

A close-up photograph of a woman and a young girl laughing heartily. The woman, on the right, has dark curly hair and is wearing a bright green polo shirt under a light grey cardigan. She is laughing with her mouth wide open, showing her teeth. The girl, on the left, has dark curly hair and is wearing a pink and green striped shirt with a green bow at the neck. She is also laughing, showing her teeth. The background is bright and out of focus, suggesting an outdoor setting with trees.

USA+ Dental Plan



United Service Association For Health Care
Founded 1983, Washington DC

USA+ Dental Plan Underwritten By: Ameritas

DENTAL CARE

Benefits

You receive the following benefits:

- \$70 Annual Deductible for all services and the annual maximum is \$2,000
- Benefits Are Paid Based On The PPO contracted fee
- There is no waiting period for Type 1, Type 2, and Type 4 services
- There is a 12 month waiting period for Type 3 Services (year 1 begins after waiting period)
- Choose any dentist nationwide or select from one of nearly 65,000 provider access locations

Benefits are payable as follows:

	Year 1	Year 2	Year 3
Type 1 Cleanings, Exams, Sealants, Fluoride	80%	90%	100%
Type 2 Limited Oral Evaluation, All X-rays, Palliative Treatment, Professional Consult	60%	80%	100%
Type 3 Endodontics, All Periodontics, Major Restorative, Anesthesia, Complex Extractions	10%	25%	40%
Type 4 Fillings, Crown and Denture Repair, Simple Extractions, Restorative Amalgams and Composites	25%	50%	75%

Incentive Coinsurance: All members will begin at the lowest coinsurance level. Members will advance to year two coinsurance level only if a claim is received in the first Benefit Period and any applicable waiting periods for the service have been satisfied. Members will advance to year three coinsurance level only if a claim is received in the second Benefit Period. If a claim is not received, members return to the lowest level of coinsurance. The first Benefit Period begins on the effective date of the membership and ends on December 31st of the same year. The second Benefit Period begins on January 1st of the following year.

These benefits are provided to USA+ Members by a group Dental Expense policy issued to USA/HC by Ameritas Life Insurance Company. Certain terms and conditions apply and benefits are subject to the Exclusions and limitations. A complete description is contained in the Certificate of Coverage.

The USA+ membership is not an insurance contract. The membership includes insured & non-insured benefits. This is an Association Membership offered and administered by United Service Association For Health Care, P.O. Box 200905, Arlington, TX 76006-0905, 800-USA-1187. Not available in all states.

Accident Dental Expense - This benefit provides up to \$2,000, less a \$100 deductible per Injury, for Dental Expenses resulting from an Injury due to an Accident. Each Covered Person is covered for Injury which is incurred on a 24-hour per day basis..

Accidental Death and Dismemberment: Pays the beneficiary up to \$1,000 for the member's death or loss of certain body parts, or loss of sight, speech or hearing, in a covered accident.

These accident insurance benefits are issued on Form Series GP-1400, are underwritten by Guarantee Trust Life Insurance Company, an IL domiciled life insurance company with main offices located at 1275 Milwaukee Ave, Glenview, IL 60025. Licensed in all states except NY. This product, and its features are subject to state availability and may vary by state. Certain exclusions and

limitations may apply, for cost and complete details of coverage, please contact us or your agent. These insurance benefits are not available in CO, FL, KS, MD, MN, MO, MT, NH, NM, NY, RI, UT, and WA. Family Coverage is not available in Idaho.

Guarantee Trust Life Insurance Company (GTL) provides the Accident Medical Expense Benefits coverage and the Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Benefit coverage. GTL does not provide or is it affiliated with any of the other programs provided as a part of the membership in USA+.

Accidental Death and Dismemberment Exclusions

The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Injury;
 - Are determined to be Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
 - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program. Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions.
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while participating in a rodeo.
- Re-injury or complications of an Injury caused by or contributed to by a condition that existed before the Accident.
- Injury to teeth which is caused from biting, chewing or grinding teeth.
- Injury to teeth with gross decay or advanced periodontal disease;
- Orthodontic therapy to correct a condition that existed prior to the Accident.
- Injury to teeth not firmly attached to the maxilla and/or mandible immediately prior to the time of the Accident;
- Dental treatment and services performed or supplies used in conjunction with but not due to the covered Accident.

DENTAL ACCESS

Benefits

You receive the following benefits:

- \$50 Deductible for Type 1 Preventive Services
- \$100 Deductible for Type 2 Basic and Major Services.
- No more than 3 deductibles per calendar year
- Maximum Benefit - \$2,500 annually Per Family Member
- Benefits Are Paid Based On Schedule of Eligible Expenses
- No waiting period on preventive and basic services
- Choose any dentist nationwide or select from one of nearly 65,000 provider access locations
- **There is a 12 month Waiting Period for Major Services**

Dental Rewards - Rewards insureds that care for their teeth and use only a portion of their annual maximum benefit in a year. With its increasing maximum feature, each insured member and dependent earns additional money toward his or her next year's annual maximum.



To get the maximum carryover for the next year, you must meet the following requirements:

1. Visit your Dentist between January 1st and December 31st.
 2. Submit claim for payment prior to April 1st of the next year.
 3. Total benefits paid for current year visits must be less than \$500.
- *If you meet all 3 requirements you will have an additional \$250 available in Annual Maximum for the next year.*
 - *As long as you continue to visit the Dentist each year the \$250 will be available.*
 - *In future years if you have benefits paid of less than \$500, additional amounts of \$250 will be added to the carryover. However, the most you can accumulate in the maximum carryover is \$1,000.*
 - *Your annual maximum will be \$3,500 in four years if you continue to visit the dentist once each year!*

These benefits are provided to USA+ Members by a group Dental Expense policy issued to USA/HC by Ameritas Life Insurance Company. Certain terms and conditions apply and benefits are subject to the Exclusions and limitations. A complete description is contained in the Certificate of Coverage.

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DENTAL-VISION PLUS

Benefits

You receive the following benefits:

- NO Deductible for Type 1 Preventive Services
- \$50 Deductible for Type 2 Basic Services
- Maximum Benefit – \$2,500 annually Per Family Member
- Benefits Are Paid Based On Schedule of Eligible Expenses
- No waiting period on preventive and basic services
- Choose any dentist nationwide or select from one of nearly 65,000 provider access locations

Dental Rewards - Rewards insureds that care for their teeth and use only a portion of their annual maximum benefit in a year. With its increasing maximum feature, each insured member and dependent earns additional money toward his or her next year's annual maximum.



To get the maximum carryover for the next year, you must meet the following requirements:

1. Visit your Dentist between January 1st and December 31st.
 2. Submit claim for payment prior to April 1st of the next year.
 3. Total benefits paid for current year visits must be less than \$500.
- If you meet all 3 requirements you will have an additional \$250 available in Annual Maximum for the next year.
 - In future years if you have benefits paid of less than \$500, additional amounts of \$250 will be added to the carryover. However, the most you can accumulate in the maximum carryover is \$1,000.
 - Your annual maximum will be \$3,500 in four years if you continue to visit the dentist once each year!

This benefit is provided to USA+ Members by a group Dental Expense policy issued to USA/HC by Ameritas Life Insurance Company. Certain terms and conditions apply and benefits are subject to the Exclusions and Limitations. A complete description is contained in the Certificate of Coverage.

Ameritas Group, a division of Ameritas Life Insurance Corp. a UNIFI Company, offers group dental and eye care products nationwide. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life.

BENEFITS

SERVICE	DENTAL CARE	DENTAL ACCESS	DENTAL VISION PLUS
Benefits paid based on Ameritas Schedule of Eligible Expenses	NO	Yes- See Class Number 3 Schedule	YES - See Class Number 4 Schedule
Benefits Are Paid Based On The PPO contracted fee	YES	NO	NO
Maximum Benefit Amount	\$2,000	\$2,500	\$2,500
Major Services Covered	Yes, with 12 month waiting period	Yes, with 12 month waiting period	NO
Deductible Amounts for Preventative services	\$70 annual for all services	\$50	NONE
Deductible Amounts for Basic services	\$70 annual for all services	\$100	\$50
Deductible Amounts for Major services	\$70 annual for all services	\$100	NO
Benefits paid based on Year 1, Year 2 and Year 3	YES	NO	NO
Required to use an Ameritas Participating Provider	NO	NO	NO
Can choose any Dentist Nationwide	YES	YES	YES
Benefits are based on a Benefit Period/Calendar Year	Based on Benefit Periods; 1st=Membership Effective date through 12/31 of that same year; 2nd and subsequent benefit periods 1/1 through 12/31 each year	Based on Benefit Periods; 1st=Membership Effective date through 12/31 of that same year; 2nd and subsequent benefit periods 1/1 through 12/31 each year	Based on Benefit Periods; 1st=Membership Effective date through 12/31 of that same year; 2nd and subsequent benefit periods 1/1 through 12/31 each year
Missing Tooth Clause	YES	YES	YES
Orthodontic Treatment	NO	NO	NO
Increased Dental Maximum Carryover Benefit Amount	NO	\$1,000	\$1,000
Member has a 30 day evaluation period to request a full refund	YES	YES	YES
Free Eye Exam At VSP Providers	YES	YES	YES
Maximum Payable for the vision exam if a non participating provider	Up to \$47	Up to \$47	Up to \$47
Discount on lenses, frames and hardware at a participating provider	Yes, up to 20% discount	Yes, up to 20% discount	Yes, up to 20% discount
Laser Surgery Participating Provider	Yes, up to 25% discount on laser surgery	Yes, up to 25% discount on laser surgery	Yes, up to 25% discount on laser surgery
Lasik Benefits	NO	Lifetime Maximum Benefit per Eye, 1st Benefit Period \$0 per eye, 2nd Benefit Period \$100 per eye, 3rd Benefit Period \$250 per eye, 4th + Benefit Period \$500 per eye	NO
Age Limit	NO	NO	NO
Dependent Maximum Age	Children less than age 26	Children less than age 26	Children less than age 26
Notice of Claim	30 days	30 days	30 days
Proof of Loss (time to file a claim)	90 days	90 days	90 days
Time Frame to file first claim to move to 2nd yr. Coinsurance level	Within 1st Benefit Period	NO	NO
Accident Dental Expense	Up to \$2,000	NO	NO
Accidental Death & Dismemberment	Up to \$1,000	NO	NO
Monthly Dues - Individual	\$69	\$49	\$39
Monthly Dues - Member + 1 dependent	\$99	\$59	\$49
Monthly Dues - Member + 2 or more dependents	\$139	\$69	\$59

Vision Benefits*

You receive the following benefits and more: Free eye exam once per year per family member from participating providers; 20% discount on lenses, frames, and other hardware; Up to a 25% discount on laser surgery; There are 32,000 VSP providers nationwide; There's a VSP provider within ten miles of the homes of 90% of the United States population; Find a VSP provider near you at ameritasgroup.com.

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NON-INSURED BENEFITS

USA+ Benefits Protector

Many individuals lose their job due to a company re-location, 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+ will award five (5) scholarships each academic school year. The scholarships are payable at \$1,250 per semester and \$2,500 per school year, for a total of four semesters (Fall and Spring) and a total award of \$5,000. The award is only applicable to students whose degree program is in a medical related field.

The recipient must be a full time student (minimum of 12 hours per semester). The selection criteria that will be used will include the following:

- Academic achievement, including grades, rank in class, standardized test scores and achievement test scores. Student must have a minimum GPA of 3.0
- Community/extracurricular involvement
- Leadership
- Participation in specific activities
- Awards and recognition
- Work history
- Personal or family attributes
- Field of Study: Must be health care related, such as: Nursing, Radiology, School of Medicine, Nuclear Medicine, etc.

More information is provided in benefit guide.

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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.