

**If You Are Self-Employed Or A
Company Looking For Group Health
Insurance, We Have Got You Covered.**



Here's How To Get Health Coverage Again!



USA
HEALTH PLANS

Personalize Coverage

Save Money

1

Cover Your Every Day
Medical Needs

2

Add Catastrophic
Benefits

3

Add Ancillary Benefits

6 THINGS Employers WANT MOST



USA
HEALTH PLANS



Guaranteed Rates /
No Underwriting



No Participation
Requirements



Flexible / Defined
Contributions



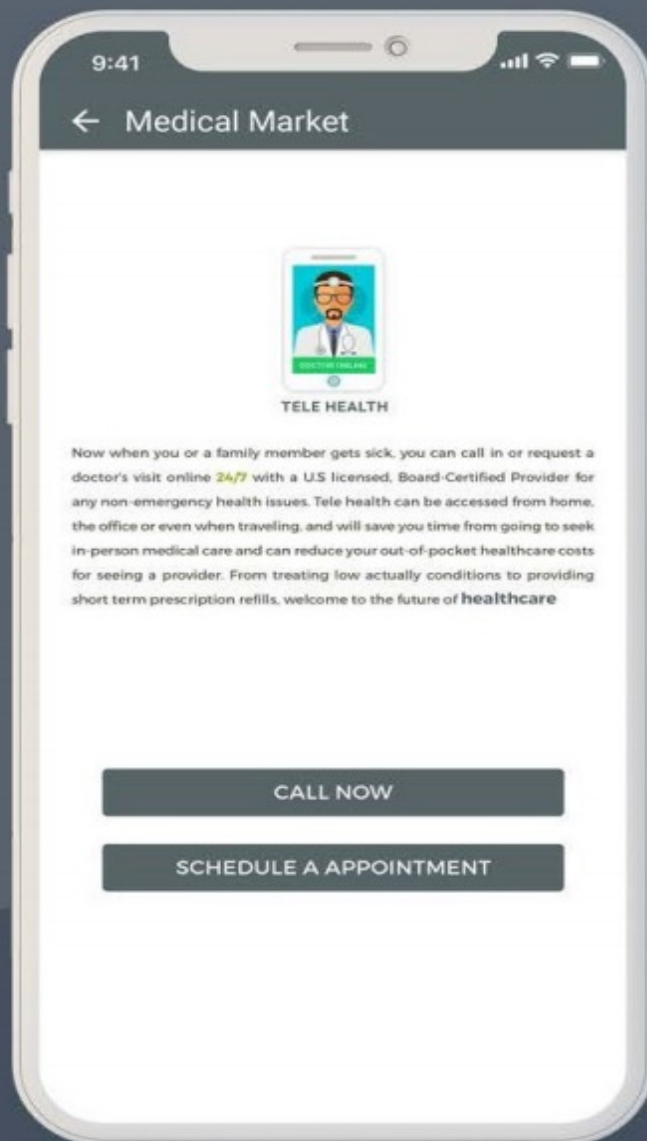
Tangible Employee
Benefits



ACA Compliant



Predictability



PLAN INFO

✓ Email your card to your doc



HealthWallet

CHANGING THE WAY HEALTHCARE IS DELIVERED



TELEMEDICINE

- ✓ Instant access to a nation-wide network of on-demand, board certified doctors directly from the app, all 50 states
- ✓ Telephonic and Video capabilities
- ✓ Accomplish 70% of the reason people go into primary and urgent care
- ✓ Responds to the location of the user to give them access to a practitioner in the state they are seeking services
- ✓ **24/7/365**
- ✓ **\$0 Consult Fee**

Worldwide Medical Assist (Included)

24/7 Medical Emergency Travel Assistance Program



- Emergency Evacuation
- Medically-Necessary Repatriation
- Emergency Cash
- Medical Search & Referral
- Replacement of Medication
- Replacement of Eyeglasses
- Medical Monitoring
- Visit by Family Member or Friend
- Dependent Children Assistance
- Traveling Companion Assistance
- Repatriation of Mortal Remains
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Travel Arrangements
- Legal Assistance/Bail
- Emergency Message Relay
- Vehicle Return
- Pet Return



View Plan Guidelines
[‘Click Here’](#)

Cover your Every Day Medical Needs

(Pre-Existing Conditions covered day 1)



	Apex	Well Premium	USA Freedom B	USA Freedom C	Ease Bronze	Ease Silver
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Telemedicine	Included	Included	Included	Included	Included	Included
Worldwide Travel Assist	Included	Included	Included	Included	Included	Included
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	\$20 Copay (3 visits per year)	\$35 co-pay (unlimited)	\$20 Copay*	\$20 Copay*	\$15 co-pay (8 visits per year)	\$15 co-pay (10 visits per year)
Specialist	\$50 Copay (3 per year)	\$75 Co-pay (unlimited)	50-80% Co-insurance	50-80% Co-insurance	\$50 Co-pay (8 visits per year)	\$25 Co-pay (10 visits per year)
Urgent Care	\$50 Copay (3 per year)	\$75 Co-pay (unlimited)	50-80% Co-insurance	50-80% Co-insurance	\$50 Co-pay (2 visits per year)	\$35 Co-pay (3 visits per year)
Lab & X-Ray	\$50 Copay (5 per year)	\$50 co-pay (unlimited)	50-80% Co-insurance	50-80% Co-insurance	\$50 co-pay (3 per year)	\$50 co-pay (3 per year)
CT / MRI	\$200 Copay (1 per year)	\$500 co-pay (1 per year)	50-80% Co-insurance	50-80% Co-insurance	\$350 co-pay (2 per year)	\$350 co-pay (2 per year)
Prescription Drugs	50-80% Co-insurance	Arrive RX Copay Card	50-80% Co-insurance	50-80% Co-insurance	Arrive RX Copay Card	Arrive RX Copay Card
Outpatient Surgery	N/A	N/A	50-80% Co-insurance	50-100% Co-insurance	\$350 co-pay (limited to 1 per year)	\$350 co-pay (limited to 2 per year)
Inpatient Surgery	N/A	N/A	50-80% Co-insurance	50-100% Co-insurance	\$350 Copay (limited to 2 per year)	\$350 Copay (limited to 3 per year)
Emergency Room	N/A	N/A	50-80% Co-insurance	50-100% Co-insurance	\$350 co-pay (1 visit per year)	\$350 co-pay (1 visit per year)
Inpatient Hospitalization	N/A	N/A	50-80% Co-insurance	50-100% Co-insurance	\$350 co-pay (per admission) (limited to 7 Days per Year)	\$350 co-pay (per admission) (limited to 7 Days per Year)
Maternity / Pregnancy	N/A	N/A	50-80% Co-insurance	50-100% Co-insurance	N/A	\$350 Copay (Separate Copay for Professional Services & Delivery)
Annual Max	Not Applicable	Not Applicable	\$20,000 / \$40,000	\$45,000 / \$90,000	Not Applicable	Not Applicable
Employee Only	\$159	\$249	\$399	\$499	\$550	\$665
Employee + Spouse	\$249	\$375	\$635	\$830	\$750	\$875
Employee + Children	\$249	\$375	\$635	\$830	\$725	\$825
Family	\$325	\$475	\$635	\$830	\$975	\$1,150

Please Note: Please refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, and Exclusions. If plan comparison above differs from the Schedule of Benefits, the Schedule of Benefits will govern.

ADD CATASTROPHIC

Select Silver & Lifetime Plus+



Select Silver 2750

CMS HealthShare

Member Responsibility
Amount (MRA)

\$2,750/yr

Sharing	100%
Max OOP	2,750
Doctor visits	N/A
Surgery	100%
Outpatient	100%
Hospitalization	100%
Lifetime Max	\$1,000,000

Increase Lifetime Max

Lifetime Plus+ \$3,000,000

This is not insurance. Available in all 50 States & every US Territory. Sharing & Max OOP are related to eligible medical needs. Lifetime Plus is an added benefit from USA Health Plans and is enrolled separately

Select Silver 2750

(\$1,000,000 HealthShare)

Age	1 Life	2 Life	Family
0-39	\$160	\$225	\$295
40-49	\$180	\$255	\$325
50-59	\$230	\$365	\$420
60-64	\$275	\$485	\$525

Family rate is up to 5 family members, a \$50 monthly contribution is added for members 6+

Lifetime Plus+

(additional \$2 Mil)

Age	1 Life	2 Life	Family
+ 1 Mil	\$59	\$79	\$99
+ 2 Mil	\$79	\$115	\$150

- Select Silver is not insurance but rather a "Recognized Healthshare" under the Affordable Care Act through CMS. (Centers of Medicare & Medicaid).
- Select Silver is a facility only plan for hospitalization, surgery, and outpatient treatment.
- Pre-existing conditions are ineligible for sharing during the first 2 years of membership. Some Conditions 5 years ([click here for list](#))
- Select Silver & Lifetime Plus are best suited as an add on to insurance products that cover pre-existing conditions.
- **Notice:** If you feel the insurance products offered by USA Health Plans do not provide enough coverage for Pre-Existing medical needs, you should consider other insurance options

View Select Silver [Limitations & Guidelines Here](#)
View Lifetime Plus [Guidelines Here](#)

The outline above is designed to provide an easy-to-read generic description, this does not represent full membership guidelines.

Still Want Major Medical?



Executive / Management Carve Outs

- Underwritten Major Medical
- Level Funded
- No Participation Rates
- Down to 5 Lives

Gold Plan

PPO Network	Reference Based Pricing/PHCS(Physician only)					
	Gold 200		Gold 201		Gold 202	
Minimum Essential Coverage	Network	Non-Network	Network	Non-Network	Network	Non-Network
Wellness and Preventive Benefits required by ACA to avoid individual tax penalty.*	100%	80%	100%	80%	100%	80%
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible – Individual/Family	\$1,000 / \$3,000	\$2,000 / \$6,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$3,250 / \$9,750	\$6,500 / \$19,500
Out-of-Pocket Maximum – Individual/Family	\$3,500 / \$10,500	\$7,000 / \$21,000	\$3,000 / \$9,000	\$6,000 / \$18,000	\$3,250 / \$9,750	\$6,500 / \$19,500
Coinsurance- after deductible	100%	80%	100%	80%	100%	80%
Primary / Specialist / Urgent Care	\$15 / \$40 / \$40	80%	100%	80%	\$30 / \$50 / \$50	80%
In-Patient Hospitalization	100%	80%	100%	80%	100%	80%
Out-Patient Surgery	100%	80%	100%	80%	100%	80%
X-Ray / Lab	100%	80%	100%	80%	100%	80%
Emergency Room	\$300 Copay	\$300 Copay	100%	100%	\$400 Copay	\$400 Copay
Generic Prescription Drugs	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Preferred Brand Drugs	\$35	Not Covered	Covered at 100%	Not Covered	\$35	Not Covered
Non-Preferred Brand Drugs	\$75	Not Covered	Covered at 100%	Not Covered	\$75	Not Covered
Specialty Drugs	\$150	Not Covered	Covered at 100%	Not Covered	\$150	Not Covered

To Get A Proposal, Choose The Discovery Worksheet That Best applies To Your Situation

Individual Worksheet

Group Worksheet

Thank You!

For The Opportunity To Present This Solution

For More Information or Questions Contact

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