



**Personalize Coverage
& Save Money**

Call us: [314-256-9596](tel:314-256-9596)

Email us: Support@USAHealthPlans.com

This Document is for Agent Use Only

Majority of benefits offered through USA Health Plans are provided via insurance certificates issued to specific populations, associations, or member groups that we help administer. These benefits are generally **not available directly** from the carrier. Association membership may be required.

Refer to the official **Schedule of Benefits** for a complete listing of covered services, limitations, and exclusions. In the event of any discrepancies between a summary outlined in this document and the Schedule of Benefits, the Schedule of Benefits will govern.

This document contains a **general representation of benefits** and is **solely intended as an advertisement to Licensed Insurance Agents**. Official plan documents & summaries may vary and will govern. This document is not authorized for distribution to, or use with, any consumer in connection with the sale, solicitation, or procurement of any insurance product or service.

Platform Benefits

- Multiple Carriers
- Multiple Product Types
- Individual & Group
- **Available in 38 states & DC**

- **Single Enrollment**
- Single Billing & List Billing
- Single Member Service
- Single Broker Service

Join Us!

- **Build an Agency & Earn Overrides**
- Proprietary Products & Services
- Stacking Made Simple, sell more product per client.
- Single Contract for most products
- **Free to get started**

Our platform is FREE to use to begin generating new sales and income.

USA Health Plans offers a pay as you go model. The full platform cost, which totals \$99/mo is not paid until you are earning over \$500 per month residual commission; then sky's the limit.



Self-Insured Plan - Reinsured by Sirius Point (A Rated), includes Cigna PPO Network

- **W2 Group**
- **Census Based Underwriting (Groups 10+)**
- **Health Apps (Groups 2-9)**

No Sale States:
AK, CT, HI, MT, ND, NM, NY, RI, SD, VT, WV, WY

	1500 Copay	2500 Copay	3500 Copay	5000 HSA	7350 Copay
Deductible	\$1,500	\$2,500	\$3,500	\$5,000	\$7,350
Max Out of Pocket	\$7,350	\$7,350	\$7,350	\$6,550	\$7,350
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	\$30	\$30	\$45	Ded + 20%	\$50
Specialist	\$60	\$60	\$90	Ded + 20%	\$100
Urgent Care	\$60	\$60	\$90	Ded + 20%	\$100
Chiropractor	\$20	\$20	\$20	Ded + 20%	\$20
Mental Health	\$30	\$30	\$45	Ded + 20%	\$50
Blood / Lab / Imaging	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Hospital	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Surgery	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Outpatient Treatment	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
Prescription Drugs	\$15 / \$45 / \$85 / 20%	\$15 / \$45 / \$85 / 20%	\$15 / \$65 / \$100 / 20%	Ded+ 20%	\$15 / \$65 / \$100 / 20%
	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit	Unlimited Benefit
Employee Only	778.34	731.47	687.68	646.74	557.68
Employee + SP	1492.90	1400.66	1314.46	1233.90	1058.61
Employee + CH	1354.19	1271.03	1193.30	1120.67	962.62
Employee + FAM	2207.48	2069.87	1941.26	1821.06	1559.54

Employee Only Rates typically fall within \$75

Rates Above Assume Groups 10-49

Rates for Groups 50+ are lower



GROUP MVP PLANS

For SB/A CoOp Members

SBA MVP Plans

- **Guaranteed Issue**
- **4 Household Minimum**
- **Meets ACA Minimum Value Coverage**

No Sale States:

AK, HI, MT, ND, NY, RI, SD, VT, WV

Rates for Groups 4-49

Rates for Groups 50+ are lower
& Bronze includes maternity

Guaranteed Issue	MVP Bronze	MVP Silver	MVP Gold
Network	First Health	First Health	First Health
Deductible	None	None	None
Annual Out of Pocket Maximum	\$8,000 / \$16,000	\$7,000 / \$14,000	\$6,000 / \$12,000
Preventative	Covered 100%	Covered 100%	Covered 100%
Primary Care	\$50 Copay 4 visits per year	\$35 Copay 6 visits per year	\$25 Copay 8 visits per year
Specialist	\$75 Copay 4 visits per year	\$50 Copay 6 visits per year	\$35 Copay 8 visits per year
Urgent Care	\$75 Copay 2 visits per year	\$50 Copay 3 visits per year	\$35 Copay 4 visits per year
Physical Therapy	\$75 Copay 4 visits per year	\$50 Copay 6 visits per year	\$35 Copay 8 visits per year
Lab & X-Ray	\$75 Copay 3 visits per year	\$50 Copay 4 visits per year	\$35 Copay 5 visits per year
Surgery	\$750 Copay 3 per year	\$500 Copay 4 per year	\$375 Copay 6 per year
Emergency Room	\$750 Copay 1 visit per year	\$500 Copay 1 visit per year	\$375 Copay 2 visits per year
Inpatient - Hospitalization	\$1,500 Copay 5 Days Maximum / Year	\$1,000 Copay 7 Days Maximum / Year	\$750 Copay 10 Days Maximum / Year
Hospital Extension Benefit	Pays \$2,000 per day, up to 365 days	Pays \$2,000 per day, up to 365 days	Pays \$2,000 per day, up to 365 days
Maternity	n/a	\$1,000 Copay Childbirth / Delivery	\$750 Copay Childbirth / Delivery
Drugs: Tier 1	\$0 Copay	\$0 Copay	\$0 Copay
Drugs: Tiers 2, 3, & 4	40% Coinsurance	30% Coinsurance	20% Coinsurance
	MVP Bronze	MVP Silver	MVP Gold
Employee Only	474.77	578.42	679.53
Employee + SP	742.87	926.28	1,109.63
Employee + CH	705.31	875.78	1,046.41
Employee + FAM	950.89	1,186.61	1,409.55

USASM HEALTH PLANS

Group MEC

- **Guaranteed Issue**
- **4 Household Minimum**
- **Includes Gap Coverages**
- **Meets ACA Minimum Essential Coverage**

No Sale States:

AK, HI, MT, ND, NY, RI, SD, VT, WV

AVAILABLE October 2025

*Final Pricing Subject to Adjustment

	MEC Plan 1	MEC Plan 2	MEC Plan 3	MEC Plan 4
Telemedicine	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee
Preventative Services <small>Labs, RX, Office Visit, Imaging</small>	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	N/A	\$35 Copay Unlimited	N/A	\$35 Copay Unlimited
Urgent Care Visits	N/A	\$75 Copay Unlimited	N/A	\$75 Copay Unlimited
Diagnostics Labs @ Quest Diagnostics	Unlimited \$0 Labs No Deductible	Unlimited \$0 Labs No Deductible	Unlimited \$0 Labs No Deductible	Unlimited \$0 Labs No Deductible
Inpatient & Outpatient Accident Medical Expense	N/A	N/A	Covered 100% up to \$5,000 \$100 Deductible	Covered 100% up to \$5,000 \$100 Deductible
Inpatient & Outpatient Sickness Medical Expense	N/A	N/A	Covered 100% up to \$2,500 \$250 Deductible	Covered 100% up to \$2,500 \$250 Deductible
Plan Rates	Plan 1	Plan 2	Plan 3	Plan 4
Member Only	\$79	\$109	\$139	\$169
Member + Spouse	\$129	\$169	\$239	\$279
Member + Child(ren)	\$135	\$185	\$245	\$295
Member + Family	\$189	\$249	\$299	\$359



**Personalize Coverage
& Save Money**

Call us: [314-256-9596](tel:314-256-9596)

Email us: Support@USAHealthPlans.com

GET STARTED TODAY!!

Call us: [314-256-9596](tel:314-256-9596)

Book an Intro Call: [CLICK HERE](#)

Email us: Support@USAHealthPlans.com

Our Platform is Continuously Expanding.

We continually strive to meet consumer demand to give you an unfair competitive advantage to earn long lasting income.

Our platform is FREE to use to begin generating new sales and income.

USA Health Plans offers a pay as you go model. The full platform cost, which totals \$99/mo is not paid until you are earning over \$500 per month residual commission - then sky's the limit.