

Dear Sheena Goyne,

Thank you for applying. We received your request for membership in USA+ and coverage under the **USA+ Dental Plan**. Once your application and your initial

payment of **\$69.00** is processed, your effective date will be **02/01/2016**.

Your Plan Information

All of your important insurance information is available for you online at **HIIQuoteCustomers.com**.

We have created a user ID and password for you, so you can login immediately, print your ID cards, or view and download details about your coverage.

User ID: 510025278

Password: N5ZjC36

For your security, please update your password after logging in.

30-Day Free Look

We want you to be happy with your coverage. If you are not satisfied for any reason and no claims have been filed, you may cancel your plan within 30 calendar days of your effective date to receive a full refund. The refund will include your first payment and application fee.

Questions?

Billing Questions

1.877.376.5831

Monday - Friday 8:30am to 7:00pm EST
support@hiiquote.com

Benefits & Claims Services

Ameritas

1.800.487.5553


www.ameritas.com

Association Benefits

United Service Association (USA+)

1.800.872.1187


www.usahc.com


USA+ Dental Plan


Member Name
Sheena Goyne


*Insured Spouse:
Dependent(s):*

Member ID
510025278

Ameritas Dental & VSP Eligibility #510025278


Dental Benefits
Ameritas
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www.ameritas.com


Association Benefits
United Service Association (USA+)
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www.usahc.com


**Billing & Non-Claims
Related Questions**
Health Insurance Innovations
1.877.376.5831
www.hiiquotecustomers.com

Ameritas Vision Service Plan (VSP)
Member Services:
1.800.877.7195

Sheena Goyne
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Port Matilda, PA 16870