



Member Driven Value.

An illustration of a construction site. A yellow crane stands on the left, lifting a large green puzzle piece. In the center, a worker in a red shirt and yellow hard hat stands atop a stack of colorful puzzle pieces (red, blue, green, black). To the right, another worker in a yellow shirt and hard hat is pushing a red puzzle piece. A yellow truck with a blue trailer is on the right, carrying a large blue puzzle piece. The background shows a city skyline with white buildings.

IN-HOSPITAL INDEMNITY

SURGICAL INDEMNITY

INTENSIVE CARE INDEMNITY

AND MORE...

Build a Better Healthcare Future.

Gap HCI	Plan Costs
Individual	\$100
Family	\$200

GET PROTECTION FOR HOSPITAL STAYS



GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

BENEFITS

PERCENTAGE OF BENEFIT AMOUNT PAID

Covered Member	100%
Eligible Spouse of Covered Member*	100%
Eligible Dependent Children of Covered Member*	50%

**Spouse and Dependents are eligible if listed on the Membership Enrollment Application or later added, recorded, and acknowledged by the Association and meet the age requirements listed in the Policy Certificate.*

Gap HCI Plan is available in the following states:

Plan 1: AL, AZ, AR, DE, DC, FL, GA, IL, IN, IA, KY, MI, MS, NC, NE, ND, NM, OH, OK, PA, RI, SC, TN, TX, VA, WI & WY.

Plan 2: CA & NV.

Group Policy No: 9908-17-48 issued to the United Business Association. Coverage becomes effective on the dates provided in your membership material. Chubb Accident & Health, 202 Halls Mill Road, Whitehouse Station, NJ 08889.

This Policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.healthcare.gov>.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S. - based operating division of the Chubb Group of Companies, headed by Chubb, Ltd. (NYSE:CB). Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself. Federal Insurance Company and Chubb do not provide nor is affiliated with the discount programs provided as part of membership in the United Business Association.

HOSPITAL ADMISSION



INDEMNITY BENEFIT

IN-HOSPITAL



INDEMNITY BENEFIT

SURGICAL



INDEMNITY BENEFIT

INTENSIVE CARE UNIT



INDEMNITY BENEFIT

PHYSICIAN OFFICE VISIT



INDEMNITY BENEFIT

EMERGENCY ROOM



INDEMNITY BENEFIT



HOSPITAL ADMISSION INDEMNITY BENEFIT GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

Benefit Amount per Hospital Admission	\$750.00
Max # of Admissions per Sickness or Accident Per Plan Year	1

We will pay a Hospital Admission Benefit if a Covered Person is admitted to a Hospital and Confined due to a Sickness or as the result of an Accident. The Covered Person must become confined within 6 months after the covered Accident. We will not pay more than the maximum number of admissions as shown above.

No benefits will be paid for: Emergency Room Treatment; Outpatient Treatment; or A Stay of Less than 20 Hours in an Observation Unit.



IN-HOSPITAL INDEMNITY BENEFIT⁺

GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

Daily Benefit Amount	\$1,000.00
Max # Days per Period of Confinement	30 days
Max Benefit Amount Per Sickness & Accident Combined Per Plan Year	\$30,000

We will pay the daily In-Hospital Benefit Amount shown for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within thirty (30) days of the Accident , causing the injury.

A confinement for a Sickness shall not be combined with another Confinement for an Accident in determining a Period of Confinement. We will not pay more than the Maximum Benefit Amount, Shown above.

Special Conditions which Apply to This Benefit:

+If a Covered Person is discharged from the Hospital & a different Sickness or Accident causes such Covered Person to be In-Hospital again after 1 day of non-confinement, then We will consider it a new Period of Confinement. If a Covered Person is discharged from the Hospital and readmitted for the same Sickness or Accident as the prior Period of Confinement within 180 days of the prior Period of Confinement's discharge, it will be considered the same Period of Confinement.

Did You Know?

In 2015, there were a little over 35 million total admissions to Registered Hospitals in the United States.¹



The In-Hospital Benefit Amount will be paid until the earliest of the date the:

- ✓ Covered Person Dies;
- ✓ Covered Person is no longer In-Hospital or
- ✓ Maximum Number of Days per Period of Confinement listed in the In-Hospital Indemnity Benefit has elapsed; or
- ✓ Maximum Benefit Amount has been paid.

Don't rely on depleting your savings for health care expenses due to a hospital stay. **Gap HCI Plan pays a lump sum daily benefit for each day an individual is confined in a hospital** as well as the benefits listed in this guide.

SURGICAL INDEMNITY BENEFIT

FOR IN-HOSPITAL SURGICAL PROCEDURES⁺

All Benefit Amounts are Per Covered Person Per Plan Year

Major Surgical Procedure Benefit Amount	\$7,500.00
Minor Surgical Procedure Benefit Amount	\$500.00
Max # of In-Hospital Procedures whether Major or Minor Surgical Procedures	1

⁺We will pay the Surgical Indemnity Benefit if a Covered Person has a Major or Minor Surgical Procedure performed while In-Hospital or on an outpatient basis in an Outpatient Unit. The Benefit Amounts are shown above and on page 7 of this guide.

If two or more procedures are performed through the same incision or operative field, payment will be made only for the procedure of the larger benefit. If more than one procedure is performed but each through separate incisions or in a separate operative field, the amount payable shall be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed. A surgical procedure due to an Accident must occur within thirty (30) days of the Accident, causing the injury. We will not pay more than the Maximum Benefit Amount, shown above.

²(Ambulatory Surgery (AS) or Inpatient hospital stays). ³Stats taken from: HEALTHCARE COST AND UTILIZATION PROJECT Agency for Healthcare Research and Quality STATISTICAL BRIEF #223 May 2017 Surgeries in Hospital-Based Ambulatory Surgery and Hospital Inpatient Settings, 2014 Claudia A. Steiner, M.D., M.P.H., Zeynal Karaca, Ph.D., Brian J. Moore, Ph.D., Melina C. Imshaug, M.P.H., and Gary Pickens, Ph.D. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb223-Ambulatory-Inpatient-Surgeries-2014.pdf>

Did You Know?

A total of 17.2 million hospital visits² in the United States included at least one surgery in 2014. These visits included nearly 22 million total surgeries.³



SURGICAL INDEMNITY BENEFIT

FOR OUTPATIENT SURGICAL PROCEDURES⁺

All Benefit Amounts are Per Covered Person Per Plan Year

Major Surgical Procedure Benefit Amount	\$3,750.00
Minor Surgical Procedure Benefit Amount	\$500.00
Max # of Out-Patient Procedures whether Major or Minor Surgical Procedures	1



INTENSIVE CARE UNIT INDEMNITY BENEFIT⁺

GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

Daily Benefit Amount	\$100.00
Max # Days Per Period of Confinement	30 days
Maximum Benefit Amount Per Sickness & Accident Combined Per Plan Year	\$3,000.00

We will pay the daily Intensive Care Unit Benefit Amount shown above, for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within thirty (30) days of the Accident. We will not pay more than the Maximum Benefit Amount shown above.

Special Conditions which Apply to This Benefit:

+A Confinement for a Sickness in an Intensive Care Unit shall not be combined with another Confinement in an Intensive Care Unit for an Accident in determining a Period of Confinement. If a Covered Person is discharged from the Hospital and a different Sickness or Accident causes such Covered Person to be Confined in an Intensive Care Unit again after 1 day of non-confinement, then We will consider it a new Period of Confinement. If a Covered Person is discharged from the Hospital and readmitted to an Intensive Care Unit for the same Sickness or Accident as the prior Period of Confinement within 180 days of the prior Period of Confinement's discharge, it will be considered the same Period of Confinement. If it is considered the same Period of Confinement then a Covered Person will be subject to the same Maximum Number of Days and any Maximum Benefit Amounts shown above.

Did You Know?

In 2011, 26.9 percent of hospital stays in 29 States involved intensive care unit (ICU) charges, accounting for 47.5 percent of aggregate total hospital charges.⁴



The Intensive Care Unit Benefit Amount will be paid until the earliest date;

- ✓ Covered Person Dies;
- ✓ Covered Person is no longer Confined in an Intensive Care Unit; or
- ✓ Maximum Number of Days of Period of Confinement for Intensive Care Unit Indemnity Benefit has elapsed.



Stats taken from:

⁴Barrett ML (M.L. Barrett, Inc.), Smith MW (Truven Health Analytics), Elixhauser A (AHRQ), Honigman LS (George Washington University, Washington DC Veterans Affairs Medical Center), Pines JM (George Washington University). Utilization of Intensive Care Services, 2011. HCUP Statistical Brief #185. December 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb185-Hospital-Intensive-Care-Units-2011.pdf>



PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT

GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

Per Visit Benefit Amount	\$35.00
Max # of Visits Per Sickness or Accident Per Plan Year	2

We will pay the Physician Office Visit Indemnity Benefit Amount, as shown above for a Physician Office Visit as a result of an Accident or Sickness. The visit must be made to the Physician's office or clinic. The visit to a Physician's office must occur within thirty (30) days of the Accident, causing an injury. We will not pay more than the Maximum Benefit Amount, shown above.

Benefits are not payable for:

- Visits made by a Physician while the Covered Person is Confined in a Hospital;
- Routine eye examinations, or fitting of glasses or fitting of hearing aids;
- Dental examinations or dental care other than expenses resulting from accidental injury; or
- Annual physicals, school sports physicals, and other types of preventive visits not required due to an Accident or Sickness.



EMERGENCY ROOM INDEMNITY BENEFIT

GROUP ACCIDENT & SICKNESS
LIMITED BENEFIT CASH INSURANCE

Per Visit Benefit Amount	\$300.00
Max # of ER Visits Per Sickness or Accident Per Plan Year	2

We will pay the Emergency Room Benefit Amount, shown above, if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an Emergency Room of a Hospital. Treatment must be received within 24 hours of the Accident. We will not pay more than the Maximum Benefit Amount, shown above.

**EMERGENCY
ROOM**





REDUCTION OF BENEFIT AMOUNTS FOR ALL BENEFITS PROVIDED

If a Covered Person is age 65 years old or older on the date of loss covered under this Policy, the benefit otherwise payable will be reduced according to the schedule above.

AMOUNT OF BENEFIT AMOUNT AFTER REDUCTION

✓ **65 Years Old** on Date of Loss is:

50%
of the Benefit Amount

AMOUNT OF BENEFIT AMOUNT AFTER REDUCTION

✓ **70 Years Old** on Date of Loss is:

25%
of the Benefit Amount



EXCLUSIONS AND LIMITATIONS FOR GROUP ACCIDENT & SICKNESS LIMITED BENEFIT CASH INSURANCE

This insurance does not apply to:

1. Any Accident caused by or resulting from, directly or indirectly, a Covered Person's participation in scuba diving to depths of more than 130 feet; skydiving; hang-gliding or para-gliding; parasailing other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.
2. Any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation. (Does not apply for Plan 2 - CA & NV residents).
3. Any Accident or Sickness caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
4. Alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
5. Any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician. (Does not apply for Plan 2 - CA & NV Residents.)
6. Sickness caused by or resulting from a Covered Person's Pre-Existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy. Pre-Existing Condition means an Accident or Sickness for which, in the 6 months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.
7. Normal pregnancy. Complications of Pregnancy are covered as any other Sickness.
8. Pregnancy of a Dependent Child, unless required by law.
9. Any Accident caused by or resulting from, directly or indirectly, the Covered Person participating in any professional sporting activity for which the Covered Person received a salary or prize money.
10. Any rest care or custodial care or treatment for any Accident or Sickness.
11. Any Accident caused by or resulting from, directly or indirectly, the Covered Person being engaged in or participating in a motorized vehicular race or speed contest.
12. Any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in military service with the armed forces of any country or established international authority.
13. No benefits are payable related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
14. Voluntary abortion, except with respect to You or Your covered Spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.
15. Any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
16. Routine newborn or well baby care, including routine nursery charges.
17. Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including but not limited to the payment of claims.

IMPORTANT INFORMATION TO KNOW

Coverage becomes effective on the date provided in your membership material following the receipt of the Application and the payment of the first month's dues by the United Business Association.

Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, is the underwriter of the Group Accident and Sickness Limited Benefit Cash Insurance. Federal Insurance Company and Chubb do not provide nor is affiliated with the discount programs provided as part of membership in the United Business Association.

SCAN CODE BELOW TO VIEW & PRINT
GAP HCI CLAIM FORM



Claim forms are also available at:
<http://www.gapplusplan.com/claimforms.html>

FOR HCI CLAIMS ASSISTANCE, CONTACT

United Business Association Claims Unit

HSR, 4100 Medical Parkway, Carrollton, TX 75007

Phone: 1.866.523.3452

Fax: 1.972.512.5824

Email: ubaclaims@hsri.com

Reference the Policy Number: 9908-17-48

Benefit payment is subject to the terms, conditions, limitations, exclusions and other provisions within the Certificate. For more information and complete details of terms, conditions, limitations, and exclusions of coverage, please refer to the Certificate. Coverage may vary and may not be available in all states. A copy of the Certificate is available from the Association upon request. Written Claim Notice must be given to US within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Covered Person and the Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

DISCLAIMERS

If insurance is included in any Gap Plan, it is not basic health insurance or major medical coverage and does not qualify as minimum essential coverage under the Affordable Care Act. You must be a member of United Business Association to access and enroll in any Gap Plan that provides an insured benefit. Various insurance companies, as described, have issued group limited benefit insurance policies to the United Business Association as the group master policyholder. You must purchase UBA Membership in order to purchase this additional plan.



SCAN CODE BELOW TO VIEW
STATE SPECIFIC CERTIFICATES
INCLUDING EXCLUSIONS



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

The following monthly insurance rates apply to coverage underwritten by Federal Insurance Company. Your overall total association membership dues include these insurance rates:

Plan 1: Individual=\$54.08; Ind+Spouse=\$95.18; Family=\$115.40

Plan 2: Individual=\$57.55; Ind+Spouse=\$101.29; Family=\$122.82



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.

WE PROUDLY SUPPORT



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and more...



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