

# SECURE ADVANTAGE 2000



**United Service Association  
For Health Care**

Founded 1983, Washington DC

Guaranteed Acceptance for  
**USA+** Members

## LIMITED INDEMNITY INSURANCE BENEFITS - MEDICAL

### Physician/Hospital Benefits

#### Daily Hospital Confinement Benefit: \$2,000

This benefit is payable for up to 31 days when a Covered Person is admitted to a hospital (semi-private room) due to a covered Injury or Sickness.

#### Intensive Care Unit Benefit: \$2,000

This benefit is payable for 2-31 days, when as the result of a Covered Injury or Sickness, a Covered Person is confined to a Hospital ICU or CCU unit. This benefit is in lieu of the Daily Hospital Confinement Benefit.

#### Surgery (Inpatient/Outpatient):

Covered Expenses due to an Injury or Sickness are payable at **100% of the Medicare Allowance**, per covered surgery.

#### Anesthesia:

When a surgical procedure is performed, which is the result of a covered Injury or Sickness, a benefit for Anesthesia is payable at 25% of the Surgery Benefit.

#### Doctor Office Visit:

When a Doctor Visit is Medically Necessary due to an Injury or Sickness coverage is provided up to \$30 per visit, 5 visits Maximum per Individual, 10 visits Maximum per Family, per Policy Year. In lieu of the \$30 daily indemnity maximum, visits to your USA+'s Provider Network\* would only require a **\$20 co-pay per visit**. This benefit is not subject to a waiting period for pre-existing conditions.

#### Wellness Exam:

This benefit is payable for a routine doctor visit for other than treatment of an Injury or Sickness, up to **\$30 for a visit**, 1 visit Maximum per person per Policy Year. In lieu of the **\$30 daily indemnity Maximum**, a visit to USA+'s Provider Network\* would only require a **\$20 co-pay**. Wellness includes health appraisals, including doctor examinations and related tests, routine annual physical examinations conducted by or under the direction of a doctor, without regard to medical necessity, in order to detect disease, disability, or other physical or mental conditions. This benefit is not subject to a waiting period for pre-existing conditions. [PROVIDER LOCATOR \(Click Here\)](#)

#### Emergency Room: up to \$100

When Medically Necessary treatment by a Doctor in a Hospital Emergency Room for a Medical Emergency due to an Injury or Sickness, is required, coverage is provided for treatment up to \$100 per Policy Year, 1 visit Maximum per covered person.

#### Physical Therapy Visits: \$25 per visit

When as the result of a Covered Injury or Sickness, a Doctor certifies that a Covered Person requires Physical Therapy. Maximum of 10 visits per person per Policy Year.

#### Ambulance Benefit: \$300 Per Trip

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. For Medical Emergencies only. Maximum of one trip per Policy Year.

#### Hospice Benefit: \$100 per day

This benefit is payable, when a Doctor certifies that as the result of a Covered Injury or Sickness, the Covered Persons life expectancy is not more than 6 months. Maximum of 20 days per Policy Year.

## EXCESS MEDICAL ACCIDENT EXPENSE BENEFITS

### Accident Medical/Dental Expense Benefit: \$5,000

When a Covered Person sustains an accidental Injury that requires Medically Necessary care by a Doctor, coverage is provided, less a \$200 deductible, up to \$5,000, for treatment, services and supplies for such Injury. Maximum of one occurrence per member per Policy Year. Initial treatment for the Injury must be received within 30 days of the Injury.

*These benefits are underwritten by United States Fire Insurance Company and are subject to the terms, definitions, conditions, exclusions and limitations of the group policy. Coverage is not provided for loss due to pre-existing condition for 12 months from the Covered Person's effective membership date. Coverage is not provided for members age 65 or over.*

*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. [CLICK HERE FOR EXCLUSIONS](#). NOT AVAILABLE IN CT, KS OR VT.*

*\*Through your USA+ membership, you can select from over 237,000 Beech Street Physicians and over 430,000 Beech Street Specialists.*

## ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

### Accidental Death & Dismemberment Benefit

You receive the following benefits: 24 Hours a Day, 365 Days a Year, Worldwide Accident Protection; Paid in Addition to Other Insurance; Covers Accidents in the Course of Business or Pleasure, on or off the job.

**Member - \$10,000   Spouse - \$5,000   Child - \$2,500**

*Reduction in Principal Sum for ages 70 and up. This insurance benefit is underwritten by National Union Fire Insurance Company of Pittsburgh, PA. Certain terms and conditions apply and benefits are subject to the Limitations and Exclusions of the Policy. See the Certificate of Insurance for the details.*

*The USA+ membership is not an insurance contract. The membership includes insured & non-insured benefits. This is an Association Membership offered and administered by United Service Association For Health Care, P.O. Box 200905, Arlington, TX 76006-0905, 800-USA-1187.*

## INSURED BENEFITS - PRESCRIPTION

### Companion Life Insured RX Benefit

#### Retail Services

- \$15 co-pay for covered outpatient generic drugs when prescriptions are filled at participating pharmacies.\*
- \$100 Annual deductible per family member.
- \$4,000 Annual Maximum.
- Co-pay applies to each 30 day supply.
- Over 58,000 Participating Pharmacies.
- Up to 25% off brand medications.

[CHECK DRUG PRICING \(Click Here\)](#)

#### Mail Services

- \$45 co-pay for covered outpatient generic drugs when filled through our mail order service, maximum supply of 90 days.\*
- Purchases are applied toward the annual deductible and annual maximum.
- Order long term medications through APS and save 5% to 50% off the regular retail price.

*This benefit is provided to USA+ Members by a group policy issued to USAHC by Companion Life Insurance Company. All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations of the group policy. A brief list of exclusions includes the following: injectables, experimental drugs, vitamins, infertility, cosmetic drugs and brand\* name drugs. Please contact the Association at 1-800-872-1187 for a complete list of exclusions and limitations. Coverage becomes effective on the date provided in your membership materials.*

*\*BRAND PURCHASES CANNOT BE APPLIED TO THE DEDUCTIBLE.*

*THIS BENEFIT IS NOT AVAILABLE IN CA, CT, HI, ME, MN, NY AND NJ.*

## NON-INSURED MEDICAL BENEFITS

### C.A.R.E. Hospital Program (Claims Adjudication Resource Enhancement)

This program is designed to stretch the value of your insurance benefits by seamlessly integrating your plan with fee negotiated hospital services. With this service you can realize a reduction in your hospital bill of up to 50% and more.

#### Examples of cost reductions include:

**Member:** Jason in New York

**Procedure:** Cataract Surgery

**Original Cost:** \$3,000 **Negotiated Cost:** \$1,379 **Results of Negotiations:** \$1,621 or 54%

**Member:** Linda in Virginia

**Procedure:** (Esophagogastroduodenoscopy) EGD Test

**Original Cost:** \$21,000 **Negotiated Cost:** \$12,600 **Results of Negotiations:** \$8,400 or 40%

**Member:** Rick in Texas

**Procedure:** Back Mass Surgery - Out-Patient

**Original Cost:** \$5,000 **Negotiated Cost:** \$1,650 **Results of Negotiations:** \$3,350 or 67%

*Negotiations are performed on a case-by-case basis and results will vary and are not guaranteed.*

A Case Manager will be assigned to each Member to assist throughout the hospital experience. The Case Manager will speak to your Physician and obtain information so that an estimate for the proposed services can be provided. Once this information has been obtained, the Case Manager will inform Members of their estimated out-of-pocket expenses for the procedure (the reduced amount not covered by the Member's insurance plan). A Medical Financing Program may be available to assist Members with their out-of-pocket expenses. For more information, Members should talk to their Case Manager.

- Financing options for A thru D Credit Applications
- Fixed Interest Rates
- Interest rebate programs (12-month interest rebate)
- No payment due until 4 weeks after receipt of signed contract
- Loan amounts from \$1,500 to \$25,000
- No Prepayment penalties
- Loan terms from 18 months to 48 months

### DirectLabs

#### An annual Comprehensive Wellness Exam (CWP™), at no charge!

A simple inexpensive blood test could save your life. Serious Medical Conditions such as heart disease, prostate cancer, diabetes, thyroid disease, and more, can go undetected for up to two years - without noticeable symptoms.

The earlier a problem is detected, the easier and more likely it is to be treatable. A Comprehensive Wellness Exam (CWP™), which includes a Complete Blood Count, Liver Profile, Kidney Panel, Thyroid Panel, Lipid Profile, Bone and Minerals, Fluids & Electrolytes and Diabetes, costs over \$500. DirectLabs provides direct access to major clinical labs across the USA for these important blood tests one time annually at no charge for each enrolled member and the member's spouse, if enrolled.

*Comprehensive Wellness Profile (CWP™) with 50+ results includes CBC's, lipids, kidney, liver, glucose, electrolytes, bones, minerals, and more.*

*This benefit is not available until the 61st day following effective date.*

## CallMD

This benefit will save you time and money that might otherwise have been spent in a physician's waiting room or office. With this service, you can use a toll-free number that connects you with a nurse and ultimately with a physician, who will discuss symptoms with you and where allowed by law, may write a prescription for non-narcotic or non controlled medications at any time day or night.

## Optum® Nurseline

When you or your child are ill in the middle of the night, or at any time, it is now at your fingertips to get professional help. Speak with a caring staff of registered nurses toll-free, 24 hours a day, 7 days a week.

## Best Doctors®

You and your doctor have access to the medical guidance of over 50,000 of the leading medical specialists in over 400 subspecialties of medicine. This benefit provides you with the following services:

**InterConsultation™** - a high level second opinion, to confirm diagnosis and treatment.

**FindBestDoc™** - assistance in locating doctors in your area that have been identified as 'best' by their peers to treat specific medical conditions.

**FindBestCare®** - arranging access to hospitals and treatment.

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## MyHealthCompass™

The most comprehensive consumer health information tool available. With MyHealthCompass™, access to detailed information about healthcare providers, and be better equipped to make healthcare decisions. As a member of MyHealthCompass™, **you'll benefit from:** Quality ratings for hospitals and medical procedures, Pricing information for medical procedures, Detailed profiles on doctors and hospitals.

## My eWellness

My eWellness.com is a comprehensive health resource that helps individuals achieve their personal goals.

- Simple to follow workout plans with muscle maps, descriptions and animations to assist you with your exercises
- Daily health tips on nutrition, weight-loss, exercise and disease prevention
- Access to over 4,500 current health and wellness related articles and links to hundreds of additional wellness resources
- Health calculators for you to easily track and assess your progress.

## Natural Supplements/Vitamins

Through your membership in USA+, you have access to over 500 supplements and vitamins with an average discount of 25%.

## PROTECTION BENEFITS

### Emergency Helicopter Rescue

In the event that an eligible member suffers from a "certified injury" that requires emergency medical transportation by helicopter in accordance with EMS protocols, the program will reimburse the participant up to a maximum of \$4,000.00 per occurrence. Reimbursement includes expenses incurred from the cost of "Medically Necessary" or "Life Threatening" helicopter transportation from the scene of an accident to the nearest medical facility capable of treating the injuries or from one medical facility to another medical facility. Claims for "Medically Necessary" transports from one medical facility to another medical facility are subject to review by Lifeguard's Medical Officer.

#### Provisions include:

- One benefit will be paid per occurrence.
- Benefit in excess of all other valid collectable insurance.
- Coverage is worldwide.
- Transportation by helicopter only.

This benefit is provided to USA+ members by Lifeguard Emergency Travel, Inc. Certain terms and conditions apply and benefits are subject to the Exclusions and Limitations. See your Membership Handbook for the details.

### CareFlite

Provides worldwide, 24-hour hospital bed-to-hospital bed fixed wing air ambulance service at no charge. Designed for **stabilized patients** who cannot receive necessary medical care where they are presently admitted for treatment. All transfers must be evaluated and approved by CareFlite in advance, and determined by a Primary Medical Authority physician to be medically necessary. Transfer must be to a specialized hospital or medical center of higher care at least 100 air miles (one way) away.

This benefit is provided to USA+ Members by a group policy issued to USA/HC by an A.M. Best rated insurance company. Certain terms and conditions apply and benefits are subject to the Exclusions and Limitations.

## DENTAL/VISION BENEFITS

### Ameritas Group Dental Benefits\*

You receive the following benefits: NO Deductible for Type 1 Preventive Services, \$50 Deductible for Type 2 Basic Services, No more than 3 deductibles per calendar year, Maximum Benefit – \$1,000 annually Per Family Member, Benefits Are Paid Based On Schedule of Eligible Expenses, No waiting period on preventive and basic services, Choose any dentist nationwide or select from one of nearly **65,000 provider access locations**.

**Dental Rewards** - Rewards insureds that care for their teeth and use only a portion of their annual maximum benefit in a year. With its increasing maximum feature, each insured member and dependent earns additional money toward his or her next year's annual maximum.

**To get the maximum carryover for the next year, you must meet the following requirements:**

- 1) Visit your Dentist between Jan. 1st and Dec. 31st.
- 2) Submit claim for payment prior to April 1st of the next year.
- 3) Total benefits paid for current year visits must be less than \$500.

- *If you meet all 3 requirements you will have an additional \$250 available in Annual Maximum for the next year.*
- *In future years if you have benefits paid of less than \$500, additional amounts of \$250 will be added to the carryover. However, the most you can accumulate in the maximum carryover is \$1,000.*
- *Your annual maximum will be \$2,000 in four years if you continue to visit the dentist once each year!*

### Ameritas Group Vision Service Plan\*

You receive the following benefits and more: Free eye exam once per year per family member from participating providers; 20% discount on lenses, frames, and other hardware; Up to a 25% discount on laser surgery; There are 32,000 VSP providers nationwide; There's a VSP provider within ten miles of the homes of 90% of the United States population; Find a VSP provider near you at [ameritasgroup.com](http://ameritasgroup.com).

\* These benefits are provided to USA+ Members by a group Dental Expense policy issued to USA/HC by Ameritas Life Insurance Corp. Certain terms and conditions apply and benefits are subject to the Exclusions and Limitations. A complete description is contained in the Certificate of Coverage. Ameritas Group, a division of Ameritas Life Insurance Corp. a UNIFI Company, offers group dental and eye care products nationwide. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life.

# LIMITED INDEMNITY INSURANCE BENEFITS EXCLUSIONS

## LIMITATIONS AND EXCLUSIONS

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 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 sound, 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;
- (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;
- (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. This does not include Reserve or National Guard duty for training. 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.

# MEMBER REWARDS PROGRAM

## Rewards Program

The privileges of being a USA+ member only get better and better. In addition to access to great healthcare benefits, USA+ members are automatically enrolled in our Member Reward Program.

Once you have been a SecureAdvantage2000 member in good standing for at least five years, you can receive a 50% refund of all membership dues paid to USA+, or you can wait to redeem 100% after 10 years. What that means to you, is that you will receive a reward of the amount listed below, based on the plan you purchased and the length of your membership in USA+.

**Individual - 5 year reward** - \$11,100 and **10 year reward** \$44,400

**Member +1 - 5 year reward** - \$19,770 and **10 year reward** \$79,080

**Family - 5 year reward** - \$25,950 and **10 year reward** \$103,800

No action is required to activate your reward program. To redeem your reward, contact USA+ at 800-USA-1187.

Member is only eligible for one reward per qualifying term. Once the reward has been redeemed, the eligibility period begins again. Please see your Membership Handbook for details.

# United Service Association For Health Care Foundation



USA+ Foundation Founder and Chairman of the Board, Dody Wood, with 2 special patients.

The USA+ Foundation was created twenty years ago to help fund charities that assist those who suffer needlessly, giving them hope for the future.

So far, the USA+ Foundation has awarded over 6 million dollars to worthy charitable groups. As a USA+ member, you will assist worthwhile charities, community programs, and national research programs by helping us reach our goal of giving \$1,000,000 a month to charity.

Here are a few of the organizations that receive funding from the USA+ Foundation to help improve the quality of life for those facing unknown challenges:

- American Diabetes Association
- Cystic Fibrosis Foundation
- Habitat for Humanity
- Juvenile Diabetes Research Foundation
- Muscular Dystrophy Association
- St. Jude Children's Research Hospital®

## Membership Receipt

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Membership Selected:

Secure Advantage 2000 .....  **\$370** (Individual)  
 **\$659** (Member+1)  
 **\$865** (Family)

Monthly Membership Dues: \_\_\_\_\_ Setup Fees: **\$100**


Total Remitted: \_\_\_\_\_ Method of Payment:  Check  Credit Card

Mode of Payment:  Monthly Bank Draft (EFT)  Quarterly Direct Billing  
 Monthly Credit Card  Semi-Annual Direct Billing  
 Annual Direct Billing

Recurring Monthly Dues: \_\_\_\_\_

### 10 Day Guarantee

*You have 10 days from the date you receive your membership materials (or such longer period as may be required by state law) to review and evaluate the USA+ membership. If you wish to cancel your membership and receive a refund, you may do so by submitting a written request to USA+ at the address listed below.*



**United Service Association**  
For Health Care

ADMINISTRATIVE OFFICES  
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REPRESENTATIVE SIGNATURE \_\_\_\_\_