



# SAVINGS PLAN

# MEMBER GUIDE

Discount Medical benefits are not available in AK, VT and WA. If you move to one of those states, your discount benefits will terminate and you will be given a pro-rated refund.

## Disclosures

This Plan is NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in the Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. You may call 1-800-494-9294 for more information or visit [www.DentalPlans.com](http://www.DentalPlans.com) for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Alliance HealthCard of Florida, Inc. does not guarantee the quality of the services or products offered by individual providers. The fees for The Plan are specified in the membership agreement. You have the right to cancel your membership at anytime. If you cancel your membership within 30 days of the effective date, you will receive a full refund of all periodic charges. The processing fee is non-refundable except in AR, MD and TN. To cancel you must, verbally or in writing, notify [DentalPlans.com](http://DentalPlans.com) at 8100 SW 10th Street Suite 2000, Plantation FL, 33324 or call 1-800-494-9294. We will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after cancellation. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint.

**Note to DE, IL, LA, NE, NH, OH, SD, TX, and WV consumers:** If you remain dissatisfied after completing the complaint system, you may contact your state department of insurance.

**Note to MA consumers:** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

# Welcome

## CONGRATULATIONS!

By choosing the Alliance HealthCard Savings Plan, you have taken a big step toward taking control of your family's budget, and how your healthcare dollars are spent. The Plan you purchased has either individual or family coverage. Please refer to the Membership Agreement included in this packet to confirm your Plan. If you have any questions about your Plan selection, please call Member Services at 1-800-494-9294. Individual coverage means the discount medical products and wellness services are available ONLY to you. Family coverage means the discount medical products and wellness services extend to immediate family members, dependents and permanent or household residents. Immediate family members, dependents and permanent or household residents are defined as a spouse or domestic partner, children up to the age of 26, parents in the household over age 60 and any other IRS Dependents.



## Easy To Use!

The program is both affordable and easy to use. This guide will help you remember and understand how to use the program in order to make the best decisions about your healthcare dollars. To start using the program:

1. Make an appointment with your provider. You can call Member Services for help locating a participating provider, or you can visit [www.DentalPlans.com](http://www.DentalPlans.com) for a list of participating providers to choose from.
2. Pay the provider your discounted rate!

## Call Us!

If you have any questions, please call 1-800-494-9294 Monday through Friday from 8AM to 8PM, Eastern time, and a Member Services representative will be happy to assist you.

We hope that you are as excited about your program as we are to serve you!

**Member Services Toll-Free Number:  
1-800-494-9294**

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# Dental Discount

Members and their dependents receive reduced costs on their dental needs. To receive the discount, visit one of the participating dentists that are a part of this network and present your membership card.

## Highlights

- Members select a participating dentist in their area and call to make an appointment.
- Members can save 15% to 50%\* on dental care through our Dental network of over 110,000 participating provider listings, including both general dentists and specialists.
- Members choose any dentist they want within the network of participating dentists across America. You can also change dentists within the network at any time for any reason.
- Members have immediate access within the network.
- There is no limit to the number of visits a member and their immediate family can have as long as the membership fees are paid current.



## How To Use The Program

- Members can find a participating dentist by going online anytime at [www.DentalPlans.com](http://www.DentalPlans.com), or by calling the Member Services line at **1-800-494-9294** Monday through Friday from 8:00 am to 8:00 pm Eastern time.
- Make sure you identify yourself as a member of the dental network found on the back of your membership ID card when calling to make an appointment.
- Members must present their membership card at the provider's office to receive the discount at the time of service.
- Payment is due to the dentist at the time of service.
- Members are obligated to pay for all health care services but will receive a discount from these health care providers who have contracted with the discount plan organization.

*\*Actual costs and savings vary by geographic area.*

**Not available in AK, MT, ND, SD and WY.**



**Cigna**®

The card holder is directly responsible for all payment to the Dentist.

For CIGNA Dental Eligibility info, Call: 1-888-656-2350

**This program is not insurance.  
Members must pay for services at the time they are rendered by the dentist. This program will provide savings over the normal cost of services.**

# Prescription Drug Discount

## Local Pharmacies

### Benefit Summary

You will now save 20%-60% off the retail prices of many generic prescription drugs and 20%-40% off brand name prescription drugs. Simply present your membership ID card, along with your prescription, to the pharmacist. You will receive the network negotiated price or the pharmacy's price, whichever is lower.

### Highlights

- The retail pharmacy network includes more than 58,000 national and regional chain pharmacies such as Albertsons, CVS, Duane Reade, K-Mart, Kerr Drug, Kroger, Longs Drugs, Medicine Shoppe, Osco, Publix, Rite Aid, Safeway, Target, Walgreens, Walmart, Winn-Dixie
- Benefits apply to members and their immediate families.
- There are no health restrictions, no paperwork to file, and it is easy to use.
- There is no limit on the number of times a year the member can use this service as long as the membership fees are paid current.



### How To Use The Program

- We have included a list of nearby participating providers with this book, or you may go to [www.DentalPlans.com](http://www.DentalPlans.com) to locate participating providers. You may also call Member Services Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- Take your prescription into any participating pharmacy.
- Present your ID card along with your prescription to the pharmacist. You will receive the network negotiated price or the pharmacy's price, whichever is lower.
- Simply pay when you pick up your prescriptions!

**This is NOT insurance.  
Members must pay for products or services at  
the time they are purchased. This program will  
provide savings over the normal cost of medication.**

# Prescription Drug Discount

## Mail Service Pharmacy

### Benefit Summary

Save 30%-70% on prescriptions used to treat ongoing conditions (maintenance drugs). You are guaranteed the lowest price by using the mail service pharmacy to purchase up to a 90-day supply of your prescription.

### How To Use The Program

- Ask your doctor to write a prescription for a 90-day supply, with as many as three refills.
- To place your mail service pharmacy order, download and print the prescription mail order form located at [www.mymemberguide.com/pdfs/Mail\\_Order\\_Form.pdf](http://www.mymemberguide.com/pdfs/Mail_Order_Form.pdf) and mail along with your original prescription to the address listed on the form. Be prepared to provide the following information:
  - Your member number from your membership ID card
  - The name of the medication
  - An original signed prescription for your first mail order

If you have any questions about the pharmacy program, please call Member Services.

*Please Note: The pharmacist's judgment and any dispensing restrictions, such as quantities allowable, govern certain controlled substances and other prescribed drugs.*

**This is NOT insurance.  
Members must pay for products or services at  
the time they are purchased. This program will  
provide savings over the normal cost of medication.**

# Vision Network Savings

## Benefit Summary

Access to a national network of over 65,000 vision providers in 26,000+ locations, including LensCrafters®, Sears Optical®, Target Optical®, JCPenney Optical® and most Pearle Vision® locations. Members enjoy their choice of participating independent optometrists, ophthalmologists and opticians located throughout the country.



## Vision Care Services

### Exam With Dilation as Necessary

## In-Network Member Cost

\$5 off routine,  
\$5 off contact lens  
fit & follow-up

## Out-of-Network Reimbursement

N/A

Complete Pair Eyeglasses Purchase Discounts\*: Frame, lenses, and lens options must be purchased in same transaction to receive full discount

### Frames

35% off retail price

N/A

### Standard Plastic Lenses

Single Vision

\$50

N/A

Bifocal

\$70

N/A

Trifocal

\$105

N/A

Standard Progressive Lens

\$135

N/A

### Lens Options (paid by the member and added to the base price of the lens)

UV Treatment

\$15

N/A

Tint (Solid and Gradient)

\$15

N/A

Standard Plastic Scratch Coating

\$15

N/A

Standard Polycarbonate

\$40

N/A

Standard Anti-Reflective Coating

\$45

N/A

Other Add-Ons and Services

20% off retail price

N/A

### Contact Lenses

Conventional

15% off retail price

N/A

Disposable

0% off retail price

N/A

### Laser Vision Correction

Lasik or PRK\*\* from

15% off the retail price or

N/A

U.S. Laser Network

5% off the promotional price

### Frequency

Examination

Unlimited

Lenses and Contact Lenses

Unlimited

Frame

Unlimited

\*Items purchased separately will be discounted 20% off the retail price.

**THIS IS NOT INSURANCE**  
**Not all discounts available at all providers.**

\*\*Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

**For Lasik providers, call 1-877-5LASER6 or visit [eyemediasik.com](http://eyemediasik.com) and request the discount authorization, please call 1-877-5LASER6.**



# Vision Network Savings Cont'd

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Please note, all dependents are eligible for discounts with all discount plans.

## Limitations/ Exclusions

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

## How To Use The Program

- We have included a list of nearby participating providers with this book, or you may go to [www.DentalPlans.com](http://www.DentalPlans.com) to locate participating providers. You may also call Member Services Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- Call the provider for an appointment. Verify that the provider participates in the program offered through EyeMed Vision Care. If your provider does not recognize your card or has questions, please call Member Services.
- When arriving at your provider's location, present your ID card and pay the provider at the time of service. This program does not make payments to providers. You are obligated to pay the provider or make payment arrangements at the time of service.
- Members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.
- If the provider has any questions, please ask them to call Member Services.



The biggest network and the most choice. Because more is more.

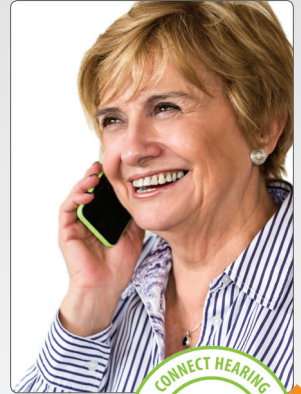
**This is NOT insurance.  
Members must pay for products or services at  
the time they are purchased. This program will  
provide savings over the normal cost.**

# Hearing Savings

## Benefit Summary

Whether you have worn hearing aids before or you are new to the process, Connect Hearing can get you on the path to better hearing. From scheduling a free hearing test to choosing and maintaining your hearing aids, we're with you every step of the way.

Call us at **1-877-412-1384**. Tell them you are with the “**Access Plans**” group. Our staff is here to help you understand your options or schedule a free hearing assessment. With locations nationwide, we are one of the strongest network of Hearing Care Professionals in the country, and are committed to helping more people stay connected to the sounds of life through better hearing.



## Highlights

- 35% discount off Connect Hearing's hearing aid prices
- 3 years of free batteries with hearing aid purchase<sup>††</sup>
- 3 year warranty and 3 year loss & damage\*
- Free earmolds
- Complimentary hearing evaluation
- Unlimited follow-up visits during the useful life of the hearing aid for cleaning and check ups
- 100% Service Satisfaction Guarantee
- 45 Day Trial Period after purchase
- Price Match Guarantee<sup>†</sup>
- Up to two free accessories with purchase of select models
- 2 week free hearing aid trial<sup>\*\*</sup>

## How To Use The Program

- Call us at **1-877-412-1384**. Tell them you are with the “**Access Plans**” group. They will help you locate provider in your area and set up your free hearing assessment.
- Note: you must set up your appointment using the toll free number above to ensure you will receive the discounted pricing, no walk in appointments are accepted.
- When arriving at your provider's location, present your ID card with the Connect Hearing Logo on it and pay the provider the discounted rate at the time of service. This program does not make payments to providers. You are obligated to pay the provider or make payment arrangements at the time of service.

*†As a member of the Connect Hearing network, if we don't already have the lowest price, we will match any valid competitor quote or advertised price on hearing aids within 60 days of purchase. ††3 years FREE batteries with hearing aid purchase. \*The 3 year warranty is valid starting from the date of invoice. This limited warranty covers manufacturing and material defects in the hearing aid itself, but not accessories such as batteries, tubes, ear modules, external receivers. The warranty includes 3 year loss and damage coverage that can be redeemed ONE TIME and requires a deductible of \$450. \*\*Certain types of hearing loss may require a hearing aid model that is not appropriate for the Two Week Free Trial. See clinic for details. Lyric excluded.*

[www.ConnectHearing.com](http://www.ConnectHearing.com)

**Connect Hearing**   
YOUR HEARING PROFESSIONALS

**THIS IS NOT INSURANCE – NOT AVAILABLE IN IL**

# Chiropractic & Alternative Medicine

## Benefit Summary

- Discounts of 25% off usual and customary fees for services from a national network of complementary health care providers.
- Over 19,000 participating providers nationwide.
- Online store of health and wellness products, with 15% to 40% discount on most items.

## Highlights

- You can save at all participating chiropractors, massage therapists and acupuncturists.
- There is no limit to the number of visits, and services are not required to be medically necessary. Discounts on preventive and maintenance care are available.



## How To Use The Program

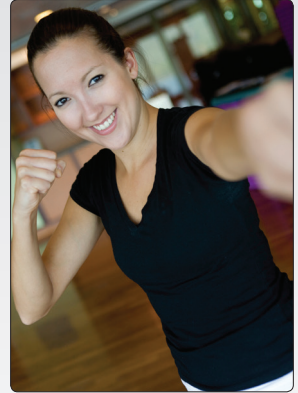
- We have included a list of nearby participating providers with this book, or you may go to [www.DentalPlans.com](http://www.DentalPlans.com) to locate participating providers. You may also call Member Services Monday through Friday.
- Call the provider to make an appointment. Verify that the provider participates in the network on your member ID card. If at any time your provider does not recognize or does not accept the card or has questions, please call Member Services right away.
- When arriving at your provider's location, present your ID card and pay the provider at the time of service. This program does not make payments to providers. You are obligated to pay the provider at the time of service.
- To receive your online product discounts, please visit [www.choosehealthy.com/access](http://www.choosehealthy.com/access)
- Members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.
- If your provider has any questions or concerns, always ask the provider to call Member Services.

**This is not a health insurance policy; it is a discount program. The discount program has no liability for providing or guaranteeing service and assumes no liability for the quality of service rendered.**

# Fitness Discount

## Benefit Summary

- There are nearly 15,000 facilities in the nationwide network of high-quality fitness clubs and exercise centers.
- As a member, you will receive the lowest membership rate for the type of health club membership selected. (This program may apply to new members only. Current health members should check with the facility's membership department to see if the lowest membership rate is applicable to them and their rates can be adjusted.)
- Members also receive free trial certificates (not to be combined at the same club) free of charge.



## Highlights

- To help you find the right fitness facility, you may take advantage of a one-week free trial certificate at each facility of your choice, or if you are accessing a facility that charges by the session, you are entitled to one free introductory session.
- You will be able to use the facility—giving you the opportunity to truly experience the club—before committing to a membership.
- Provides quality, value, access, and choice for members.
- Participating fitness facilities have all met the American College of Sports Medicine's Health and Safety Standards.

## How To Use The Program

- For participating fitness facilities in your area, visit [www.DentalPlans.com](http://www.DentalPlans.com) or contact Member Services.
- Present your membership card to the participating fitness facility.

**THIS IS NOT A HEALTH INSURANCE POLICY**

# Physical Therapy Savings

## Benefit Summary

PTPN is the nation's premier network of rehabilitation therapists in independent practice. To belong to PTPN, therapists must meet requirements that are higher than other kind of organizations.

## Highlights

- PTPN has more than 3,500 highly qualified and credentialed providers across the United States.
- You save 15% off billed charges at the time of service when you visit a participating therapist.
- There is no limit to the number of visits.

## How To Use The Program

- Members can find a participating therapist by going online anytime at [www.DentalPlans.com](http://www.DentalPlans.com), or by calling the Member Services line at 1-800-494-9294 Monday through Friday from 8:00 am to 8:00 pm EST.
- Members must present their membership card at the provider's office to receive the discount at the time of service.
- Payment is due to the therapist at the time of service.

Therapists available in AZ, CA, CO, CT, FL, GA, LA, MA, MI, MS, NJ, NY, OH, PA, TN

Visit [www.DentalPlans.com](http://www.DentalPlans.com) to find a therapist near you.



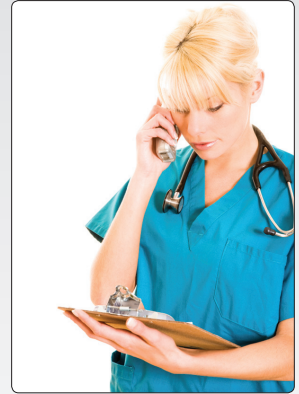
**Members must pay for services at the time they are rendered by the therapist. This program will provide savings over the normal cost of services.**

**THIS IS NOT A HEALTH INSURANCE POLICY**

# 24-Hour Nurseline

## Benefit Summary

Illnesses and medical emergencies can strike at anytime, anywhere. The 24-Hour Nurse Line is staffed 365 days a year by registered nurses ready to assist you. You will speak with a registered nurse who will answer your questions and provide you with health and medical information over the phone.



## Highlights

- Our professional staff is ready to provide detailed information on a range of concerns, including diagnosis interpretation, suggestions for using support groups, behavioral counseling, and appropriate treatment for minor emergencies or illnesses.
- Of course, all discussions are kept strictly confidential.
- You can obtain information about:
  - Symptoms
  - Treatment Options
  - Medical Terms
  - Procedures
  - Disease
  - Medications
  - Referrals to support groups or other organizations
- Benefits apply to members and their immediate families.
- There are no health restrictions, no paperwork to file, and it is easy to use.
- There is no limit on the number of times a year the member can use this service as long as the membership fees are paid current.

## How To Use The Program Online

- Call the 24-Hour Nurse Line 24 hours a day, 7 days a week at 1-866-281-9723 - whenever you want - as often as you want. It's fast, convenient, and it's always confidential.

## Listen to Audio Messages

- By simply calling 1-866-281-9723, you can listen to the health information library's recorded messages on a wide variety of health and well-being issues.

**Very Important: In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.**

# Diabetic Supplies Savings

## Benefit Summary

Member save 40% to 60% on most diabetic supplies. Your program provides discounted prices on packages of diabetic supplies including monitor, lancets, test strips & carrying case.

## Highlights

- Benefits apply to members and their immediate families.
- There are no health restrictions.
- There is no limit on the number of times a year the member can use this service as long as the membership fees are paid current.

## How To Use The Program

- Visit <http://www.diabetesmedplan.com/Access>
- Or call 888-983-7850 and give the representative GroupID "AXS1000".



**THIS IS NOT A HEALTH INSURANCE POLICY**

# Alliance HealthCard of Florida, Inc. Privacy Notice as of January 2014

Alliance HealthCard of Florida, Inc. ("Alliance") is committed to integrity in our dealings with our customers. This commitment extends to personal information about you that we might acquire. At Alliance, we are dedicated to offering you quality service, support, and products while taking appropriate actions to safeguard your personal information.

## OUR PRIVACY PRACTICES

### Information we collect:

We collect personal information about you from the following sources:

- Information we may have received from you on applications, other forms and during telephone conversations (e.g., name, address and telephone number, social security number, date of birth, personal health information and gender).
- Information you may provide when using our patient advocacy services (e.g., insurance coverage, premiums, payment, and claims history).

### How we use or disclose personal information:

We may use your information to:

- provide information and services as requested by you;
- determine eligibility and process applications for products and services;
- negotiate medical bills for you;
- conduct data analysis;
- execute monitoring and training;
- develop new services; and
- market products and services (subject to appropriate consent).

We may disclose your information to:

- service providers who help us conduct our business operations that are necessary to effect or administer our services; and
- your doctors or hospitals to arrange access to services..

We may also disclose personal information (i) if we are required to do so by law or legal process, (ii) in response to law enforcement authority or other government official requests, (iii) when we believe disclosure is necessary or appropriate to prevent physical harm or financial loss, (iv) in connection with an investigation of suspected or actual illegal activity or (v) in the event that Alliance or its Aon affiliates is subject to a merger or acquisition to the new owner of the business. Disclosure may also be required for company audits or to investigate a complaint or security threat.

## SAFEGUARDING AND MAINTAINING PERSONAL INFORMATION

We restrict access to personal information about you to employees and other persons hired by us who need to know that information to provide products or services to you. Their right to further use the personal information about you is limited by our employee code of conduct, applicable law and non-disclosure agreements where appropriate. We maintain physical, electronic and procedural safeguards that comply with applicable regulatory standards to guard your personal information.

Feel free to contact us if you have any questions about our privacy practices at the address below.

ALLIANCE HEALTHCARD OF FLORIDA, INC.  
MEMBER SERVICES  
PO Box 630858  
Irving, TX 75063



# AHC Savings Plan Member Member Terms & Conditions

The following terms and conditions as well as the Member Welcome Letter and Member Guide, which are incorporated herein by reference, govern the plan that you have purchased.

This Membership Agreement (“Agreement”) is entered into by and between Alliance HealthCard of Florida, Inc. (“Alliance”) and members (“Members”) of AHC Savings discount medical program. All Members subscribing to the discount medical program (“Program”) should read the terms of this Agreement carefully and communicate any questions that arise to an Alliance Member Services Representative available by telephone Monday – Friday, 8 a.m. to 8 p.m. Eastern Time at 1-800-494-9294.

**The discount medical program is NOT health insurance or a health insurance policy. It is a discount medical plan. The Program provides discounts only at certain health care providers for healthcare services. Member is obligated to pay for all healthcare services but will receive a discount from those health care providers who have contracted with Alliance. Alliance does not make payments to providers for medical services. Equal or lower prices may be available through individual negotiations.**

**1. Description of Program’s Features.** Each Member is entitled to receive discounts on specified services and receive other services (collectively, “Services”) when using a participating provider (“Provider”) as set forth in the Membership Guide, which is incorporated into this Agreement by reference. Members are entitled to receive certain Services from Providers at predetermined amounts and certain other Services for a percentage discount off the Provider’s normal retail prices for such Services. Other terms and conditions regarding Services, the Services eligible for discounts, and the discounted fees for the Services included are listed in the Membership Guide and are subject to change, modification, or substitution by Alliance at any time without notice to the Member. Fees for Services vary by region. In order to receive Services at the discounted rate, a Member must present his/her Membership ID Card to the Provider before Services are rendered. Members must pay the Provider directly at the time of Service unless otherwise agreed upon between Provider and Member. If prompt payment to the Provider is not made and arrangements for payment are not made, the Provider may rescind the discount. The discount features of the Program may not be available for cosmetic procedures.

**2. Cancellation and Refund Option.** If a Member is not satisfied with the Program and wishes to terminate his/her membership, the Member may cancel the membership for any reason and at any time during the membership period by notifying DentalPlans.com verbally or in writing. Membership in the Program will terminate at the end of the Membership Term following the date on which notice of cancellation is received. Membership fees will cease being collected no later than 30 days after receiving a valid cancellation notice. If the Member cancels his/her membership within the first thirty (30) days after effective date, the Member will be reimbursed for all periodic charges paid. The return of all such periodic charges will be made within thirty (30) days of the cancellation date, and if all such periodic charges

have not been reimbursed within thirty (30) days of the cancellation date, interest will be assessed against Alliance as required by applicable law.

In the state of South Carolina only, a member shall receive a full refund of membership fees, if membership is cancelled within the first 30 days after receipt of membership materials.

After 30 days of initial purchase, the Refund Policy is as follows: A member is eligible to receive a pro-rated refund only if a membership is cancelled by DentalPlans.com or Alliance for any reason, if discounted savings are not realized on care delivered, or if the fee schedule of the plan you have selected is not honored by at least one participating general dentist provider in your vicinity. Pro-rated refunds will not be issued for any other reason, including nonpayment of fees by the member.

**Applies to Automatic Renewals Only:** In the event that your plan has been automatically renewed in any year following your initial purchase and provided that your discount plan services have not been used, a full refund will be issued within the first 60 days of the automatic renewal. If you would not like to have your plan renew automatically, you must set your account to "Do Not Renew." After 60 days from the automatic renewal, the above refund policy applies. For residents of Oklahoma and North Dakota: After 30 days of initial purchase, the cancellation and refund policy is as follows: A member is eligible to receive a pro-rated refund for any reason, including if discounted savings are not realized on care delivered, or if the fee schedule of the plan you have selected is not honored by at least one participating general dentistry provider in your vicinity. Pro-rated refunds will not be issued for the nonpayment of fees by the member. Any cancellation of membership in the Program will not affect any Services or discounts received by a canceling Member before the effective date of the cancellation. **IF A MEMBER CANCELS WITHIN THIRTY (30) DAYS OF THE EFFECTIVE DATE, THE MEMBER WILL RECEIVE A FULL REFUND OF THE INITIAL MEMBERSHIP FEES. THE PROCESSING FEE IS NON-REFUNDABLE EXCEPT IN AR, MD AND TN.**

**3. Membership Term.** Once the initial fee for membership in the Program ("Membership Fee") and any enrollment, processing or other fee is paid, a Member will be entitled to all Services for the term ("Membership Term") the Member selects at the time of activation commencing on the date of Alliance's receipt of the activation, so long as Member continues to pay required Membership Fees and otherwise complies with the terms of this Agreement. Member has access to participating providers without restrictions such as waiting periods or notification periods. Members may select from membership Terms offered at the time of activation which includes an annual option.

**4. Automatic Renewal of Membership Term.** At the conclusion of the Membership Term, membership in the Program will be renewed automatically unless the Member notifies DentalPlans.com before the new Membership Term, that he/she wishes to cancel his/her membership in the Program. If the Member either fails to notify DentalPlans.com of his/her election not to continue the Membership, membership in the Program will be renewed automatically and the Membership Fee for an additional term will be charged against the Member's credit card or by debit to the Member's checking account, as applicable. Should a Member have any questions concerning the Program, or the continuation or cancellation of membership, he/she should call a Member Services Representative at the number on his/her Membership ID Card.

**5. Complaint Procedure.** Any complaint regarding Program membership should be directed to Member Services at the toll-free number on the ID Card or in writing to the address shown in Paragraph 9 below. Each complaint will be acknowledged in writing within 5 business days of its receipt. After Alliance has investigated the complaint, the Member will receive a letter disclosing the results of that investigation no later than 30 calendar days after Alliance's receipt of the complaint. If the Member remains unsatisfied, the Member may contact his or her state's department of insurance.

**Note to IL and RI Consumers:** Alliance shall provide contact information for the State Department of Insurance upon request.

**6. Membership Payment/Billing.** Payment of the initial Membership Fee and any renewal Membership Fee will be made automatically by a charge against the Member's credit card or by a debit to the Member's checking account (depending on the payment option authorized by the Member) for the full amount of the Membership Fee for the Membership Term. Each Member hereby gives authorization to bill and receive payment for the Membership Fee as set forth in this Agreement. Alliance reserves the right to increase the Membership Fee for a future Membership Term, in which case the Member will be notified and the increased Membership Fee will be effective upon renewal of the Program membership. If a Member wishes to confirm whether a Program discount is available for a particular Service, or wishes to confirm the current fee for a particular Service, he/she should call a Member Services Representative at the toll-free number located on the Membership ID Card.

**7. Membership Representations and Acknowledgments.** In return for the discounts and Services available under the Program, the Member makes the following representations and acknowledgments:

(a) Member has read this Agreement carefully, including the Program benefit descriptions, and is aware and acknowledges that the Program is NOT insurance.

(b) Member may cancel his/her Program membership at any time before the conclusion of the Membership Term and will be entitled to a refund as set forth in and subject to Paragraph 2 of this Agreement.

(c) Unless the Member cancels his/her membership in accordance with Paragraph 2 of this Agreement, the Program membership will be automatically renewed on the first day following the conclusion of a Membership Term, and payment of the Membership Fee for the new Membership Term will be made by a direct charge against the Member's credit card or by a debit to his/her checking account.

(d) Membership in the Program and or Member's rights or duties under this Agreement may not be assigned or delegated without the prior express written consent of Alliance. Member acknowledges that the Program membership is only for his/her personal benefit or the benefit of his/her immediate family members. To add an immediate family member to the Plan, contact customer service. "Immediate family members, dependents and permanent or household residents" are a spouse or domestic partner, children up to the age of 26, parents in the household over age 60 and any other IRS Dependents. A Member's violation of the Paragraph 7(d) may, at the discretion of Alliance, result in immediate termination of the Program membership. Immediate family members, dependents and permanent or household residents must

be registered with Alliance. Member may register immediate family members, dependents and permanent or household residents by calling Member Services.

(e) Member is responsible for paying Providers and/or vendors for Services rendered at time of Service unless otherwise agreed upon by Member and Provider or vendor.

(f) This Program is a discount health care program and does not guarantee the quality of the services or products offered by individual providers. Alliance and DentalPlans.com does not recommend or endorse any particular provider listed in the network. The listed providers participate in the discount medical program but are independent of the discount medical plan organization.

(g) Alliance and DentalPlans.com does not warrant, represent or guarantee that there is or will be a Provider in his area available or willing to provide any of the Services to Member. Neither this Program, Alliance, DentalPlans.com, their affiliates, nor any network accessed shall be liable for any payment to a Provider accessed under the Program. Neither this Program, Alliance, DentalPlans.com, their affiliates, nor any network accessed is an insurer, guarantor or underwriter of the responsibility or liability of the Member for Member's or Member's dependents' medical care or any other goods or services provided to Member or Member's dependents.

(h) Member is solely responsible for selecting any provider and in the event the Member is dissatisfied with any product or service, the Member will look solely to the Provider, seller, merchant, vendor or manufacturer for any satisfaction of claim. Member is advised that any Service included in the Program is subject to availability and may be changed or discontinued from the Program at any time without notice to the Member.

(i) The Program is not insurance and it may not reduce deductibles, co-payments or other out-of-pocket expenses for Services that are covered by insurance. Additionally, the Program may not be used to coordinate coverage with Medicare or other government assistance programs.

**8. General Release.** Each Member, for himself/herself, and on behalf of any Dependent who uses the Services under the Program membership ("Membership Participant"), hereby forever releases, acquits and discharges each of Alliance, DentalPlans.com and its employees, officers, directors, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member, Membership Participant or Member's legal representative(s) may have by reason of any damage or personal injury sustained as a result of or during the course of the use of any Service. The sole recourse available to a Member, Membership Participant or Member's legal representative(s) against Alliance will be cancellation of the Program membership as provided in Paragraph 4.

**9. Notices.** Any notice, consent, approval, complaint, request or other written communication given or required under this Agreement must be sent by first class mail, postage prepaid, or by an overnight delivery service such as FedEx or United Parcel Service, and, if from Alliance, addressed to the Member, at the address shown in Alliance's records, or, if from the Member, to Alliance at:

**Alliance HealthCard of Florida, Inc.**  
**PO Box 630858**  
**Irving, TX 75063**

**10. Entire Agreement.** This Agreement sets forth the entire agreement and understanding between the parties with regard to Member's membership in the Program and constitutes a final complete and exclusive statement of the terms of the agreement between the parties with respect to Member's membership in the Program. Any other representation, inducement, promise or agreement shall be of no force or effect.

**11. Validity; Binding Effect.** The validity or unenforceability of any term of this Agreement will in no way affect the validity or enforceability of any other term of this Agreement. This Agreement will be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns.

**Note to Florida Consumers: 11. Validity; Applicability.** The validity or unenforceability of any term of this Agreement will in no way affect the validity or enforceability of any other term of this Agreement. The terms of this Agreement will apply to the parties and their respective successors and permitted assigns.

**12. Governing Law.** This Agreement will be governed and construed in accordance with the laws of the State of Oklahoma, except as required otherwise by applicable law.

**13. Waiver of Breach.** A waiver by Alliance of a breach of any provision of this Agreement will not be deemed a waiver by Alliance of any other breach of the same or different provision.

# Phone Directory

**Member Services** ..... 1-800-494-9294

- General Questions
- Provider Nomination
- Request replacement card
- Comment on provider services

**Locate Providers** ..... 1-800-494-9294  
or [www.DentalPlans.com](http://www.DentalPlans.com)

- Dental Discount
- Prescription Discount
- Vision Discount
- Hearing Discount
- Chiropractic & Alternative Medicine Discount
- Fitness Discount
- Physical Therapy Savings
- Diabetic Supply Discount

**24-Hour Nurseline** ..... 1-866-281-9723



Member Services  
P.O. BOX 630858  
Irving, TX 75063