



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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 IN THE MATTER OF: :
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 :
 MICHAEL SCHEINMAN : DOCKET No.: FC 21-40
 & :
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 ACCU-HEALTH INSURANCE ADVISORS, LLC :
 :
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 Respondent :
 :
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STIPULATION AND CONSENT ORDER

It is hereby stipulated and agreed between Michael Scheinman and the State of Connecticut Insurance Department by and through Andrew N. Mais, Insurance Commissioner to wit:

I

WHEREAS, Michael Scheinman ("Respondent") is licensed as a non-resident Producer, license number 002444698, by the State of Connecticut Insurance Department ("Department"). The Respondent is the licensed designee of Accu-Health Insurance Advisors, LLC ("Accu-Health, LLC"), license number 002641386.

WHEREAS, pursuant to an investigation, the Commissioner alleges the Respondent and Accu-Health LLC sold Unified Caring Association ("UCA") membership medical discount plans to Connecticut residents by representing them as traditional health insurance.

WHEREAS, the conduct described above is in violation of Sections 38a-702k and 38a-769 of the Connecticut General Statutes and constitutes cause pursuant to Sections 38a-702k, 38a-704 and 38a-774 of the Connecticut General Statutes, for the suspension or revocation of the Respondent's insurance licenses, and/or for the imposition of a fine, and/or for criminal prosecution.

II

WHEREAS, the Respondent and Accu-Health, LLC neither admit nor deny the allegations contained in Article I of this Stipulation and Consent Order.

WHEREAS, in an effort to avoid the expenses and uncertainty of litigation and/or an administrative proceeding, the Respondent and Accu-Health, LLC, while neither admitting nor denying the allegations contemplated by the Department, agree to voluntarily surrender any and all insurance licenses issued to them by the Department effective immediately upon the execution of this Stipulation and Consent Order and, in that respect, they voluntarily waive:

- a. any right to a hearing;
- b. any requirement that the Commissioner's decision contain a statement of findings of fact and conclusions of law; and
- c. any and all rights to object to or challenge before the Commissioner or in any judicial proceedings any aspect, provision or requirement of this Stipulation and Consent Order.

WHEREAS, this Stipulation and Consent order shall not be construed as limiting, curtailing, preempting, restricting or otherwise modifying any rights of third parties in connection with the Respondents' activities that are the subject of this Stipulation and Consent Order.

WHEREAS, the Respondent agrees to pay a fine in the amount of three thousand five hundred dollars (\$3,500.00) payable to 'Treasurer, State of Connecticut' for the violations described herein upon submission of this Stipulation.

WHEREAS, Accu-Health, LLC agrees to pay a fine in the amount of three thousand five hundred dollars (\$3,500.00) payable to 'Treasurer, State of Connecticut' for the violations described herein upon submission of this Stipulation.

WHEREAS, the Respondent and Accu-Health, LLC agree to pay for any denied or partially paid medical claims incurred through the date of execution of this Stipulation and Consent Order by any Connecticut residents who have purchased UCA Membership discount plans sold by Respondent or Accu-Health LLC producers, as set forth in the table below, or provide the option if the Connecticut residents choose, to have their full premiums reimbursed.

WHEREAS, the Respondent and Accu-Health, LLC will provide the Department, three months, and six months after execution of this Stipulation and Consent Order a progress report of the fulfillment of payment of Connecticut residents denied claims or reimbursement of premiums.

WHEREAS, Respondent and Accu-Health, LLC agree that their failure to pay the fine assessed, the unpaid medical claims referred to above, the progress reports, or to abide by any of the other terms and conditions required under the terms of this Stipulation and Consent Order will result in the violation of this agreement.

NOW THEREFORE, upon consent of the parties, it is hereby agreed:

1. That the Insurance Department has jurisdiction of the subject matter of this administrative proceeding.
2. That the Respondent agrees to consent to voluntarily surrender all Connecticut insurance licenses for himself and Accu-Health, LLC.

3. That the Respondent and Accu-Health, LLC shall pay, in accordance with the table below, for any unpaid health claims incurred on or before the date of execution of this Stipulation and Consent Order, by Connecticut residents who purchased UCA discounts plans from Respondent or Accu-Health, LLC.

\$5,000.00 or More in Claims:	Claims Payment based on reimbursements levels from CT Average Silver ACA Plan minus any benefits paid by Association Plan
\$2,500.00 to \$4,999.00 in Claims:	Additional one-time \$1000.00 Member Payment
\$1,000.00 to \$2,499.00 in Claims:	Additional one-time \$500.00 Member Payment
\$0.00 to \$999.00 in Claims:	Additional one-time \$250.00 Member Payment (If balance is less than \$250 - ACCU will pay whichever is less)

4. That the Respondent is assessed a fine in the amount of three thousand five hundred dollars (\$3,500.00) for the violations listed in this Stipulation and Consent Order.
5. That Accu-Health is assessed a fine in the amount of three thousand five hundred dollars (\$3,500.00) for the violations listed in this Stipulation and Consent Order.
6. The Respondent and Accu-Health, LLC will provide the Department, three months and six months after execution of this Stipulation and Consent Order a progress report of the fulfillment of payment of Connecticut residents denied claims or reimbursed premiums.
7. That the Respondent and Accu-Health consent to the immediate voluntary surrender of their insurance licenses and, in that respect, they voluntarily waive (a) any right to a hearing; (b) any requirement that the Insurance Commissioner's decision contain a statement of findings of fact and conclusions of law; and (c) any and all right to object to or challenge before the Insurance Commissioner or in any administrative or judicial proceedings any aspect, provision or requirement of this Stipulation.

CERTIFICATION:

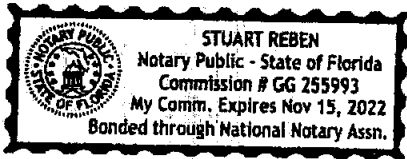
The undersigned, being duly sworn, deposes and says that he has duly executed this Stipulation and Consent Order on this 5 day of May, 2021, for and on behalf of himself and Accu-Health Insurance Advisors, LLC, that he is the Designated Licensed Responsible Person of such company, and that he has authority to execute such instrument.

By: [Signature]
Michael Scheinman

State of ~~Connecticut~~ Florida)
County of: BROWARD)

ss:

Personally appeared before me on this 5th day of MAY, 2021, Michael Scheinman, who acknowledged that he is the Designated Responsible Licensed Person of Accu-Health Insurance Advisors, LLC, a limited liability company, and that on behalf of himself and as such designee, being duly authorized so to do, he executed the foregoing instrument for the purposes therein contained.



[Signature]
Notary Public/Commissioner of the Superior Court

Section below to be completed by State of Connecticut Insurance Department

SO ORDERED at Hartford, Connecticut this 17th day of May, 2021

[Signature]
Andrew N. Mais
Insurance Commissioner