



**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.



Platform Buckets – Individual & Group

Ancillary	MEC / GAP	Catastrophic	Limited Medical	Major Medical
Guaranteed & Simplified	Guaranteed Issue	Simplified Issue	Guaranteed Issue	Underwritten
Dental Vision Disability Hospital Indemnity Critical Illness Accident AME Cancer Plans	Mec Plans <i>(Individual & Group)</i> Premium Health <i>(Individual & Group)</i> Gap Advantage <i>(Individual)</i>	Select Silver <i>(Individual)</i>	Value Bronze <i>(Individual)</i> MVP Plans <i>(Group)</i>	EBA w/ Cigna <i>(Individual & Group)</i>



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

- **1 Life / Individual**
- **Major Medical**
- **Underwritten**
- **Covers Pre-existing Conditions**
- **Cigna PPO Network**

No Sale States:

AK, CT, HI, MT, ND, NM, NY, RI, SD, VT, WV, WY

	1500 Copay	3500 Copay	5000 Copay	5000 HSA	7350 Copay
Deductible	\$1,500	\$3,500	\$5,000	\$5,000	\$7,350
Max Out of Pocket	\$7,350	\$7,350	\$7,350	\$7,350	\$7,350
Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	\$30	\$30	\$30	Ded + 20%	\$50
Specialist	\$60	\$60	\$60	Ded + 20%	\$100
Urgent Care	\$60	\$60	\$60	Ded + 20%	\$100
Chiropractor	\$20	\$20	\$20	Ded + 20%	\$20
Mental Health	\$30	\$30	\$30	Ded + 20%	\$50
Blood / Lab	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 20%	Ded + 0%
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 / \$45 / \$85 / 20%	Ded + 20%	\$15 / \$45 / \$85 / 20%
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

Rates assume the Average Approved Rate; approval is not guaranteed.

Rates for Member Only are typically approved within \$75 of the average rates listed below.

Ages 18 - 39	Member Only	\$ 811.64	\$ 723.22	\$ 683.30	\$ 630.28	\$ 605.65
	Member + SP	\$ 1,512.00	\$ 1,337.85	\$ 1,259.23	\$ 1,154.80	\$ 1,106.29
	Member + CH	\$ 1,376.53	\$ 1,219.53	\$ 1,148.64	\$ 1,054.50	\$ 1,010.76
	Family	\$ 2,207.37	\$ 1,947.49	\$ 1,830.16	\$ 1,674.33	\$ 1,601.93
Ages 40 - 49	Member Only	\$ 843.42	\$ 750.98	\$ 709.24	\$ 653.81	\$ 628.05
	Member + SP	\$ 1,575.55	\$ 1,393.36	\$ 1,311.10	\$ 1,201.85	\$ 1,151.10
	Member + CH	\$ 1,433.73	\$ 1,269.48	\$ 1,195.33	\$ 1,096.84	\$ 1,051.09
	Family	\$ 2,302.70	\$ 2,030.76	\$ 1,907.98	\$ 1,744.91	\$ 1,669.15
Ages 50 - 59	Member Only	\$ 871.78	\$ 775.75	\$ 732.39	\$ 674.81	\$ 648.06
	Member + SP	\$ 1,632.28	\$ 1,442.91	\$ 1,357.41	\$ 1,243.86	\$ 1,191.10
	Member + CH	\$ 1,484.78	\$ 1,314.08	\$ 1,237.01	\$ 1,134.65	\$ 1,087.09
	Family	\$ 2,387.80	\$ 2,105.08	\$ 1,977.44	\$ 1,807.92	\$ 1,729.16
Ages 60 - 64	Member Only	\$ 935.17	\$ 831.11	\$ 784.13	\$ 721.74	\$ 692.75
	Member + SP	\$ 1,759.05	\$ 1,553.63	\$ 1,460.89	\$ 1,337.71	\$ 1,280.49
	Member + CH	\$ 1,598.87	\$ 1,413.73	\$ 1,330.14	\$ 1,219.12	\$ 1,167.54
	Family	\$ 2,577.94	\$ 2,271.17	\$ 2,132.66	\$ 1,948.70	\$ 1,863.24



VALUE BRONZE

For SB/A CoOp Members

SBA Value Bronze

- **Guaranteed Issue**
- **First Health Network**
- **Includes Maternity**
- **365 Day Hospital Extension Benefit**

No Sale States:

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

SBA Value Bronze

Deductible	None		
Out of Pocket Max	Individual \$6,000 / Family \$12,000		
Telemedicine	\$0 Consult Fee - Unlimited		
Preventative	Covered 100%		
Primary Care	\$75 Copay - (3 per year)		
Specialist	\$150 Copay - (3 per year)		
Urgent Care	\$150 Copay - (2 per year)		
*Physical & Occupational Therapy	\$100 Copay - (4 per year)		
Mental Health & Substance Abuse	\$100 Copay - (4 per year)		
X-Ray & Lab	\$150 Copay - (3 per year)		
Prescription Drugs	Plan pays 50% - (up to \$500 /mo per drug) (Brand Name Drugs subject to \$500 RX deductible)		
*Advanced Imaging CT / MRI	\$1,000 Copay - (1 per year)		
*Surgery - Outpatient	\$1,500 Copay - (1 per year)		
*Surgery - Inpatient	\$1,500 Copay - (2 per year)		
*Emergency Room	\$2,500 Copay - (1 per year)		
*Inpatient Hospitalization	\$1,500 Copay - (5 Days per year)		
*Inpatient Hospitalization (Hospital Extension Benefit Rider)	Plan Pays \$2,000 per day, up to 365 days. (Day 6 through discharge)		
*Maternity / Pregnancy	\$3,500 Copay		
RATES			
Member Only	Member + SP	Member + CH	Member + FAM
\$499	\$845	\$799	\$1,075

* Where listed means a 12-month wait for pre-existing conditions apply



Select Silver 2750

No Sale States: MD

For Agent Use Only

CMS Recognized HealthShare

- Over 26 Years of Continuous Sharing without interruption.
- Only 2 rate increases in the plans history.
- Satisfies Penalties & Mandates to purchase Health Insurance.

Pre-existing condition limitations apply
HealthShare is not insurance

Select Silver 2750

Member Responsibility Amount (MRA)	\$2,750 per member, per calendar year
Outpatient Treatment	100% Sharing, after MRA
Surgery	100% Sharing, after MRA
Emergency Room	100% Sharing, after MRA
Hospitalization	100% Sharing, after MRA
Preventative / Office Visits / Urgent Care / Specialist	Not Available
Select Silver 2750	\$1,000,000 (per member)
Total Lifetime Benefit \$1,000,000	

Age	1 Life	2 Lives	3 Lives	4 Lives	5 Lives
0-39	225	323	429	449	464
40-49	246	355	461	481	496
50-59	300	474	564	584	599
60-64	349	604	677	697	712

Members 6+ add \$75 /mo each.



Minimum Essential Coverage

- Guaranteed Issue
- Sell Stand Alone
- Fill Medical Plan Gaps
- Covers Preventative 100%

No Sale States:

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

Pairs Well With
Select Silver / Healthshare

	MEC Plan 1	MEC Plan 2	MEC Plan 3	Premium Health MEC
Telemedicine	N/A	N/A	\$0 Consult Fee	\$0 Consult Fee
Preventative Services Labs, RX, Office Visit, Imaging	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care	N/A	N/A	\$35 Copay (unlimited)	\$35 Copay (unlimited)
Urgent Care	N/A	N/A	\$75 Copay (unlimited)	\$85 copay (unlimited)
Specialist	N/A	N/A	N/A	\$75 Copay (unlimited)
Diagnostic Labs	N/A	Unlimited \$0 Copay @ Quest Diagnostics	Unlimited \$0 Copay @ Quest Diagnostics	\$75 Copay (unlimited)
X-Rays	N/A	N/A	N/A	\$75 Copay (unlimited)
CT Scan / MRI	N/A	N/A	N/A	\$350 Copay (2 per year)
Prescriptions	Option to Add	Option to Add	Option to Add	Copay Card Included
Member Only	\$99	\$119	\$149	\$209
Member + Spouse	\$135	\$165	\$209	\$295
Member + Children	\$125	\$159	\$219	\$299
Family	\$159	\$199	\$275	\$379
ADD RX Copay Card	Member Only \$9.95 / Member + SP or CH \$12.95 / Member + Fam \$15.95			



Minimum Essential Coverage

- Guaranteed Issue
- Sell Stand Alone
- Fill Medical Plan Gaps
- Covers Preventative 100%

No Sale States:

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

Pairs Well With
Select Silver / Healthshare

	SBA MEC Plan 1	SBA MEC Plan 2	SBA MEC Plan 3	Premium Health MEC
Telemedicine	N/A	N/A	\$0 Consult Fee Unlimited	\$0 Consult Fee Unlimited
Preventative Services Routine WellCare – As Provided under the Affordable Care Act	Covered 100% First Health Network	Covered 100% First Health Network	Covered 100% First Health Network	Covered 100% First Health & PHCS Network
Primary Care	N/A	N/A	\$35 Copay* Unlimited	\$35 Copay Unlimited
Urgent Care	N/A	N/A	\$75 Copay* Unlimited	\$85 Copay Unlimited
Specialist	N/A	N/A	N/A	\$75 Copay Unlimited
Diagnostic Labs	N/A	\$0 Copay - Unlimited @ Quest Diagnostics	\$0 Copay - Unlimited @ Quest Diagnostics	\$75 Copay Unlimited
X-Rays	N/A	N/A	N/A	\$75 Copay Unlimited
CT Scan / MRI	N/A	N/A	N/A	\$350 Copay 2 per year
Prescription RX	Option to Add	Option to Add	Option to Add	Copay Card Included
Member Only	\$99	\$119	\$149	\$209
Member + Spouse	\$135	\$165	\$209	\$295
Member + Children	\$125	\$159	\$219	\$299
Family	\$159	\$199	\$275	\$379
ADD RX Copay Card	Member Only \$9.95 / Member + SP or CH \$12.95 / Member + Fam \$15.95			



Gap Advantage

- Guaranteed Issue
- Sell Stand Alone
- Cover Deductible Expense & more

No Sale States:

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

Pairs Well With
Marketplace Medical

	Gap Advantage Plan 1	Gap Advantage Plan 2	Gap Advantage Plan 3
Telemedicine	n/a	n/a	\$0 Consult Fee
Primary Care	Plan pays up to \$75 *subject to Sickness Medical Expense Benefit	Plan pays up to \$75 *subject to Sickness Medical Expense Benefit	\$35 Copay Unlimited
Urgent Care Visits	Plan pays up to \$75 *subject to Sickness Medical Expense Benefit	Plan pays up to \$75 *subject to Sickness Medical Expense Benefit	\$75 Copay Unlimited
Diagnostics Labs @ Quest Diagnostics	Unlimited \$0 Labs No Deductible	Unlimited \$0 Labs No Deductible	Unlimited \$0 Labs No Deductible
Sickness Medical Expense*	Covered 100% up to \$2,500 \$250 Deductible	Covered 100% up to \$2,500 \$250 Deductible	Covered 100% up to \$2,500 \$250 Deductible
Accident Medical Expense	Covered 100% up to \$5,000 \$250 Deductible	Covered 100% up to \$7,500 \$250 Deductible	Covered 100% up to \$10,000 \$250 Deductible
Accidental Death	\$10,000 Lump Sum	\$15,000 Lump Sum	\$20,000 Lump Sum
Plan Rates	Plan 1	Plan 2	Plan 3
Member Only	\$99	\$109	\$139
Member + Spouse	\$175	\$185	\$229
Member + Child(ren)	\$185	\$195	\$249
Member + Family	\$199	\$209	\$279
ADD RX Copay Card	Member Only \$9.95 / Member + SP or CH \$12.95 / Member + Fam \$15.95		

*Sickness Medical Expense Benefit – No Benefits Payable for a Pre-Existing Condition within the first 12 months.

Ancillary Benefits

Dental & Vision

Available Sept 2025



Dental Insurance

\$4,500 Annual Maximum

- **NO Waiting Periods**
- **\$50 Deductible**
- **Preventative Services:**
Covered 100%
- **Basic Services:**
Covered 65% Year 1, 75% Year 2, & 85% Year 3.
- **Major Services:**
Covered 15% Year 1, 50% Year 2, & 60% Year 3.

Offering	Member Only	Member + Spouse	Member + Children	Member + Family
Plan 4500	69.00	129.00	159.00	199.00

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



Vision Insurance

- **\$10 Exam**
- **\$25 Materials**
- **No Waiting Periods**
- Includes frames, lenses, contact lenses, eye exams, and more
- VSP Network

Offering	Member Only	Member + Family
Focused Vision	23.95	47.75

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

Ancillary Benefits

Accident AME & Critical Illness



Accident Medical Expense

- \$250 Deductible
- Up to 100% Coverage
- Up to \$10,000 per accident, per person
- Includes Accident Death Benefits

Offering	Member Only	Member + Family
Accident AME 2500	23.50	35.00
Accident AME 5000	29.50	47.00
Accident AME 7500	34.50	57.00
Accident AME 10,000	39.50	65.00

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



Critical Illness

- **Guaranteed Issue up to \$10,000**
- Lump Sum Payment Upon Diagnosis
- *Cancer, Heart Attack, Stroke, Bypass, Aneurysm, Organ Transplant, Renal Failure, Paralysis / Loss of Use.*

Offering	Member Only	Member + Spouse
Critical Illness 6,000	37.50	62.50
Critical Illness 10,000	57.50	95.50

No Sale States: AK, CT, HI, ID, LA, ME, MD, MA, MN, MS, MT, ND, NH, NM, NY, NC, ND, OR, RI, SD, UT, VT, WA, WV, WY

Ancillary Benefits

National Family Care Product Suite



Cancer

- Lump sum payment upon Cancer Diagnosis.
- [Rate Sheet: Click Here](#)

Critical Illness

- Lump sum payment upon Diagnosis of Heart Attack, Stroke, Organ Failure, Severe Burns, Loss of Sight, etc.
- [Rate Sheet: Click Here](#)

Available in 4 States: TX, AR, LA, OK



Daily Accident / Sickness Pay

- **Get Paid Daily when Missing Work**
- 1 Day Elimination Period for Accident
- 3 Day Elimination Period for Sickness
- \$100, \$150, & \$200 Per Day benefits available.
- 14 Day, 30 Day, & 60 Day benefits available
- [Rate Sheet: Click Here](#)

Available in 4 States: TX, AR, LA, OK



Hospital Indemnity

- Lump sum payments for Hospital Expenses.
- [Rate Sheet: Click Here](#)

Accident Indemnity

- Lump sum payments for Accident Expenses.
- [Rate Sheet: Click Here](#)

Available in 4 States: TX, AR, LA, OK

Ancillary Benefits

**Cancer, Heart, Stroke,
& Hospital Admission**



Hospital Assure

- Lump sum payment upon hospital admission.
- Up to \$5,000 Benefit
- Applies to Sickness & Accident.
- Includes Maternity

Offering	Member Only	Member + Spouse	Member + Children	Family
Benefit Levels: 1000, 2000, 3000, 4000, or 5000	Rate Engine	Rate Engine	Rate Engine	Rate Engine

No Sale States: AK, DE, HI, MT, NH, NY, ND, RI, SD, VT, WV



ACTIVE CARE

- Cancer Only Plans
- Heart & Stroke Only Plans
- Critical Illness Plans
- Up to \$100k Lump Sum
- Simplified Issue

Offering	Member Only	Member + Spouse	Member + Children	Family
Cancer Only	Rate Engine	Rate Engine	Rate Engine	Rate Engine
Heart & Stroke Only	Rate Engine	Rate Engine	Rate Engine	Rate Engine
Cancer, Heart, Stroke & CI	Rate Engine	Rate Engine	Rate Engine	Rate Engine

No Sale States: AK, DE, HI, MT, NH, NJ, NY, ND, RI, SD, VT, VA, WA, WV

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