

Membership Guide



ProCare
Plan

ProCare Plan

JOHN DOE
123 ANY STREET
FRISCO, TX 75034

Dear JOHN DOE,
Start taking advantage of your discounted health program right away with your ProCARE Plan card! This program is not a health insurance policy, which leads to more simplicity and convenience. Just show your card at a participating provider and you can start saving immediately.

We know the health of your entire household is your top concern. Don't forget that your entire family can also use your program. For your convenience, we have attached two cards entitling you and your family to the ProCARE Plan savings and privileges. For details on how to maximize your savings, each program is outlined in the enclosed guide.

You will want to keep your card with you and remember to present your card each time you visit a participating provider. To take advantage of your savings, please read the enclosed instructions carefully.

For Sales Support call 1-909-941-9552

Please note that this is not insurance and we do not make payments directly to medical services providers. It is a discount program, and you are obligated to pay for all health care services. You will receive discounts for medical services at certain health care providers who have contracted with the plan. 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. **CIC6060**

Member Information

HOW TO USE YOUR ID CARDS

1. Read the enclosed description for each product and the Terms and Conditions at the end of this booklet.
2. Keep your ID card with you at all times so it will be easily accessible to present at provider locations. You must present your ID card at the time of service to receive a discount. Remember your entire household can use this program.
3. To locate and verify participating providers in your area, simply call Member Services at **1-800-290-0523**. You may also visit www.procareplan.com to search for providers. When calling to schedule an appointment, please refer to the back of your ID card for proper network identification when speaking to a participating provider's office.
4. You are responsible for paying the provider the entire discounted fee at the time service is provided.
5. If you have any questions on how to use your membership, call our Member Services department at toll-free **1-800-290-0523, 7 a.m.- 7 p.m. CST**, for prompt, friendly assistance.

Physicians	PHCS	1-888-335-8222
Hospitals	Galaxy Health Network	1-800-975-3322
Dental	CAREINGTON	1-800-290-0523
Prescription	Caremark	1-800-391-9721
Vision	EyeMed Vision Care	1-800-290-0523
Hearing	HearPO	1-888-432-7464
Chiropractic	American WholeHealth	1-800-274-7526
Nutritional	Network	1-800-931-1709
Supplements	American WholeHealth	1-800-743-0572
Diabetes Supplies	Network Liberty Medical	

See how much your family can save in just one year with ProCARE Plan!

Service/Product	Regular Cost	Your Sample Cost	Your Savings	YOUR ANNUAL SAVINGS
Doctor visits (4/year)	\$120	\$90	\$30 each visit	\$120
Prescriptions (monthly)	\$100	\$80	\$20 each month	\$240
New Glasses (1 pair/year)	\$285	\$165	\$120 each pair	\$120
Dental Visits (4/year)	\$110	\$55	\$55 each visit	\$220
Chiropractor (monthly)	\$50	\$35	\$15 each month	\$180
Annual ProCARE Plan Savings				\$880

*Regular cost is determined by national average for procedures and may vary. Sample Cost is determined by fee schedules for medical, dental, and vision and by percentage of normal fee for prescription and chiropractor.

Physician Network

By using the PHCS proprietary network of over 750,000 provider locations nationwide, members can access 20-45% savings on medical services. Members can save money on services such as routine office visits and ancillary services, including lab work and imaging centers by accessing a participating provider. This program does not include access to PHCS hospitals or physician assistants.

How To Access Your Discounts:

Step 1:

To locate a provider you may visit our web site at www.procareplan.com or call toll-free **1-888-335-8222** for the name of a provider in your area.

Step 2:

Before calling your provider's office to schedule your appointment, call the Physician Relations Department at **1-888-335-8222** to verify your provider's participation in the medical savings program. A representative will verify the provider's continued participation on your behalf. At your request, the representative will call you back or send you an e-mail to confirm the provider you've chosen is participating. Then, you may call to set up your appointment.



Step 3:

Present your identification card and the "Dear Doctor" letter included in your membership kit to the receptionist when you arrive at the participating provider's office. Your ID card instructs the provider to call or fax Physician Relations for the negotiated rate agreed upon in their contract with PHCS.

Step 4:

Remember, **you are responsible for paying the provider the entire discounted fee at the time service is provided.**

Important Note to Providers:

Please follow the instructions on the back of the Member's ID card for assistance in obtaining the negotiated rate agreed upon in your Preferred Provider contract with PHCS. If you have any questions regarding this program, please call the Provider Department at **1-888-335-8222** and identify yourself as a provider's office.

Hospital Network

Galaxy Health Network Hospital (GHNH) program provides Members with access to over 2,500 acute-care hospitals nationwide. Members have the opportunity to save 10-30% or more. Remember, this program is not insurance and Members are responsible for paying the discounted bill in full. Members are able to utilize any in-network provider or facility as often as needed.



Important Notice: In case of an emergency, immediately contact your doctor directly or call 911.

How To Access Your Discounts:

Step 1. PRE-PLANNED SERVICES-

Savings for Pre-planned/Non-Emergency services are only available with the required pre-certification and referral number. The negotiated estimated payment portion amount needs to be secured prior to the Member receiving any services by calling **800-975-3322**. Once GHNH has confirmation of ability to pay a referral number will be provided.

EMERGENCY VISIT - Members must notify GHNH and receive a referral number within forty-eight (48) hours of an Emergency Visit by calling **800-975-3322** or GHNH is not responsible to negotiate discounts.

Step 2. NEGOTIATED SAVINGS - A Representative will coordinate all resources and negotiate with the provider and/or facility for contracted savings. Prior to the procedure, the Representative will obtain a good faith estimate of the cost involved for the treatment and inform the member of their estimated payment portion in writing. Note: Members must process their claim through GHNH before submitting the claim to an insurance carrier. Members are not eligible for savings through GHNH if they ask a Provider/Facility to file an insurance claim for them.

Step 3: ARRIVAL FOR SERVICES

- Upon arrival for services, present your GHNH membership card to provide proof of the right to services to GHNH Providers/Facilities along with the precertification/referral number obtained from the MSC representative in order to ensure proper billing of services rendered.

PAYMENT PROCESS

SECURE PAYMENT - Members will be responsible for any payment after either insurance and/or contracted discount is applied. All payments will be made directly to the facility and/or provider of services.

PAYMENT METHOD - Members have the option to secure payment using the following methods or any combination thereof as pre-approved by the facility and/or provider: Cash, Check, Credit Card, Insurance Payment, Medical Savings Account Funds, or other certified funds.

VERY IMPORTANT!!!

Members must call **1-800-975-3322** to pre-certify and receive a referral number. If a Member fails to obtain pre-certification or referral number and a bill is received, the bill will be returned to the Member as "Self-Pay" resulting in the Member being responsible for all billed services in full. Pre-certification documentation will be sent to the Provider/Facility upon request. *Hospital discounts are not available in AK, HI, MD, RI, VT, WV and WY.*

Dental Care

As a member of the ProCARE Plan plan, you may take advantage of savings offered by an industry leader in dental care. **CAREINGTON** is one of the most recognized professional dental networks in the nation and boasts a provider network of over 26,000 participating dentists.

- ✓ Average annual savings of \$1,200 per family on dental work
- ✓ Over 26,000 providers nationwide
- ✓ Save 20-60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns
- ✓ Orthodontics included for both children and adults at a 20% savings
- ✓ Cosmetic dentistry such as bonding and veneers also included
- ✓ All specialties included—Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics – a 20% reduction on normal fees where available
- ✓ All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements
- ✓ Members may visit any participating dentist on the plan and change providers at any time

How To Access Your Discounts:

Step 1: To schedule an appointment with a participating provider, call toll-free **1-800-290-0523** or visit us online at www.procareplan.com to access our on-line provider search.

Step 2: You must show your member ID card at the time of visit to receive your discount.

Step 3: You are responsible for the total bill, less the applicable savings, at the time service is rendered.



Dental Savings Chart

Code	Description	Plan Cost	Regular Cost	Savings
0120	Periodic Oral Evaluation	\$14.00	\$39.00	64%
0274	Bitewings-Four Films	\$21.00	\$49.00	57%
1110	Prophylaxis-Adult (Light Cleaning)	\$30.00	\$72.00	58%
1120	Prophylaxis-Child	\$25.00	\$52.00	52%
2160	"Amalgam-Three Surfaces, Primary or Permanent"	\$62.00	\$160.00	61%
2750	Crown-Porcelain Fused to High Noble Metal	\$495.00	\$850.00	42%
3330	Root Canal-Molar (Excluding Final Restoration)	\$421.00	\$795.00	47%
4341	Periodontal Scaling and Root Planing	\$100.00	\$198.00	49%
7140	Extraction-Erupted Tooth or Exposed Root	\$53.00	\$124.00	57%
8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Discount	\$4,600.00	20%

This sample chart will vary by specific provider plan and location.

Prescription Drug Discounts

As a member of the ProCARE Plan program, you are entitled to savings offered by an industry leader in pharmacy discounts, Caremark.



- Over 57,000 participating pharmacies nationwide. Call **1-800-391-9721** for prescription information or for pharmacies in your area or visit www.procareplan.com.
- To access your discount, simply present your member identification card to a participating pharmacy for immediate access to savings of up to 55% on generic drugs and up to 15% on brand-name prescriptions. Average savings is 24%. The pharmacist will then enter the information from your ID card into the online computer system and you will be immediately able to receive for substantial savings on prescription drugs.
- Save more on your maintenance medications through our convenient and money saving mail service at www.caremark.com. For assistance in expediting your mail order, call toll-free **1-877-321-2652**.
- To start using the mail service, please call **1-800-391-9721** for the order form and send it with your prescription and payment to:
Caremark.com
P.O. Box 961066
Fort Worth, TX 76161-0066
- Make sure to ask your doctor for a new prescription for the maximum day's supply allowed by your plan (e.g. 90 days with three refills). Send the completed form, your prescription and payment to the address above. Your order should arrive in 10-14 days.
- If you need to start your medicine right away, ask your doctor to write you two prescriptions—one for a smaller quantity (less than a 30-day supply) to be filled at a participating pharmacy, and one for between a 30 and 90 day supply to be filled by Caremark.
- Refills can be ordered online at www.caremark.com or by telephone through the automated refill service at toll-free **1-877-321-2652**. Or, use the refill form that arrives with your order.



■ **Discounts available at participating pharmacies only.**

Vision Program

Save 10% to 45 % with your EyeMed Vision Care Access Plan D discount program. Members are eligible for discounts on exams, glasses and contact lenses at thousands of providers nationwide. Members have access to over 35,000 providers including optometrists, ophthalmologists, opticians and leading optical retailers such as Pearle Vision, LensCrafters, Sears Optical, and Target Optical.

How To Access Your Discounts:

Step 1: Locate the EyeMed provider most convenient for you by calling our Customer Care Center at 1-800-290-0523 or through the website, www.procareplan.com.

Step 2: Schedule an appointment. When making an appointment tell the provider you are an EyeMed member and provide your name, name of your organization or plan and your member ID number.

Step 3: When you arrive, identify yourself as an EyeMed member and present your ID card.

Step 4: To access your PRK or LASIK discount, call 1-877-5LASER6 to begin the process.

Value Added:

Laser Vision Correction: EyeMed and LCA-Vision have arranged to provide this discount to all EyeMed members through one of the largest laser networks available, the U.S. Laser Network. Members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount. Simply call 1-877-5LASER6 to begin the process.

Replacement Contact Lenses by Mail: EyeMed members may order replacement contact lenses at competitive prices via the Internet and have them mailed directly to your home. Simply visit www.eyemedvisioncare.com for more information and a link to the ordering site. This service is for replacement contact lenses only, and your EyeMed discount does not apply. Your initial pair of contact lenses must still be purchased from your eye care provider to ensure proper fit and follow-up care.



Hearing Care

We are pleased to provide a hearing care discount plan that makes hearing-aid services accessible, as well as affordable. Your hearing care plan is provided by the manufacturers of the nation's largest provider of top-quality hearing instruments, HearPO. As a member, you have access to discounts on hearing care services and products at over 1,600

HearPO
America's Hearing Benefit

locations throughout the nation. Your discounts on hearing services and products include audiology exams, hearing aids and more.

As a member, you enjoy the following:

- ✓ 30% discount on hearing evaluations and exams
- ✓ 30 - 62% discount on all hearing aids
- ✓ Over 200 models of hearing aids available, including the newest programmable and digital technology
- ✓ Follow-up services at no charge for one year
- ✓ Access to over 1,600 locations nationwide



How To Access Your Discounts:

Step 1: To schedule an appointment, call toll-free 1-888-HEARING(888-432-7464) or visit us online at www.procareplan.com to access our on-line provider search.



Step 2: You must show your ID card at the time of visit to receive your discount.

Step 3: You are responsible for the total bill, less the applicable savings, at the time service is provided.

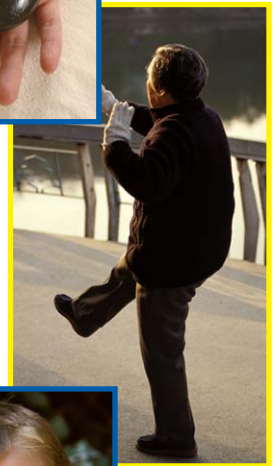


Chiropractic & Complementary Health

As a member, you have cost-effective access to one of the largest networks of chiropractors and other top qualified complementary health practitioners in the United States.

- Complete wellness program comprised of over 28,000 practitioners nationally
- 10-30% savings on chiropractic services and many types of alternative health care therapies including:

- Acupuncture
- Diet and nutritional counselors
- Personal trainers
- Chiropractic
- Yoga
- Massage Therapy/ Bodywork
- Herbology/ Herbal Medicine



How To Access Your Discounts:

Step 1: To schedule an appointment, call toll-free **1-800-274-7526** or visit us online at www.procareplan.com to access our on-line provider search.

Step 2: You must show your ID card at the time of visit to receive your discount.

Step 3: You are responsible for the total bill, less the applicable savings, at the time service is rendered.



Nutritional Supplements



Save 25% on vitamins and nutritional supplements.

Call in your order to Integrative Therapeutics Inc. (ITI) at **1 (800) 931-1709** (option 4) from 6 a.m. to 5 p.m. M-F, Pacific Time.

Upon placing your order, be sure to provide the customer service agent with your unique code (AWH-1402) to receive your 25% discount.

There is a \$7 shipping and handling fee for standard ground shipping within the continental U.S. - regardless of how many items you order.

Diabetes Supplies

Liberty Medical Supply Pharmacy brings you these values as a ProCARE Plan member:

- Your diabetes testing supplies are delivered with NO shipping charges
- You will save 15% off the average wholesale price
- We will make sure you are receiving the exact quantity of your diabetes supplies
- NO complicated forms to fill out and NO inconvenient trips to the pharmacy
- Please call toll-free **1-800-743-0572** to order or for more information

How To Access Your Discounts:

Step 1: Call toll-free **1-800-743-0572** to order supplies.

Step 2: You are responsible for the total bill less the applicable savings, at the time service is rendered.

All of Liberty's high quality products come with a 30-day 100% satisfaction guarantee.

Liberty Medical Supply Pharmacy, Inc.

EVEN GREATER SAVINGS ON:			
Common Products	Average Retail	Liberty Price	Percent Savings
Blood Glucose Meters	\$58-\$65	No Charge	100%
Blood Glucose Test Strips	\$40-\$52	\$18-\$35	30-55%
Lancing Devices	\$10-\$50+	\$5-\$10	50-80%
Control Solution	\$15	\$10	35%



This chart reflects a sample savings and the actual fees will vary by location.

24-hour NurseLine Health Information Library

Members and their families have unlimited access to nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, **our nurses do not diagnose or provide treatment.**



**Call toll-free 1-866-796-1857.
Use pin number 526 to access the library.**

- ✓ Receive home-care recommendations based on more than 600 physician-approved guidelines
- ✓ Information about prescription and over-the-counter medication usage and drug interactions
- ✓ Decision support for certain high-cost, high-practice-variation health conditions and diagnoses
- ✓ Information on a wide range of health and medical concerns, including nutrition and other wellness topics of interest to you
- ✓ Audio Health Information Library of more than 1,100 recorded topics and more than 550 topics also available in Spanish

GALAXY HEALTH NETWORK MEDICAL SAVINGS CARD HOSPITAL TERMS AND CONDITIONS

Participating Galaxy Health Network Hospitals (GHNH) are available to provide MEMBERs services at less than RETAIL PRICE. Amount saved may vary. By utilizing the GHNH program, MEMBER agrees to the terms and conditions of this Membership Agreement and acknowledges and consents to the release of medical information to Galaxy Health Network as necessary to provide Eligible Services.

DEFINITIONS

A) MEMBER shall mean the person who has purchased the membership, including all tax deductible/ legal dependent family members of the MEMBER who has been accepted by the GHNH program. GHNH has the right to decline or renew any membership. B) ADMINISTRATOR shall mean the Galaxy Health Network Hospital (GHNH) program. C) ELIGIBLE SERVICES shall mean access to medical SAVINGS, which is capable of being provided by GHNH through participating FACILITIES and PROVIDERs. D) FACILITY shall mean any ancillary or hospital that provides eligible services to MEMBERs. E) PROVIDER shall mean any physician or healthcare professional that provides eligible services to MEMBERs. F) RETAIL PRICE shall mean the usual and customary fees charged by a participating FACILITY and/or PROVIDER. G) SAVINGS shall mean any amount less than the RETAIL PRICE charged by a FACILITY or PROVIDER. Amount saved may vary.

GENERAL PROVISIONS

The General Provisions of the GHNH program are as follows: A) BEST EFFORT. GHNH shall use its best efforts to enlist an adequate number of PROVIDERs who will agree to provide Services to its MEMBERs. However, GHNH does not assume any obligation if the PROVIDER Network is not sufficient to serve MEMBERs' needs. B) OUT-OF-NETWORK PROVIDER. If a MEMBER selects an OUT-OF-NETWORK PROVIDER, SAVINGS ARE MORE DIFFICULT, AND POSSIBLY UNAVAILABLE THROUGH THIS AGREEMENT. However, GHNH will utilize its resources to coordinate negotiations with the FACILITY and/or PROVIDER to obtain the best possible SAVINGS. C) MEMBERSHIP CARD. MEMBER will be provided with a membership card. The MEMBER should present the membership card to provide proof of the right to services under this agreement. By using the GHNH membership card or services, MEMBER agrees to the terms of membership. D) RELATED SERVICES. On occasion, additional charges may be received by GHNH relating to Services received by a MEMBER, such as lab or radiology services provided at the request of the selected PROVIDER. If such related charges are sent to GHNH, MEMBER authorizes GHNH to process an charges as a part of the original Services. Notification of any additional charges of such services shall be sent to the MEMBER in the customary manner. E) PRE-CERTIFICATION/REFERRAL NUMBER. The GHNH program requires precertification and a referral number prior to services being rendered which GHNH Medical Savings Card (MSC) Representatives coordinate. For pre-planned services, SAVINGS ARE NOT AVAILABLE WITHOUT THE REQUIRED REFERRAL NUMBER. In the event of an "Emergency Room Visit", MEMBERs must notify GHNH and receive a referral number within forty-eight (48) hours of said visit OR GHNH IS NOT RESPONSIBLE TO NEGOTIATE DISCOUNTS. IF A MEMBER FAILS TO OBTAIN PRECERTIFICATION OR REFERRAL NUMBER AND A CLAIM IS RECEIVED, THE CLAIM WILL BE RETURNED TO THE MEMBER AS "SELF-PAY" RESULTING IN THE MEMBER BEING RESPONSIBLE FOR ALL BILLED SERVICES IN FULL. MEMBERs MUST CALL 1-800-975-3322 TO PRE-CERTIFY AND RECEIVE A REFERRAL NUMBER. F) PAYMENT. (1) MEMBERs will be responsible for any payment after either insurance and/or contracted discount is applied. This payment will be made directly to the FACILITY and/or PROVIDER of services. This payment will be coordinated by the GHNH MSC Department with the PROVIDER, patient, and insurance company (if provided). (2) MEMBERs have the option to secure payment using the following methods or any combination thereof as pre-approved by the FACILITY and/or PROVIDER: Cash, Check, Credit Card, Insurance Payment, Medical Savings Account Funds, or other Certified Funds. The FACILITY and/or PROVIDER, in advance of services being performed, must agree upon any needed payment arrangement. If payment arrangements are not preapproved or payment made in a timely manner, the contracted SAVINGS could be in jeopardy.

Continued on next page.

(3) MEMBERS will receive an itemized statement listing services rendered, the contracted discount taken, and all applicable payments (i.e. insurance company), if information is provided. G) CLAIM PROCESSING. MEMBERS must process their claim through GHNH before submitting the claim to an insurance carrier. MEMBERS ARE NOT ELIGIBLE FOR SAVINGS THROUGH GHNH IF THEY ASK A PROVIDER/FACILITY TO FILE AN INSURANCE CLAIM FOR THEM. H) CANCELLATION BY THE ADMINISTRATOR (GHNH). GHNH reserves the right to decline or renew the membership of any MEMBER. Failure to pay regular membership fees will result in immediate cancellation of Services rendered by GHNH until the debt is resolved. I) ENTIRE AGREEMENT. All provisions under this Agreement constitute the entire Agreement between GHNH and the MEMBER. If any provision is declared void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect. J) LEGAL ACTION. If either party brings any legal action to this Membership Agreement it is expressly agreed that the party in whose favor final judgment is rendered shall be entitled to recover from the other party reasonable attorney's fees in addition to any other relief that may be awarded. Venue of any action to enforce this Agreement shall be Tarrant County, Texas and this Agreement shall be construed in accordance with the laws of the State of Texas. K) LIABILITY. GHNH only provides reduced fees with FACILITIES and/or PROVIDERS through which MEMBERS may receive SAVINGS. GHNH does not provide any medical treatment, medical services, products, product liability, or guarantees of any kind for any MEMBER. FACILITIES and/or PROVIDERS are independent contractors and are not employees or agents of GHNH. The final selection of the FACILITY and/or PROVIDER and the approval or disapproval of medical treatment is the MEMBER's choice alone. It is the MEMBER's responsibility alone to perform due diligence (investigation) of any FACILITY and/or PROVIDER the MEMBER chooses to use. GHNH shall not interfere with the PROVIDER-MEMBER/Doctor-Patient relationship and assumes no responsibility for any medical advice given by any participating FACILITY and/or PROVIDER. GHNH shall not be liable for the negligence or other wrongful acts or omissions of any FACILITY and/or PROVIDER providing services pursuant to this Agreement. The MEMBER shall have no recourse against GHNH by reason of its availability for referral to FACILITIES and/or PROVIDERS. Upon occasion a FACILITY and/or PROVIDER may offer special pricing for services, or MEMBERS may be eligible for SAVINGS through other plans. MEMBERS have the option of choosing to pay the FACILITY AND/OR PROVIDER directly or utilizing an alternate plan instead of the GHNH program. If the GHNH program is not used, and the fees charged are greater than the amount quoted by the FACILITY and/or PROVIDER or through an alternate plan, GHNH shall not be liable to the MEMBER for the difference and no refunds will be issued. L) ARBITRATION. In the event either MEMBER or GHNH brings an action against the other to enforce the provisions of this Agreement, such action shall be resolved by arbitration in Arlington, Texas, USA. Under the rules of the American Arbitration Association, with each party hereto appointing one arbitrator and the two appointed arbitrators appointing a third arbitrator. The arbitrators will have no authority to award any punitive or exemplary damages, or to vary or ignore the terms of this Agreement, and will be bound by controlling law. The parties acknowledge because this Agreement affects interstate commerce the Federal Arbitration Act applies. The majority decision of the three arbitrators shall be binding upon the parties hereto. M) **(NOT APPLICABLE IN THE STATE OF FLORIDA)** The hospital product works with insurance, but also works as a point-of-service stand alone product. MEMBERS must provide information about the product they purchased when calling the Galaxy Health Network Hospital (GHNH) program Medical Savings Card (MSC) department. The Galaxy Health Network Hospital (GHNH) program is NOT insurance, but will coordinate services with insurance products if MEMBERS have purchased this service. The GHNH program is not intended to take the place of insurance.

**MEMBERS can locate a participating PROVIDER by calling
1-800-975-3322 or visiting our website at
www.procureplan.com**

**Members:
Please see reverse for information on
using this letter.**



Dear Provider:



CAREINGTON International Corporation is a customer with the PHCS Preferred Provider Network. Please take a moment to read some important information about the Physician Access Program being presented to you. The member is entitled to receive the negotiated rate agreed upon through your preferred provider contract with PHCS. This program includes access to PHCS physicians and ancillary providers. It does not include network hospitals.

To determine the amount payable to you, call **CAREINGTON International**, the administrator of this member's plan at (888) 335-8222.

For physician charges, the savings will be calculated and stated over the phone, and the patient will pay the negotiated rate at the time of service.

You can expect the following from Physician Access Program patients:

- 100% direction to PHCS participating providers
- Payment at the time of service or the discount does not apply
- Access to a toll free number to receive information on the negotiated rate
- Increased patient volume from this popular plan

There are no forms to submit or restrictions. This is not a health insurance policy, and you cannot bill PHCS or **CAREINGTON International** for any portion of your fees.

If you have any questions about the plan, please contact **CAREINGTON International** at (888) 335-8222.

If you have any questions about the PHCS Network, please contact PHCS Provider Relations at (800) 950-7040.

Members:

Please make copies of this letter containing important provider information and your card and present to the receptionist at your participating provider's office. Additional copies may also be requested by calling PHCS at 888-335-8222. Thank You.

ProCare
Plan


CAREINGTON
international corporation
THE DENTAL NETWORK

Provider Nomination Form

If you would like your physician, vision, hearing, chiropractic, dental, pharmacy, or alternative medicine provider to be invited to join the network, please complete this form and return to:

***Provider Services
P.O. Box 2568
Frisco, TX 75034-9929***

Date: _____

Nomination Submitted by: Name JOHN DOE

Member ID NDM-12345678 Group # PSCA-TC

Provider Data

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Alternative Medicine |
| <input type="checkbox"/> Chiropractor | |

Provider's Name _____

Office or Clinic Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____

**** Please note: Incomplete requests will not be processed. We will gladly contact your provider regarding joining the network. The decision to participate is at the sole discretion of your provider.***

Thank you!

Important Phone Numbers

Doctor _____

Pharmacy _____

Dentist _____

Eye Care Provider _____

Chiropractor _____

How To Use Your ProCARE Plan Program

Read the enclosed description for each product.

Keep your ID card with you at all times so it will be easily accessible to present at provider locations.

For provider locations, simply call the appropriate number on the back of your card.

If you have any questions on how to use your plan, please feel free to contact us at:

Member Services
1-800-290-0523
or visit
www.procareplan.com



JOHN DOE

Member Number: NAC-12345678
Subscriber ID: 123456789
Group ID: PSCA-TC
Effective Date: 6/1/2006
Member + Family

RX ID #: 012345678
RX Group #: J245NDMX
RX Bin #: 610415



PRIVATE HEALTHCARE SYSTEMS®
MD/Ancillary
Program administered by CAREMARK®
NO HOSPITAL DISCOUNTS 1-888-335-8222

CAREMARK®
If all starts with care®

THIS IS NOT HEALTH INSURANCE.



JOHN DOE

Member Number: NAC-12345678
Subscriber ID: 123456789
Group ID: PSCA-TC
Effective Date: 6/1/2006
Member + Family

RX ID #: 012345678
RX Group #: J245NDMX
RX Bin #: 610415



PRIVATE HEALTHCARE SYSTEMS®
MD/Ancillary
Program administered by CAREMARK®
NO HOSPITAL DISCOUNTS 1-888-335-8222

CAREMARK®
If all starts with care®

THIS IS NOT HEALTH INSURANCE.

PHCS
Galaxy Health Network

1-888-335-8222
1-800-975-3322



PHCS
Galaxy Health Network

1-888-335-8222
1-800-975-3322



Caremark

1-800-290-0523
1-800-391-9721



Caremark

1-800-290-0523
1-800-391-9721



EyaMed Vision Care

1-800-290-0523
1-888-432-7464
1-800-274-7626



EyaMed Vision Care

1-800-290-0523
1-888-432-7464
1-800-274-7626



HearPO
Chiropractic
Nutritional Supplements
Liberty Medical

1-800-290-0523
1-888-432-7464
1-800-274-7626



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Member Services 1-800-290-0523

Member Services 1-800-290-0523

For Sales Support call 1-909-941-9552

Optum

Optum

1-866-796-1857
ph526

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ph526



ProCARE Plan TERMS & CONDITIONS

This program is not insurance or a health insurance policy. It is a discount membership program offered by **CAREINGTON International Corporation**. **CAREINGTON** is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by **CAREINGTON**. **CAREINGTON** is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment.

Limitations and Conditions:

Savings are based upon the provider's usual and customary fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures.

Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time **CAREINGTON** has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion. **CAREINGTON International** cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider.

Providers contracted by **CAREINGTON** are solely responsible for the professional advice and treatment rendered to members and **CAREINGTON** disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime without notice.

Cancellations and grievances:

You have 45 days from the time you join to use the plan risk-free. If for some reason within 45 days you are dissatisfied with the plan and wish to cancel and obtain a refund of any membership fees paid, please send a cancellation letter and a request for refund with your name and member number to Member Services, **CAREINGTON International** at 7400 Gaylord Parkway, Frisco, TX 75034. If **CAREINGTON International** charges for a time period in excess of one month, **CAREINGTON International** will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member. **CAREINGTON International** reserves the right to terminate plan members from its plan for any reason, including nonpayment. If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Member Services, **CAREINGTON International** at 7400 Gaylord Parkway, Frisco, Texas 75034. To add a family member to your plan or for assistance using your plan, please call Member Services at 1-800-290-0523.

Renewal Information:

By joining a plan, you are authorizing **CAREINGTON International** to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify **CAREINGTON International** in writing of its cancellation. By joining, you are agreeing to the terms and conditions of the plan and adopting it for a minimum of one year. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

This plan is administered by **CAREINGTON International Corporation**. The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered. A health discount program is not considered a plan for purposes of credible coverage. A certificate of credible coverage will NOT be issued upon termination of this discount program.



JOHN DOE
123 ANY STREET
FRISCO, TX 75034