Injury for which the Covered Person seeks immediate medical treatment at the nearest available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- Covered Person’s life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn Child;
- Serious disfigurement of the Covered Person;
- Covered Person’s bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Treatment for Medical Emergency will be paid only for Sickness or Injury which fulfills the above conditions.

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Daily Emergency Room Visits Benefit for Accident & Sickness⁴

(Daily Benefit Amount)

**\$500 per day up to a
maximum of 10 days
per Policy Period for
Accident & Sickness.**



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Did You Know?

There are 141.4 million visits to an Emergency Department in the United States, with 40 million of those visits injury related ?⁵

⁵ Rui P, Kang K. National Hospital Ambulatory Medical Care Survey: 2014 Emergency Department Summary Tables. Available from: http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2014_ed_web_tables.pdf and <https://www.cdc.gov/nchs/fastats/emergency-department.htm>

Hospital Fixed Indemnity Insurance

- Daily Emergency Room Visits Benefit for Accident & Sickness
- Daily Hospital Confinement Benefit

Daily Hospital Confinement Benefit⁶

We will pay the Daily Hospital Confinement Benefit shown in the schedule of benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:

- The Hospital stay is Medically Necessary and the direct result, from no other causes, of injuries or illness sustained in a Covered Accident or Sickness; and
- Confinement is at the direction and under the care of a Physician; and
- While the coverage is in effect.

Benefit payments will end on the first of the following dates:

- The date the Hospital Stay ends; or
- The date the Covered Person dies; or
- The date of the Maximum Benefit for this benefit is payable; or
- The date insurance under the Policy ends.

Daily Hospital
Confinement Benefit
(Daily Benefit Amount)

\$500 per day for days
1-3 for a Hospital
Confinement occurring
in a Policy Period.



In the State of DC:

We will pay the Daily Ambulance Benefit shown in the Schedule of Benefits (\$50 for 1 day), subject to the following conditions, if the Covered Person requires ambulance services due to a Covered Accident or Sickness. The ambulance services provided must be for transportation from the scene of a Covered Accident to the nearest hospital that is able to provide appropriate care, or in the event of a Covered Sickness, the Medically Necessary transportation to a Hospital.

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“Medically Necessary” or “Medical Necessity”⁷

Means a treatment, drug, device, service, procedure or supply that is:

- Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
- Prescribed or ordered by a Physician or furnished by a Hospital;
- Performed in the least costly setting required by the condition;
- Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital Confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- is Experimental / Investigational or for research purposes;
- is provided for education purposes or the convenience of the Covered Person, the Covered Person’s family, Physician, Hospital or any other provider;
- exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- could have been omitted without adversely affecting the person’s condition or the quality of medical care;
- involves the use of a medical drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- it can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.



“Hospital Stay or Hospital Confinement”⁷

Means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

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Limitations & Exclusions

Hospital Fixed Indemnity Insurance

THIS IS A LIMITED FIXED INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY.

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage of for the purpose as prescribed by the Covered Person's Physician.
9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
12. Travel or activity outside the United States, except for a Medical Emergency.
13. Participation in any motorized race or speed contest.
14. Aggravation or re-injury of a prior injury that a Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

Limitations & Exclusions (cont'd.)

Hospital Fixed Indemnity Insurance

THIS IS A LIMITED FIXED INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY.

19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
20. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
21. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
22. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
23. 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; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy.
24. Treatment for blood or blood plasma;
25. Routine vision care.
26. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
27. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from;
 - i. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of their household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline.
29. Rest cures or custodial care;
30. Prescription Drugs unless specifically provided for under the Policy.
31. Elective or cosmetic surgery, except for reconstructive surgery on a disease or injured part of the body;
32. Physiotherapy services.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital and Surgery benefits only). "Pre-Existing Condition" means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of Coverage.

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How to File a Hospital Indemnity & ER Claim?



United Business Association Claims Unit
Co-ordinated Benefit Plans
Po Box 23802
Tampa, FL 33623
Phone: 877.442.7029
Email: team2@cbpinsure.com
Online Claims Look-up: CBPConnect.com

Did You Know?

The economic impact of fatal and non-fatal injuries amounted to \$886.4 billion in 2015. This is equivalent to about \$2,800 per capita or about \$7,100 per household.⁸

Stats Taken From:

⁸National Safety Council. (2017). Injury Facts[®]. 2017 Edition. Itasca, IL: Author. Library of Congress Catalog Card Number: 99-74142. Statistics taken from Page 2. <http://viewer.zmags.com/publication/20020222#/20020222/1>



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Download Claim Forms

Easy access to claim forms. Scan QR Code or go to link to download form.

For Emergency Room & Hospital Confinement Benefit:

Hospital Indemnity Claim Form: <http://www.gapplusplan.com/hospitalindemnityclaimform18.pdf>

Hospital Indemnity
Claim Form



SCAN CODE BELOW TO VIEW STATE SPECIFIC
CERTIFICATES FOR GAP ER PLAN
INCLUDING EXCLUSIONS



or go to link: gapplusplan.com/gaper18certs.html

Gap ER PlanSM is available in
the following states:

AL, AR, AZ, CA, DC, DE, FL,
GA, ID, IL, IN, IA, KS, KY, LA,
MI, MO, MS, NE, NM, NJ, NC,
ND, OH, OK, PA, RI, SC, TN, TX,
VA, VT, WV, WI & WY.



UBA REFUND / CANCELLATION POLICY



If you are not completely satisfied with your UBA Gap Plan, **please call your Personal Member Concierge at 866.438.4274**. We will be happy to issue a complete refund of membership dues within the first thirty (30) days. We want you to be 100% satisfied with your UBA Gap benefits and services.

Note: This membership is separate from any other insurance or supplemental plan you have purchased. Please contact your agent for any plans other than the UBA Gap Membership Plan. If you are canceling, please make sure to cancel using our cancellation phone number at 866.438.4274 or our cancellation form located at <http://www.gapplusplan.com/billing.html>. **Please do not cancel through your agent**. Cancel directly with GAP to make sure your cancellation request is handled promptly and correctly.

Your UBA Membership

In order to purchase the Gap ER PlanSM, you must be a member of the United Business Association. Below are some highlights of your UBA Membership Benefits. You can view the Member Guide for UBA Membership at: [The link located in your membership guide.](#)

You can also download a quick reference chart that has all the codes needed to access your membership benefits. Download it to your phone, print a copy or save it to your computer.

Download UBA Membership Reference Sheet at: [the link located in your membership guide.](#)



Add Even More Value to your Membership with These Additional Gap Plans



STM



GAP DENTAL



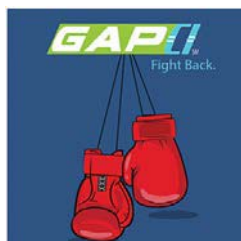
GAP VISION



GAP ER



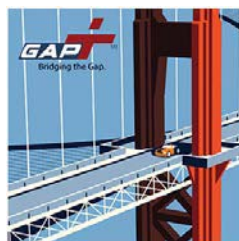
GAP A&ME



GAP CI



GAP HCI



GAP PLUS



GAP MAX



SUPER GAP

Learn More About Your UBA Benefits & Services

Questions? Call Your Personal Member Concierge at 866.438.4274



Great to Help Keep You Healthy

FREE One-A-Day Multi-Vitamins

FREE Shipping

Same Formulas as you find on Shelves at Supermarkets

One-A-Day Formulas are Complete from A-Z

Order them quickly & simply online

(Use the link located in your guide)

DON'T FORGET TO REVIEW & USE YOUR UBA MEMBERSHIP BENEFITS

MEMBERSHIP BENEFIT & SERVICES HIGHLIGHTS

- Free Vitamins
- MailMyPrescriptions.com®
- Retail Prescription Discount Card
- MeMD™ - Telemedicine 24/7*
- Pet RX Prescription Discount Card
- 24-Hr Nurse Helpline
- Lab Discounts
- Discount Hearing Service
- Gateway Medicaid
- Health Savings Account - HSA Bank®
- Travel Assistance Plan
- LensCrafters Vision Club
- GymAmerica.com
- 24-Hr Roadside Assistance
- TrueCar Buying Network
- Graduate Scholarship Program
- HopTheShops.com
- LegalConnect®
- TravelerBonus.com
- Child ID Card Services
- Car Rental Discounts
- ADP Payroll Processing
- 1800Flowers.com Discounts
- Office Supplies & Furniture
- Hewlett (HP) Computers & Equipment
- UPS Express Delivery Service
- UBA Savings Perks Program
- National Theme Park Discounts
- Business Owners Policy
- Data Breach / Cyber Liability



Great for Maintenance Medications

Wholesale Pharmacy Service

Pay ONLY WHOLESALE Cost of Your Prescriptions

No Insurance Required

Unlimited Usage

Pricing is Guaranteed

Use code **IN GUIDE** when ordering by phone or during online checkout to access your exclusive members-only promotions.



MeMD
healthcare virtually anywhere

Great for When You Get Sick

Connect with a Medical Provider

Unlimited Free Visits For Members[^]

Consultations for Common Ailments

Available 24/7, 365 days a year

No More Long Waits Sitting in a Doctor's Office

Visit **the link in your membership guide**

to access your unlimited visits

[^]Visits are paid by UBA.

WE PROUDLY SUPPORT



follow us



**YOUR PERSONAL
MEMBER CONCIERGE**

866-438-4274

- Order Vitamins
- Get Help with Plan Benefits
- Claim Forms
and more...



SIGN UP

Contact Your Agent Today!



Gap ER
SampleGuide_v04.18[ah-377]

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