

# USA+ is committed to the promotion of **Equal Access to Health Care**

for all Americans.

Real Benefits, Real Value, PLUS We Really Care!

**United Service Association For Health Care** 1701 E. Lamar Blvd, Suite 185 Arlington, TX 76006

800.872.1187

#### About USA+

United Service Association For Health Care (USA+) is a non-profit membership association chartered in Washington, D.C., in 1983. USA+ was founded to benefit the lives of individuals and families by promoting equal access to health care. In November of 1987, USA+ became one of the first membership associations in the United States to provide quality benefits programs for individuals and families that were previously available only to employees of large corporations.

USA+ is NOT an insurance company. USA+ identifies the needs of its members and finds the nation's top providers of products and services to satisfy those needs. Through the size of its national membership, USA+ leverages its contracts with providers to negotiate benefits for its members. USA+ Benefit Plans may consist of insured and non-insured benefits. Members will have access to insured benefits through the group policies that have been issued to USA+ by A.M. Best rated insurance companies.

USA+ is committed to the promotion of equal access to health care for all citizens of the United States, but more specifically, for members of our association. USA+ stays abreast of legislation proposed by state regulators that may have a favorable or adverse impact on our membership population. When necessary, we contact regulators in order to have an opportunity to convey the views of USA+ members. USA+ also encourages its members to get involved by contacting their local and state leaders to be sure that their voices are heard. USA+ believes that together, we can make a difference.

USA+ and its members impact the lives of people in need all across the nation, giving to charities that make a difference, and improving the quality of life for many people who are facing difficult challenges. Through the United Service Association For Health Care Foundation (USA+ Foundation), members of USA+ are able to contribute effortlessly. A portion of the membership dues collected each month is donated to the USA+ Foundation. Through the combined contributions of our members, that small amount has exceeded \$8 million awarded to more than 200 worthwhile charities, community programs and national research programs. The United Service Association For Health Care Foundation can receive donations from businesses, other foundations, and individuals. If you want to make an additional tax-free donation, please send it to the address listed below. If you do not want to participate in this program, please send a letter to the address below.

USA+ is an accredited member of the Better Business Bureau with an A+ rating, a member of the Arlington, Texas Chamber of Commerce, and the U.S. Chamber of Commerce.

Membership in USA+ is NOT insurance nor is it meant to represent an insurance contract. This is an Association Membership offered and administered by United Service Association For Health Care. Not available in all states. Please contact USA+ for state availability.

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#### The Privileges of Membership include the following:

#### **USA+ Benefits Protector**

Many individuals lose their job due to a company relocation, company downsizing or as the result of natural disasters. For most individuals, loss of employment also means a monetary loss.

The Benefits Protector program helps cushion the impact of economic downturns that occur. Should you lose your job through no fault of your own, we will be there for you. Your membership dues will be waived and your membership benefits will continue for three (3) months. \*

\*Certain Terms and Conditions Apply.

#### **USA+ Scholarship Program**

USA+ is committed to the promotion of equal access to health care for all Americans. In order to ensure equal access to health care, it is important that there are sufficient medical providers available to serve the public. For that reason, USA+ developed a scholarship program. This program will provide scholarships to outstanding high school seniors that show promise of continued academic performance. This program is only available to dependent children and grandchildren of USA+ members and will allow deserving students to attain their educational goals.

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### Health Solutions - Insurance Benefits

DEDUCTIBLE	Health Solutions Premium	Health Solutions Elite	Health Solutions Elite Plus		
Individual	\$O	\$2,500	\$1,000		
Family	\$O	\$5,000	\$2,000		
OUT OF POCKET MAXIMUM	Health Solutions Premium	Health Solutions Elite	Health Solutions Elite Plus		
Individual	N/A N/A		N/A		
Family	N/A	N/A	N/A		
PLAN BENEFITS	Health Solutions Health Solutions Premium Elite		Health Solutions Elite Plus		
Preventative & Wellness Office Visit	\$0 Copay	\$0 Copay	\$0 Copay		
Telemedicine	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee		
Primary Care Office Visit*	\$35 Copay	\$50 Copay	\$35 Copay		
Specialist Office Visit*	\$75 Copay - Max 5 per plan year	\$100 Copay	\$75 Copay		
Laboratory Services - Basic Services*	\$75 Copay	\$100 Copay	\$100 Copay		
Radiology - Per Image Billed*	\$50 Copay - Max 5 per plan year	\$60 Copay	\$50 Copay		
CT/MRI/MRA/PET Scans*	Not Covered	After deductible, Then plan pays 100%	\$500 Copay Then plan pays 100%		
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Specialist Office Visit Copay 4	of the PPO amount Specialist Office Visit Copay	of the PPO Amount Specialist Office Visit Copay		

\*Then plan pays 100% of the PPO Amount

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PLAN BENEFITS	Health Solutions Premium	Health Solutions Elite	Health Solutions Elite Plus	
Other Outpatient Services	Not Covered	Not Covered	Not Covered	
Urgent Care*	\$50 Copay - Then plan pays 100% of the PPO Amount	\$200 Copay- Then plan pays 100% of the PPO Amount	\$150 Copay- Then plan pays 100% of the PPO Amount	
Emergency Room Services	Not Covered	Not Covered	After deductible, \$400 Copay then 50% coinsurance -	
Hospital Inpatient Room &			Limited to 1 visit per plan year	
Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	Not Covered	After deductible, \$1,000 a day - 5 days max	After deductible, \$500 Copay then 60% coinsurance - Combined limit of 5 days	
Preventative Prescriptions Generic Drugs	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	\$0 Copay (Limited to Preventative Only)	
Prescription Benefits -	Tier 1 = Under \$10;	Tier 1 = Under \$10;	Tier 1 = Under \$10;	
VaultRx Refere Pressription	Tier 2 = Under \$25;	Tier 2 = Under \$25; Tier 3 = Under \$50;	Tier 2 = Under \$25; Tier 3 = Under \$50;	
Before Prescription Deductible	Tier 3 = Under \$50; Tier 4 = Over \$50;	Tier 4 = Over \$50;	Tier 4 = Over \$50;	

#### Additional Covered Drugs After Prescription Deductible

Formulary Link = <u>https://www.vaultmecs.com/vault-rx</u>

#### Maternity

Maternity doctor visits will be covered in the same manner as Specialist benefits as outlined in the plan. Maternity doctor visits will be covered in the same manner as Specialist benefits as outlined in the plan.

Labor and delivery benefits as well as maternity doctor visits will be covered in the same manner as all other Hospital and Specialist benefits as outlined in the plan. A 12-month pre-ex provision will apply to the labor & delivery hospital benefits.

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\*Then plan pays 100% of the PPO Amount

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The monthly association membership fees you will be charged include the following insurance premiums:

	Member Only		Member Spouse		Member Child		Member Family	
Health Solutions Premium Health Solutions	\$	191.91	\$	348.24	\$	299.64	\$	454.90
Elite Health Solutions	\$	281.31	\$	516.77	\$	443.78	\$	675.59
Elite Plus	\$	348.78	\$	646.30	\$	553.36	\$	846.59

Reinsured by Nationwide Life Insurance Company.

These products are not available in MT, NY, SD, and WA.

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#### **CLC ID Protect Plus**

CLC ID Protect Plus offers a comprehensive identity protection program with several layers of defense. ID Monitoring is the first layer; however, monitoring will never capture all fraudulent transactions. CLC ID protect backs up monitoring with additional layers of ID Protection and ID Recovery. We add up to \$10,000 of insurance coverage to protect against financial losses, a US based team of professional Fraud Resolution Specialists<sup>™</sup> to clear your records, tax fraud specialists to help clear issues with the IRS, financial specialists to help resolve financial hardships that can result from identity theft, and finally, we provide discounted legal services should the issue require the intervention of an attorney.

#### **ID** Monitoring\*

CLC ID Protect Plus includes continuous 24/7 Social Security Number and Personal Information Monitoring with text and email alerts that notify you of possible misuse of your SSN and personal information and suspicious activity. ID Monitoring is a vital component in defending your most valuable asset, your identity.

\*CLC ID Protect Plus does not monitor all transactions at all businesses. No service can stop all identity theft events.

#### **ID** Protection

CLC ID Protect Plus uses email and text alerts to notify you of suspicious activity involving your SSN and personal information. If your identity is stolen, identity theft insurance<sup>†</sup> coverage is available for fraud-related losses and expenses, such as lost wages or legal expenses.

*†* Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

#### **ID Theft Recovery**

CLC ID Protect Plus gives you unlimited access to a US based team of Fraud Resolution Specialists<sup>™</sup> who work relentlessly on your behalf to restore your stolen identity and repair your damaged credit reputation should you ever fall victim to identity theft.

#### FRAUD RESOLUTION TEAM

You have unlimited access to our team of Fraud Resolution Specialists<sup>™</sup>. Each FRS<sup>™</sup> is an experienced fraud representative and has been trained under the Fair Credit Reporting Act (FCRA). Each FRS is educated

on and familiar with prohibited "collection" company activities under the Fair Debt Credit Protection Act (FDCPA). Additional certifications include Certified Identity Theft Risk Management Specialist® and Certified Credit Report Reviewer.

#### **EMERGENCY RESPONSE KIT**

Receive a step-by-step guide when you fall victim to theft or a breach. This kit is available at any time through our website.

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#### **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 \$7,000.00 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.

Not available to lowa residents.

#### LIMITATIONS AND EXCLUSIONS

The following conditions represent coverage exclusions:

- 1. Suicide or attempted suicide;
- 2. Intentionally self-inflicted injuries;
- 3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 4. Participation in any military maneuver or training exercise;
- 5. Mental or emotional disorders, unless hospitalized;
- 6. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- 7. Commission or the attempt to commit a criminal act;
- 8. Participation as a professional in athletics;
- 9. Pregnancy and childbirth (except for complications of pregnancy);
- 10. Bodily injury or sickness which can be treated locally

#### **AirMed**

The following services are available if the Participant suffers an injury or a sudden and unexpected illness, when you are 100 or more miles away from home.

- Air Medical Repatriation. If a Member is admitted to (or being discharged from) a hospital anywhere in the world that is more than 150 miles from the Member's residence in the United States or Canada and it is determined by the Member's physician and AirMed's medical director that the Member's medical condition is stable enough to allow air transport but that medical escort is required, AirMed will provide flight, ground transportation, & patient care, a full bedside to bedside experience for any covered member.
- 24/7 Worldwide Medical Services Hotline. This program connects Members 24 hours a day, seven days a week, to the worldwide resources of AirMed. Members have access to AirMed's Customer Care Center (CCC) who will provide information about how and where to obtain medical care while traveling, including medical monitoring and coordination with local health care professionals.
- **Transport of Mortal Remains.** In the unfortunate event of a Member's death while traveling more than 150 miles from the Member's residence in the United States, AirMed will make all necessary arrangements, at no additional cost, to return the mortal remains to a funeral facility in the city of the Member's primary residence as requested by the family.
- Global Security & Risk Assistance. Members have 24/7 access to the AirMed Communications Center and the resources of our worldwide security firms for up-to-theminute global threat assessments, foreign travel advisories, pre-trip threat evaluations, and political and security evacuation arrangements to a safe haven location.
- Emergency Call Referrals.

Please refer to your Membership Handbook for Exclusions and Limitations.

### **Optum® NurseLine**

When was the last time you needed to ask a health care professional about a medical situation or condition?

#### How You Benefit

- o It's midnight and the baby has been crying for hours.
- o Your child hurt their knee while playing
- o You have been recently diagnosed with diabetes

NurseLine offers health information for men, women, children, and seniors in the event you may be forced with a medical situation. You will have a choice of determining whether to go to the doctor, visit an afterhours urgent care clinic, or the emergency room. This allows you to choose the appropriate care for your family at no cost to you. Call Optum® NurseLine at 1-866-850-6215, 24 hours every day.

Topics range from medical issues, illness prevention, health care resources, medications, nutrition, exercise, and aging. The experienced staff of registered nurses will provide you with information on self-care tips, signs, symptoms, diagnoses, treatment options offered by your doctor, and what side effects medications may have. This will help you determine if you or your family will need a higher level of care.

Your privacy is important to us. If you are concerned about our privacy policy, let's talk about it before you share information about your situation with us. Optum nurses cannot diagnose problems nor recommend specific treatment nor are they a substitute for your doctor's care.

#### How to Use Your Benefit

To access the Optum® NurseLine weblink at www.usahc.com, select the "Members Only" tab and when prompted, enter your user ID and password. The Optum® NurseLine weblink is an interactive application that gives you access to a wealth of reliable health and well-being information. Create a personalized site and receive regular updates on the topics you choose, browse through a vast reference library, join live online discussions with health professionals, or link to many other informative websites.

Another convenient way to access health information through Optum is to listen to their broad library of audio messages. Simply call 1-866-850-6215, press "1", then press "2" and enter pin code 512 to listen to the Health Information Library's recorded messages on a wide variety (more than 1,100 topics) of health and well- being issues. Ask an Optum nurse about additional topics. You may also access additional information through the Health Forums link on our website. When registering at the Health Forums site, use registration code 18668506215.

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#### Health Solutions PLAN EXCLUSIONS

The following medical services are not a covered benefit unless otherwise stated in the Schedule of Benefits

- Abortion. Services, supplies, care, or treatment in connection with an abortion.
- Acupuncture or Acupressure.
- Adoption. Any charges associated with Adoption.
- Ambulance Charges.
- Bereavement Counseling Services and Supplies.
- Blood or Blood Derivatives.
- · Chemical Dependency/Substance Abuse. Coverage extends to office visits only. Inpatient stays are specifically excluded
- · Chemotherapy.
- Chiropractic Services/Spinal Adjustments.
- **Complications of Non-Covered Treatments.** Care, services, or treatment required as a result of complications from a treatment not covered under the Plan
- **Cosmetic Procedures.** A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and /or functions of the body which are lost or impaired due to an illness or injury.
- **Counseling Services.** Counseling for educational, social, occupational, religious, or other maladjustments. Counseling for treatment of a gambling addiction. Sensitivity or stress management training, self-help training unless specifically stated in the Schedule of Benefits. Counseling services mandated by the PPACA are covered as specifically stated in the Schedule of Benefits.
- **Custodial Care.** Services or supplies provided mainly as a rest cure, maintenance, or Custodial Care.
- **Day Treatment.** Means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over a minimum of five days per week. The program is designed to treat patients with serious mental or nervous disorders and offers alternative to Inpatient treatment.
- Dental Care. Services are excluded except those that are accidental and treated as a covered service listed on the Schedule of Benefits
- Diagnostic Services: Major. Including MRI, CT Scan, PET, Nuclear Medicine, etc.
- Dialysis
- Educational or Vocational Testing. Services for educational or vocational testing or training, except in regard to education and training for diabetic management
- Emergency Room Services

- Error. This Plan reserves the right to recover any payments made by this Plan that were:
  - a. Made in error, or
  - **b.** Made to you or any party on your behalf where this Plan determines the payment to you or any party is greater than the amount payable under this Plan, or
  - c. This Plan has the right to recover against you if this Plan has paid you or any other party on your behalf
- Exams or Treatment Required by Third Party. Physical, psychiatric, and psychological exams or treatments and related services that are required by third parties. For example, exams and tests that are required for recreational activities, employment, insurance, and school; court-ordered exams and services, except when they are medically necessary services.
- Excess Charges. The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Maximum Allowable Charge.
- Exercise Programs. Exercise programs for treatment of any condition.
- **Experimental.** Care and treatment that is either Experimental or Investigational.
- Eye Care. Radial keratotomy, Lasik surgery, or other eye surgery to correct refractive disorders. Lenses for the eyes and exams for their fitting.
- Foot Care. Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses, toenails, and foot inserts.
- Foreign Travel. Non-emergent care, treatment, or medical supplies obtained outside of the U.S.
- **Government Coverage.** Care, treatment, or supplies furnished by a program or agency funded by any government. This does not apply to Medicaid or when otherwise prohibited by law.
- Hair Loss. Care and treatment for hair loss including hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
- Hearing Aids, Including Cochlear Implants and Hearing Examinations. Charges for services including exams and supplies in connection with hearing aids or cochlear implants.
- Hospice Care Services and Supplies or Bereavement Counseling.
- Hospital Inpatient Services. Room and board, observation, ancillary services, nursing, physician, and any other services related to a hospital stay are specifically excluded. This includes inpatient stays for Chemical Dependency, Substance Abuse, or Mental Health.

**Illegal Acts.** Charges for services received for Injury or Sickness occurring directly or indirectly as a result of active participation in an Illegal Act, or active participation in a riot or public disturbance.

- **a.** It is not necessary that criminal charges be filed, or if filed, that a conviction result, or that a sentence of imprisonment be imposed for this exclusion to apply.
- b. Proof beyond a reasonable doubt is not required.
- **c.** This exclusion does not apply if the Injury or Sickness resulted from an act of domestic violence or a medical (including both physical and mental health) condition

- **d.** Services received as a result of illness or injury caused or contributed to by the Covered Person committing or attempting to commit any of the following or engaging in conduct which would amount to any of the following if a charge had been made, regardless of whether a charge was filed or guilt was determined
  - i. A felony;
  - ii. Any illegal occupation;
  - iii. A misdemeanor or other offense involving theft, fighting, disorderly conduct, or other breach of the peace; or
  - **iv.** A misdemeanor or other offense involving the use of alcohol or drugs, including, but not limited to any crime or offense involving driving or being in actual physical control of a motor vehicle or any other means of conveyance propelled in part orin whole by an engine or motor, for example, a boat or ATV, while under the influence of alcohol or drugs
- Illegal Drugs or Medications Services, supplies, care, or treatment to a Covered Person for Injury or Sickness resulting from that Covered Person's voluntary taking of or being under the influence of any controlled substance, drug, hallucingen, or narcotic not administered on the advice of a Physician.
  - a. Expenses will be covered for Injured Covered Persons other than the person using controlled substances.
  - **b.** This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
- **Impotence.** Care, treatment, services, or supplies in connection with treatment for impotence. Some plans may cover medications under the prescription drug benefit.
- Infertility. Care, supplies, services, and treatment for infertility, artificial insemination, or in vitro fertilization, unless listed as covered in the Schedule of Medical Benefits.
- Long Term Care.
- · Marital, Pre-Marital, or Family Counseling. These services are not a covered benefit.
- Maternity: Facility Charges. Any labor and delivery charges from a hospital, birthing center, or other facility along with any related physician, midwife, or other ancillary services.
- Mental Health. Coverage extends to office visits only. Inpatient stays are specifically excluded.
- No Charge. Care and treatment for which there would not have been a charge if no coverage had been in force.
- No Obligation to Pay. Charges incurred for which the Plan has no legal obligation to pay.
- No Physician Recommendation
  - a. Care, treatment, services, or supplies not recommended and approved by a Physician; or
  - **b.** Treatment, services, or supplies when the Covered Person is not under the regular care of a Physician.
    - i. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness

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- **Not Specified as Covered.** Non-traditional medical services, treatments, and supplies which are not specified as covered under this Plan.
- **Obesity.** Care and treatment of obesity, weight loss, or dietary control whether or not it is a part of the treatment plan for another Sickness.
  - a. Specifically excluded are charges for Bariatric Surgery, including but not limited to:
    - i. Gastric Bypass,
    - ii. Stapling and Intestinal Bypass, and
    - iii. Lap Band Surgery, including reversals.
    - iv. Medically Necessary non-surgical charges for Morbid Obesity will not be covered.
    - v. Nutritional counseling will be covered under preventive care
- Out of Country Services.
- Occupational. Care and treatment of an Injury or Sickness that is occupational. Occupational means that it arises from work for wage or profit, including self-employment.
- **Outpatient Hospital Services.** This includes Surgical and other ancillary services performed in any outpatient hospital setting.
- Oxygen.
- Private Duty Nursing Care.
- Plan Design Excludes. Charges excluded by the Plan design as mentioned in this document.
- Prosthetic Devices. Purchase, fitting and repair of fitted prosthetic devices which replace body parts.
- · Reconstructive Surgery. Correction of abnormal congenital conditions and reconstructive mammoplasties
- Replacement Braces. Replacement of braces of the leg, arm, back, neck, or artificial arms or legs.
- **Residential Treatment Facilities.** Inpatient and outpatient services associated with Mental Health, Chemical Dependency and Substance Abuse.
- Respiration Therapy.
- Sales Tax.
- Services Before or After Coverage. Care, treatment, or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.
- Sex Changes. Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.
- Sexual Dysfunction. Behavioral treatment or drug therapy for sexual dysfunction and sexual function regardless if cause of dysfunction is due to physical or psychological reasons.
- Skilled Nursing Facility or Physician Care.
- Sleep Studies.

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- Smoking / Tobacco Cessation. Care and treatment for smoking cessation programs, including smoking deterrent patches. Counseling for tobacco use is covered under preventive care.
- Speech Therapy.
- Sterilization Services For Men.
- Surgical Services. Any surgery performed in a primary care office, specialist office, or outpatient hospital setting is specifically excluded.
- Surgical Sterilization Reversal. Care and treatment for reversal of surgical sterilization.
- Surrogate Pregnancy Services. Services incurred in connection with an agreement to act as a surrogate mother. This excludes pregnancy-related charges incurred by a Plan Participant who is acting as a surrogate mother as well as pregnancy-related charges incurred by a non-Plan Participant who is acting as a surrogate for a Plan Participant.
- TMJ or Orthognathic Services. Treatment is not covered.
- Transplant Services.
- Travel or Accommodations. Charges for travel or accommodations, whether or not recommended by a Physician.
- Vision Therapy Services. Services incurred to treat vision therapy is not covered.
- War. Any loss that is due to a declared or undeclared act of war. Including nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 90 days of the initial incident. To be covered under the Plan, the loss must be caused by fire, heat, explosion or other physical trauma that is a result of the release of nuclear energy. The covered person must be within a 25-mile radius of the release site at the time of the release or within 24 hours of the start of the release.
- Workers Compensation. Injury or illness that is covered by any Workers Compensation or Occupational Disease law.

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### Health Solutions Series Monthly Membership Dues Family compositions include:



You have 30 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 full refund, you may do so by submitting a written request to USA+ at the address listed below.

## **USA+** For **Health Care** and **You!**



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