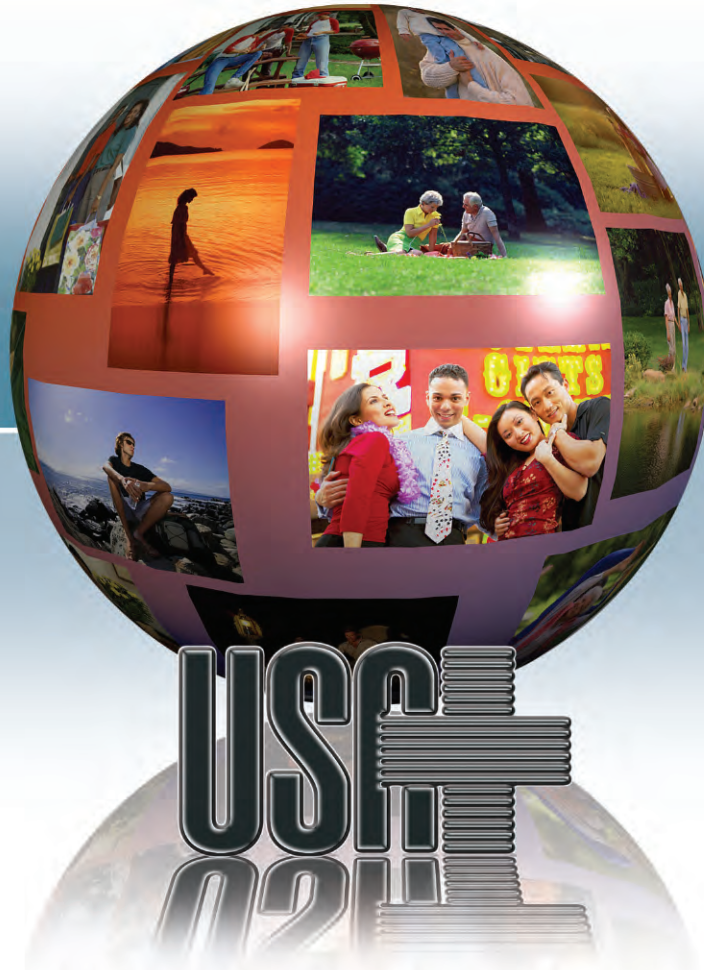


# GROUPHEALTHADVANTAGE



**United Service Association**  
**For Health Care**

Founded 1983, Washington DC

Guaranteed Acceptance for  
**GROUPHEALTHADVANTAGE** Members

# GROUPHEALTHADVANTAGE Product Comparison Grid

Medical Benefits	300	500	1000
<p><b>Beech Street Network*</b></p> <p>With over 600,000 doctors and 3,000 hospitals in the US participating in this Referral program, you could save from 10% to 35% or more on your medical bills. As a minimum, you will receive a 20%<sup>1</sup> savings on your actual bill from the doctor's office. Our Patient Advocacy Program will help you select a participating provider. No waiting period, no limitations on usage, qualifications, member claim forms or deductibles. Services include:</p> <p><b>Physicians</b></p> <p>Our patient advocacy representatives will work with members, to locate specific providers, confirm the provider's acceptance of new patients and provide the member with a listing of several different providers in their immediate area that will meet the member's specific needs.</p> <p><b>Hospitals</b></p> <p>For assistance with hospitals, patient advocacy representatives will work with members to locate a participating hospital. The member will be responsible for any applicable financial guarantees required by the hospital, prior to admission.</p> <p><i>Integrated Health Plan Network is accessed in Arkansas, Iowa, Nebraska, Utah, Washington, Wisconsin and West Virginia. <sup>1</sup> 20% Savings is NOT applicable to Lasik</i></p>	✓	✓	✓
<p><b>LabOne Select*</b></p> <p>You can save 20–60% on outpatient laboratory testing costs. Includes most diagnostic outpatient lab work, including Blood testing (e.g., cholesterol, CBC), Urine testing (e.g., urinalysis), Cytology and pathology (e.g., pap smears, biopsies), Cultures (e.g., throat cultures), and over 1400 collection facilities.</p> <p><i>Certain terms and conditions apply and are subject to the Exclusions and Limitations. See your Membership Handbook for details.</i></p>	✓	✓	✓
<p><b>MEDEX Plus</b></p> <p>MEDEX Plus provides you with Medical Evacuation and Repatriation Services, Travel Assistance Services, and Medical Assistance Services when you are 100 or more miles away from home.</p>	✓	✓	✓
<p><b>Hearing Care Plan*</b></p> <p>You will receive a 30% savings for all hearing exams and services and up to a 55% savings on hearing aids from HearPO providers.</p>	✓	✓	✓
<p><b>BIOSAFE Laboratories*</b></p> <p>Tests available to you and your family at up to 50% savings are Cholesterol Panel (<i>lipid profile</i>) for coronary heart disease management, Thyroid Test (<i>TSH</i>) for the detection of elevated or subnormal levels of thyroid stimulating hormone, Prostate Screen (<i>PSA</i>) for prostate cancer screening.</p>		✓	✓
Prescription Drug Benefits			
<p><b>PharmaCare Direct*</b></p> <p>Mail order right to your address at up to 50% off wholesale pricing on long term medications.</p>	✓	✓	✓
<p><b>PharmaCare Prescription Program*</b></p> <p>PharmaCare offers low prices on prescriptions at time of purchase at over 56,000 participating pharmacies.</p>	✓	✓	✓
<p><b>Liberty Medical Savings Plan*</b></p> <p>Liberty offers diabetes management and lifestyle enhancement products at competitive discounts. Up to a 30% discount off the average wholesale price on diabetic medications, no complicated forms to fill out and no shipping or delivery charges.</p>	✓	✓	✓

*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, P.O. Box 200905, Arlington, TX 76006-0905, 800-USA-1187.*

*\* Discount benefits provide savings at certain health service providers. USA+ does not make payments directly to these providers. The member is obligated to pay directly for services received at the discounted rates. USA+ will make available to you before enrollment a list of the discount benefit providers that are available in your service area including name, city, state and specialty. These benefits are discount programs only. USA+ has no liability for providing or guaranteeing service or for the quality of service rendered.*

# Product Comparison Grid

Dental Benefits	300	500	1000
<p><b>CAREINGTON Dental Access</b>            Gives members access to over 24,000 dentists nationwide to assist your specific needs. USA+ is offering a national access network to make dental care more affordable. You are entitled to immediate savings at time of service, from 20% to 50% on most common procedures, unlimited use of the plan, services range from cleanings, crowns, root canals and more.</p> <p><i>This is a discount program only. This plan is administered by CAREINGTON International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034. The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered.</i></p>	✓	✓	✓
<b>Wellness Benefits</b>			
<p><b>eDoc America</b>            eDoc gives members and their families unlimited Internet access to board certified physicians and licensed psychologists who provide personal answers to all of your health related questions.</p>	✓	✓	✓
<p><b>Registered Nurse Advice Line</b>            This service provides toll free telephone access to a registered nurse 24 hours per day, 7 days per week.</p>	✓	✓	✓
<p><b>American WholeHealth Network, Inc.*</b>            American WholeHealth believes that integrating the best of both conventional and alternative medicine will result in optimal health outcomes. Alternative medicine focuses on a wide range of healing philosophies and therapies not traditionally used in conventional medicine. Here, you will save up to 30% off the regular provider fees. Examples include, Acupuncture, Chiropractic, Dietician, Holistic Nurse Practitioner, Massage Therapy, Nutritionist, Reflexology</p>	✓	✓	✓
<p><b>MY ePHIT</b>            Your own personalized plans to better weight control, physical fitness and healthy living. Begin with a health assessment and goal setting. Dynamic model prepares individual plans.</p>		✓	✓
<p><b>Best Doctors®</b>            You and your doctor have access to the medical guidance of over 50,000 of the leading medical specialists in over 400 subspecialties of medicine. This benefit provides you with the following services:  <b>InterConsultation™</b> - a high level second opinion, to confirm diagnosis and treatment.  <b>FindBestDoc™</b> - assistance in locating doctors in your area that have been identified as 'best' by their peers to treat specific medical conditions.  <b>FindBestCare®</b> - arranging access to hospitals and treatment.</p> <p><small>BEST DOCTORS, INFORMATION WHEN IT MATTERS MOST, the Best Doctors Logo, FINDBESTDOC, INTERCONSULTATION, and FINDBESTCARE are trademarks or registered trademarks of Best Doctors, Inc. in the U.S. and other countries, and are used under license.</small></p>		✓	✓
<p><b>MyHealthCompass™</b>            The most comprehensive consumer health information tool available. With MyHealthCompass™, you'll have access to detailed information about healthcare providers, and be better equipped to make healthcare decisions. As a member of MyHealthCompass™, you'll benefit from:</p> <ul style="list-style-type: none"> <li>• Quality ratings for hospitals and medical procedures</li> <li>• Pricing information for medical procedures</li> <li>• Detailed profiles on doctors and hospitals</li> </ul>		✓	✓
<p><b>Healthy Reading</b>            USA+ members receive a 50-85% discount on subscriptions to healthy magazines!</p>			✓
<p><b>Discounted Natural Supplements*</b>            Through your membership in USA+, you have access to over 500 supplements and vitamins with an average discount of 25%.</p>			✓

*Approval of your membership application provides guaranteed acceptance on all benefits included in the membership package except as specifically provided in the terms of the individual benefits.*

*Not available in all states. Please contact USA+ for state availability.*

# Product Comparison Grid

Insurance Benefits - Medical	300	500	1000
<b>Physician/Hospital Benefits<sup>1</sup></b> <i>The following limited benefit insurance is under the Group Accidental Death and Dismemberment and Medical Care Insurance policy and is an added benefit of your membership featuring:</i>			
<b>Daily Hospital Confinement Benefit:</b> Pays you the amount listed per day for up to 180 days if you have to be admitted and stay in the hospital to treat you for a covered accident or sickness.	\$300	\$500	\$1,000
<b>Intensive Care Unit Benefit:</b> Pays you the amount listed per day for up to 14 days if you are confined to an intensive care unit in a hospital to treat you for a covered accident or sickness.	\$1,000	\$1,000	\$1,000
<b>Inpatient/Outpatient Surgical Benefit:</b> Pays benefits according to the surgical schedule as set forth in the description of coverage provided in your membership materials. The maximum amount payable for all surgical procedures performed in a calendar year for a covered person is \$20,000.	\$20,000	\$20,000	\$20,000
<b>Doctor Visits Benefit:</b> Pays you the amount listed per visit to a doctor's office to be diagnosed or treated for a covered accident or sickness. You will be paid for up to five visits per family per year.	\$50	\$50	\$50
<b>Emergency Room Benefit:</b> Pays you the amount listed each time it is necessary for you or your covered dependents (if this is a family membership) to get treatment for a covered accident or sickness by visiting the Emergency Room of a hospital. You will be paid for up to three visits per family per year.	\$50	\$50	\$50
<b>Accident Medical Expense Benefits</b>			
<b>Accident Medical Expense Benefit:</b> Pays part of the expenses you are charged by a hospital, doctor, or certain other charges, up to a maximum of the amount listed if you are injured in a covered accident. \$100 deductible per incident.	\$7,500	\$7,500	\$7,500
<b>Accidental Death &amp; Dismemberment Benefit:</b> Pays the beneficiary up to the benefit amount listed for the member's death in a covered accident or a portion of that amount for the accidental death of a family member, if this is a family membership (50% for covered spouses, 20% for covered dependent children, or loss of certain body parts).	\$10,000	\$15,000	\$25,000
<b>Accident Disability Benefit:<sup>2</sup></b> Pays you a monthly benefit for total disability resulting from a covered accident. Benefits are payable for up to 12 months and are subject to a 90 day waiting period.	\$200	\$200	\$200
<b>Term Life Insurance Benefit</b> Pays the beneficiary up to the benefit amount listed for the member's death or a portion of that amount for the death of a family member (if this is a family membership).	\$10,000	\$10,000	\$10,000

*All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations of the group policy. To obtain more information about this insurance, please ask to speak to a licensed agent. All members of the GroupHealthAdvantage program are enrolled in the United Service Association For Health Care to be eligible to receive these benefits. The insurance benefits are underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc. under Group AD&D & Medical Care Insurance Policy (Form #G-19000) issued to United Service Association For Health Care. <sup>1</sup>Coverage is not provided for loss due to a pre-existing condition for 12 months from the Covered Person's effective membership date. <sup>1</sup>Coverage is not provided for members over the age of 64. <sup>2</sup>Accident Disability coverage is not provided for members over the age of 69. See exclusions listed on page 6.*

*The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.*

**THIS IS NOT BASIC HEALTH INSURANCE.** This offer includes discounts and/or services plus added limited benefit supplementary indemnity insurance. None of these, individually or in combination are a substitute for Basic Health Coverage, Major Medical Insurance or any other medical expense reimbursement Insurance Plan.

# Product Comparison Grid

Insurance Benefits - Prescription	300	500	1000
<p><b>ACE RX Benefit</b></p> <p>You receive the following benefits: \$15 co-pay for covered outpatient generic drugs, \$100 Annual deductible per family member, receive up to 30% discount on brand name drugs when prescriptions are filled at a participating pharmacy, \$4,000 Annual maximum for each family member, Limited to a 30 day supply per order.</p> <ul style="list-style-type: none"> <li>• The Ace American Insurance Company benefit works in conjunction with the PharmaCare program which is provided through your USA+ membership. You will always pay the lower of the \$15 co-pay or the PharmaCare discounted price.</li> <li>• No claim forms to file – The claims history information will be captured by PharmaCare as long as you go to a participating provider and show your ID card. Once the deductible is met, the PharmaCare system will automatically notify the pharmacist that you should just pay your co-pay.</li> </ul> <p><i>This benefit is provided to USA+ Members by a group policy issued to USA/HC by an A.M. Best rated insurance company. This brochure is only a brief description of the prescription drug plan underwritten by ACE American Insurance Company. It is not a contract of insurance. Complete details of the terms and conditions of coverage including eligibility requirements, and exclusions and limitations will be included in the certificate.</i></p>	✓	✓	✓
<p><b>Emergency Helicopter Rescue</b></p> <p>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 \$4,000.00 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.</p> <p><b>Provisions include:</b></p> <ul style="list-style-type: none"> <li>• One benefit will be paid per occurrence.</li> <li>• Benefit in excess of all other valid collectable insurance.</li> <li>• Coverage is worldwide.</li> <li>• Transportation by helicopter only.</li> </ul> <p><i>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.</i></p>	✓	✓	✓
<p><b>Accidental Death &amp; Dismemberment Benefit</b></p> <p>You receive the following benefits: 24 Hours a Day, 365 Days a Year, Worldwide Accident Protection; Paid in Addition to Other Insurance; Covers Accidents in the Course of Business or Pleasure, on or off the job.</p> <p><i>Reduction in the Principal Sum for ages 70 and up. This insurance benefit is underwritten by AIG Life Insurance Company, a Delaware Insurance Company that has its principal place of business at 601 King Street, Wilmington, Delaware, 19801. It is currently authorized to transact business in all states (except New York, District of Columbia and Puerto Rico). NAIC No. 66842.</i></p>	<p><b>Member \$10,000</b>  <b>Spouse \$5,000</b>  <b>Child \$2,500</b></p>	<p><b>Member \$10,000</b>  <b>Spouse \$5,000</b>  <b>Child \$2,500</b></p>	<p><b>Member \$10,000</b>  <b>Spouse \$5,000</b>  <b>Child \$2,500</b></p>

# Product Comparison Grid

Insurance Benefits - Dental	300	500	1000																														
<p><b>Ameritas Group Dental Benefits</b></p> <p>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 – \$1,000 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.</p> <p><b>Major Services</b> - 12 month Waiting Period.</p> <p><b>Dental Rewards</b> - 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.</p> <p><b>To get the maximum carryover for the next year, you must meet the following requirements:</b></p> <ol style="list-style-type: none"> <li>1) Visit your Dentist between Jan. 1st and Dec. 31st.</li> <li>2) Submit claim for payment prior to April 1st of the next year.</li> <li>3) Total benefits paid for current year visits must be less than \$500.</li> </ol> <ul style="list-style-type: none"> <li>• If you meet all 3 requirements you will have an additional \$250 available in Annual Maximum for the next year.</li> <li>• As long as you continue to visit the Dentist each year the \$250 will be available.</li> <li>• 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.</li> <li>• Your annual maximum will be \$2,000 in four years if you continue to visit the dentist once each year!</li> </ul> <p>Adding this Benefit to the CAREINGTON International Dental Access Network allows you access to greater savings.</p>	✓	✓	✓																														
<div style="border: 1px solid black; padding: 5px;"> <p><b>Dental Savings Comparison Chart</b></p> <table border="1"> <thead> <tr> <th>Procedures</th> <th>UCR</th> <th>Dental Access</th> <th>Group Dental Schedule</th> <th>Out-of-Pocket Expenses</th> </tr> </thead> <tbody> <tr> <td>Periodic Oral Evaluation</td> <td>\$38</td> <td>\$13</td> <td>\$19</td> <td>\$6</td> </tr> <tr> <td>Teeth Cleaning</td> <td>\$85</td> <td>\$30</td> <td>\$40</td> <td>\$15</td> </tr> <tr> <td>Panoramic Film</td> <td>\$80</td> <td>\$28</td> <td>\$33</td> <td>\$19</td> </tr> <tr> <td>Root Canal Molar</td> <td>\$708</td> <td>\$358</td> <td>\$107</td> <td>\$243</td> </tr> <tr> <td>Extraction-Single Tooth</td> <td>\$106</td> <td>\$37</td> <td>\$39</td> <td>\$30</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Discounts will vary by state</i></p> </div>				Procedures	UCR	Dental Access	Group Dental Schedule	Out-of-Pocket Expenses	Periodic Oral Evaluation	\$38	\$13	\$19	\$6	Teeth Cleaning	\$85	\$30	\$40	\$15	Panoramic Film	\$80	\$28	\$33	\$19	Root Canal Molar	\$708	\$358	\$107	\$243	Extraction-Single Tooth	\$106	\$37	\$39	\$30
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Insurance Benefits - Vision	300	500	1000
<p><b>Ameritas Group Vision Service Plan</b></p> <p>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 is 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.</p>	✓	✓	✓

*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.*

Membership Dues	300	500	1000
Member Only	\$242.00	266.00	300.00
Member and Family	\$372.00	448.00	510.00
One Time Enrollment Fee	\$ 60.00	60.00	60.00

# Physician/Hospital/Accident Medical Exclusions

**Benefits will not be payable for any loss or Injury that is caused by, results from, or is contributed to by:**

- 1). Intentionally self-inflicted Injury, suicide or attempted suicide, while sane.
- 2). War or any act of war, whether declared or not.
- 3). Active participation in a riot or insurrection.
- 4). Service in the military, naval or air service of any country or international organization.
- 5). Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- 6). Work related injuries covered under Worker's Compensation, Employer's Liability Laws, or similar occupational benefits.
- 7). Medical mishap or negligence, including malpractice.
- 8). While traveling outside the United States, Canada, Mexico, or any United States possessions, except for a Medical Emergency or a covered Accidental Death or Accidental Dismemberment.
- 9). Treatment provided in a governmental hospital, benefits provided under a government program (except Medicaid or Medicare), and any other services for which no charge is normally made in the absence of insurance.
- 10). Treatment by an Immediate Family member or a member of the Covered Person's household.
- 11). Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- 12). Cosmetic care, except for Medically Necessary reconstructive plastic surgery. Reconstructive plastic surgery is defined as:
  - a. Surgery to restore normal bodily functions; or
  - b. Surgery to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
  - c. Breast reconstruction following a mastectomy.
- 13). Dental treatment, except for Injury to sound, natural teeth.
- 14). Hernia, adenoids, tonsils, varicose veins, appendix, disorder of the reproductive organs, voluntary abortion, or elective sterilization within 6 months after the Covered Person's effective date of insurance.
- 15). Rest care, convalescent care, or rehabilitative care.
- 16). Treatment of Mental or Nervous Disorders.

**In addition to the General Exclusions, we will not pay benefits for Injury or death to which a contributing cause is:**

- 1). The Covered Person's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal activity or occupation.
- 2). Injury or death from an Accident where the Covered Person's intoxication would be considered a contributing cause to the Accident. Intoxication is determined according to the laws and/or regulations of the jurisdiction in which the Accident occurred. It will be considered a contributing cause if:
  - a. An investigation into the cause of the Accident by a police department or other government body makes such determination; or
  - b. It meets a "prudent and reasonable" test. "Prudent and reasonable" means that a review of the circumstances of the Accident by an ordinarily prudent person would find that the most reasonable interpretation of the facts indicate that intoxication was a causal factor.
- 3). Loss for which the Covered Person would not be responsible in the absence of this Coverage.

**In addition to the General Exclusions, Accident Medical/Dental Expense Benefits will not be paid for:**

- 1). Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, or detached retina **unless caused by Injury**, whether or not caused by a Covered Accident.
- 2). Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- 3). Mental and Nervous Disorders (except as provided in the Group Policy).
- 4). Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Group Policy).
- 5). Expense incurred for treatment of Temporomandibular or Craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Group Policy).
- 6). Covered medical expenses for which the Covered Person would not be responsible in the absence of this Coverage.
- 7). Any expense paid or payable by any other valid and collectible group insurance plan.
- 8). Conditions that are not caused by a Covered Accident.
- 9). Any treatment, service or supply not specifically covered by the Group Policy.

# Member Reward Program *Receive a reward of up to 100% of membership dues paid!*

The privileges of being a USA+ member only get better and better. In addition to access to great healthcare benefits, USA+ members are automatically enrolled in our Member Reward Program.

Once you have been a GroupHealthAdvantage member in good standing for at least five years, you can receive a 50% refund of all membership dues paid to USA+, or you can wait to redeem 100% after 10 years. What that means to you, is that you will receive a reward of the amount listed below, based on the plan you purchased and the length of your membership in USA+.

	GHA 300 Ind	GHA 300 Fam	GHA 500 Ind	GHA 500 Fam	GHA 1000 Ind	GHA 1000 Fam
Reward at 5 years*	\$ 7,260	\$ 11,160	\$ 7,980	\$ 13,440	\$ 9,000	\$ 15,300
Reward at 10 years*	\$ 29,040	\$ 44,640	\$ 31,920	\$ 53,760	\$ 36,000	\$ 61,200

No action is required to activate your reward program. To redeem your reward, contact USA+ at 800-USA-1187.

\* Member is only eligible for one reward per qualifying term. Once the reward has been redeemed, the eligibility period begins again. Please see your Membership Handbook for details.

## United Service Association For Health Care Foundation



USA+ Foundation Founder and Chairman of the Board, Dody Wood, with 2 special patients.

The USA+ Foundation was created nineteen years ago to help fund charities that assist those who suffer needlessly, giving them hope for the future.

So far, the USA+ Foundation has awarded over 6 million dollars to worthy charitable groups. As a USA+ member, you will assist worthwhile charities, community programs, and national research programs by helping us reach our goal of giving \$1,000,000 a month to charity.

Here are a few of the organizations that receive funding from the USA+ Foundation to help improve the quality of life for those facing unknown challenges:

- American Diabetes Association
- Cystic Fibrosis Foundation
- Habitat for Humanity
- Juvenile Diabetes Research Foundation
- Muscular Dystrophy Association
- St. Jude Children's Research Hospital®

## Membership Receipt

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Membership Selected:

- GHA 300 .....  **Individual \$242** .....  **Family \$372**  
 GHA 500 .....  **Individual \$266** .....  **Family \$448**  
 GHA 1000 .....  **Individual \$300** .....  **Family \$510**

Monthly Membership Dues: \_\_\_\_\_ Setup Fees: **\$60**

Total Remitted: \_\_\_\_\_ Method of Payment:  Check  Credit Card

- Mode of Payment:  Monthly Bank Draft (EFT)  Quarterly Direct Billing  
 Monthly Credit Card  Semi-Annual Direct Billing  
 Annual Direct Billing

Recurring Monthly Dues: \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_

TC\_GHA\_03.07

### 30 Day Guarantee

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 refund, you may do so by submitting a written request to USA+ at the address listed.



**United Service Association**  
For Health Care

ADMINISTRATIVE OFFICES  
1901 North Highway 360 • Grand Prairie, TX 75050  
800-USA-1187 • www.teamcorp.com