



ERISA and ACA Compliant, Limited Day MedicalSM Plan Designs Built on Copays, Not High Deductibles

Removing barriers to care to support the health and well-being of USAF members

USA Cheer, in coordination with the **United States Equestrian Federation (USEF)**, Outreach Data Partners LP and Aither Health, is pleased to offer our members a unique and comprehensive menu of affordable health benefit plan designs to meet a range of budgets. Each plan design option meets or exceeds Affordable Care Act Minimum Value standards and is available in all 50 states.

Popular Features Include:



Convenient access to doctors whenever you need them... **NO COST** to plan participants



Primary Care Mobile Doctors

Speak or Video Chat with a Board Certified Physician nationwide for an array of medical needs. Get answers to medical questions, a second opinion or secure/renew a prescription, if needed

Mental Health Therapy

Talk or Text with a licensed Mental Health Therapist 24/7/365. 100% of follow-up sessions with same clinician provides potent Mental Health benefit.



Facial Scan Technology

LifeVitals – track and manage vitals including heart rate, breathing, blood pressure, stress level, body mass index, systemic risks and general wellness...all from your smart phone

Mobile App Support Tool

Access to Plan information, services and features, including digital ID cards and concierge support, are all in one place and at participants' fingertips.



Program Highlights

- ◇ No Personal Health Questionnaires
- ◇ \$0 Annual Deductible
- ◇ \$5,000 & \$7,350 Max Out-of-Pocket Options
- ◇ Expansive National Physician Network
- ◇ No Hospital Network Restriction



Over 90% of the most common generic medications... **NO COST** to plan participants

Acute Medications (Immediate Need)

The top 125 most prescribed acute medications from over 64,000 participating pharmacies nationwide



TOP 125 ACUTE MEDICATIONS

\$0 Copay



TOP 480 CHRONIC MEDICATIONS

\$0 Copay

Chronic Medications (Maintenance Medications)

90-day supply of the top 480 most prescribed chronic medications shipped directly to participant's home from state-of-the-art fulfillment center



Powered by



A modern and convenient vision platform providing access to exclusive savings on high-quality eye care and designer eyewear

- **\$0 copay** on a comprehensive eye exam
- **\$150 credit** toward prescription or non-prescription glasses or contacts, as well as best-in-class lenses
- **World-class eyewear brands** like Armani, Coach, Ray-Ban, Tom Ford and more. Plus, access to over 200 affordable frames with high-quality lenses at no cost to HBA plan participants
- **Secure, online artificial intelligence face scan** for personalized frame recommendations that fit you
- **Discounts** on LASIK procedures



Call 1-888-680-0855 to Learn More or Enroll Today!



Summary Overview of Plan Designs and Costs[†] effective February 1, 2023

Plan Provision	Essential Value (EV)	Bronze	Silver	Gold
Network	PRIMEpon	PRIMEpon	PRIMEpon	PRIMEpon
Deductible	\$0	\$0	\$0	\$0
Co-Insurance	100%/0	100%/0	100%/0	100%/0
Individual Maximum Out of Pocket	\$7,350	\$7,350	\$5,000	\$5,000
Family Maximum Out of Pocket	\$14,700	\$14,700	\$10,000	\$10,000
Preventative and Wellness	100% Covered	100% Covered	100% Covered	100% Covered
Primary Care Physician*	\$25 Copay	\$25 Copay	\$15 Copay	\$15 Copay
Specialist*	\$50 Copay	\$50 Copay	\$25 Copay	\$25 Copay
Urgent Care*	\$50 Copay	\$50 Copay	\$35 Copay	\$35 Copay
Emergency Room*	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Telemedicine	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Lab/X-Ray*	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Outpatient Diagnostic Testing*	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Allergy Services*	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Ambulance*	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Home Health Care*	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
In-Patient Chemical Abuse Treatment*	Not Covered	\$250 Copay	\$250 Copay	\$250 Copay
Out-Patient Chemical Abuse Treatment*	Not Covered	\$25 Copay	\$25 Copay	\$25 Copay
Out-Patient Hospital Services*	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Surgery*	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Maternity*	Not Covered	Not Covered	\$350 Copay	\$350 Copay
Anesthesia*	Included in Hospital Copay	Included in Hospital Copay	Included in Hospital Copay	Included in Hospital Copay
Prescriptions				
Core Generics	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive Generics	\$10 Copay	\$10 Copay	20% Copay	20% Copay
Monthly Funding Costs [†]	Essential Value (EV)	Bronze	Silver	Gold
Member Only	\$367.13 + \$8.57 = \$376.13	\$397.25 + \$7.22 = \$404.47	\$480.62 + \$9.65 = \$490.27	\$495.75 + \$10.05 = \$505.80
Member + Spouse	\$613.89 + \$15.91 = \$629.80	\$667.10 + \$17.25 = \$684.35	\$823.49 + \$22.81 = \$846.30	\$873.27 + \$24.61 = \$897.88
Member + Children	\$537.17 + \$12.69 = \$549.86	\$582.23 + \$13.70 = \$595.93	\$719.48 + \$18.50 = \$737.98	\$746.59 + \$19.39 = \$765.98
Family	\$783.52 + \$22.02 = \$805.54	\$850.83 + \$23.92 = \$874.75	\$1,071.73 + \$32.07 = \$1,103.80	\$1,128.94 + \$34.15 = \$1,163.09

* Plan designs include restrictions and limitations, including day and incidence limits. For a complete illustration, including plan exclusions, please refer the Schedule of Benefits (SOB) document applicable to the plan. In the event of a conflict with this summary overview, the SOB and all associated plan documents shall govern.

Click here to search Prime Health Service Physician and Ancillary Network (PRIMEpon)

<https://primehealthpon.primehealthservices.com/>

[†] Benefits provided through a self-insured ERISA health plan arranged by Outreach Data Partners, LP as Plan Sponsor and Administrator. Reinsurance for claims funding is directly procured by the Plan Sponsor and not transacted or facilitated by The Health Benefit Alliance. Monthly costs reflected above include projected administrative and claims funding costs, ambulance transportation assistance fees (provided by MASA MTS), and group Accident Base coverage insurance premiums; additional amount applies for Buy-Up coverage (underwritten by Wellfleet, a Berkshire Hathaway Company). State procurement taxes are additive and noted separately. As MASA ambulance assistance is not available to residents of AK, ND, NJ, NY and WA, monthly costs will be adjusted accordingly for affected applicants.

The Health Benefit Alliance does not transact the placement of, nor receive any compensation for, any insurance product.

Call 1-888-680-0855 to Learn More or Enroll Today!