



HEALTH ACCESS OPTIONS INTRODUCTION FULFILLMENT PACKET

As a HAO member you will have access to:

- ✓ Wellness Specialist to coordinate your journey to wellness
- ✓ Prescription Assistance Program Cost Analysis to access saving on your Rx medications
- ✓ 3 Ways To save- a comprehensive program that utilizes a network of prescription resources to find you the lowest price available on your prescription medications
- ✓ Medical Bill Assist helps navigate settling or reducing outstanding unpaid medical bills
- ✓ 1-800MD National Telemedicine, Behavior Health and MAP Program offering fast and convenient access to quality medical and mental health care 24 hours a day, 7 days a week, 365 day a year
- ✓ Blood testing service offering hundreds of blood tests to help you head off potential problems. Yours at a fraction of what commercial blood labs charge, with no insurance required (or accepted)
- ✓ Mobile Diagnostic Testing X-ray, EKG and Ultrasounds preformed in the comfort of your own home

Health Access Options is a comprehensive membership designed to address everyday health and wellness needs. This program was created to assist members in making the necessary lifestyle changes vital to long term health through free services in addition to members only savings on wellness benefits. What makes HAO unique is that we provide access to our highly trained Wellness Specialist as members make the journey to good health and wellness.

OUR MISSION

To improve our member's quality of life by offering programs and lifestyle benefits supported by Personal Wellness Specialist who promote good health and wellness to save money and live healthier.

HEALTH ACCESS OPTIONS

791 Park of Commerce Blvd
Suite 201 Boca Raton, FL 33487

www.healthaccessoptions.com

1-855-700-WELL (9355)

Dear New Member,

Welcome to Health Access Options (HAO) and thank you for becoming a member. We look forward to serving you and your family as part of our commitment to provide programs that aid in supporting your everyday health and wellness needs for you to save money and live healthier.

HAO values your membership and will work continuously to make your experience a pleasant one. Our purpose is clearly stated '*health is the greatest of human blessings*'- Hippocrates, and HAO can help you accomplish this every day by offering you the following individualized support:

- ❖ *Personal Wellness Specialist - to coordinate all activities on your journey to health and wellness*
- ❖ *Mobile Diagnostic Testing- X-ray, EKG and Ultrasounds preformed in the comfort of your own home.*
- ❖ *1-800MD offers fast and convenient access to U.S board-certified Doctors and Pediatricians 24 hours a day, 7 days a week and 365 days a year throughout the United States in all 50 States. Physicians discuss symptoms, recommend treatment options, diagnose many common conditions, prescribe and phone in medications to your local pharmacy when appropriate. Telemedicine services save time and money by avoiding unnecessary doctor's office or ER visits.*
- ❖ *1-800MD tele-behavioral and MAP programs clinicians can provide assessment, diagnosis, consultation, and brief psychotherapy to address your behavioral health needs via live, interactive video conferencing on your computer or other connected devices (e.g. smartphone).*
- ❖ *ImpaxRx 6 Ways To save- a comprehensive program that utilizes a network of prescription resources to find you the lowest price available on your prescription medications. Wellness Specialist team will provide you a free detailed analysis of your available savings and HAO's Prescription Assistance Program may even provide your eligible medications for FREE*
- ❖ *Life Extension (LE) Resources and Services for HAO Members – Health Access Options has partnered with Life Extension to offer HAO members access to Life Extension's lifesaving benefits, resources, savings on Life Extension supplements, and discounts on Life Extension services, so you can make wiser health choices and become your own health advocate*
- ❖ *Life Extension Health Advisors - As a HAO member, you have FREE phone access to Life Extension's team of Health Advisors including naturopaths, nurses, nutritionists, and personal trainers*
- ❖ *Wellness Assessment & Personalized Recommendations - a detailed, internally developed health assessment including general recommendations on a wellness program designed specifically for you*
- ❖ *Save 25%–50% on premium Life Extension Supplements - Life Extension offers over 350 premium-quality formulations that are the gold standard of the industry. All LE's formulas are clinically validated and tested, and all of LE's products come with a 100% money-back guarantee*
- ❖ *Medical Bill Assist-Helps you navigate settling or reducing outstanding unpaid medical bills.*
- ❖ *Pet Benefits reinvents pet and animal care by providing 24/7 on-demand access to advice and information from certified veterinary technicians, trainers and pet health experts and savings*
- ❖ *Wellness Pantry & Healthy Eating Program - stocked with fresh, organic foods for healthy eating to help you embrace and maintain a lifestyle of wellness with the convenience of delivery right to your door with exclusive 40% members only savings*
- ❖ *Cleanse & Weight Loss - Access to a comprehensive educational lifestyle coaching, cleansing, and weight loss program which offers you an experienced cleansing coach for FREE with the purchase of your program*
- ❖ *Online Exercise Programs – unlimited free access to workout videos at home or while you're traveling right from your personal electronic device including your phone, computer, or tablet*

Call our Personal Wellness Specialist staff at 1-855-700-WELL (9355), Monday to Friday from 9 am to 5 pm EST for more information on additional programs to further assist your journey to wellness. Thank you for placing your trust in HAO and we look forward to assisting you on your journey to wellness.

Healthy Regards,
Health Access Options

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HAO membership is NOT a Health Insurance Policy nor does it replace any health insurance policy.
HAO is also NOT a Qualified Health Plan under the Affordable Care Act.

HAO COMPLIMENTARY WELLNESS BENEFITS

As a HAO member you will have unlimited FREE access to the following Wellness Programs and services as they are all included in your membership.



PERSONAL WELLNESS SPECIALIST

Allow our personal Wellness Specialist team to coordinate your journey to wellness for your lifetime. Your personal Wellness Specialist will help you navigate your lifestyle benefits to continuously make the most of your membership.

Our Wellness Specialists are dedicated to helping members save time and money by assisting with the most common health and wellness needs including:

- Locating a healthcare provider for treatment such as: Doctor, Dental, Vision, Hearing, Routine Checkups, or preventative care.
- HAO will work on the member's behalf to price shop doctors in your local area to find you the best and most affordable option!
- Scheduling those provider appointments
- Medical Imaging appointments such as CT Scans, MRI's, X-Rays, Ultrasounds and more call your specialist
- Locating medical equipment at the lowest possible price
- Locating and ordering medical Supplies
- Scheduling Blood Testing such as Cancer Screening & other preventative Tests
- Colonoscopy & Endoscopy Scheduling and price negotiations

Get started on your wellness journey today call your Personal Wellness Specialist at 1-855-700-WELL (9355)



PRESCRIPTION ASSISTANCE PROGRAM

ImpaxRx Prescription Savings is a comprehensive program that utilizes a network of prescription resources to find the lowest price available on your prescription medications. The ImpaxRx prescription team experts work on your behalf to provide a FREE detailed analysis of your available savings through the ImpaxRx Prescription Assistance Program.

HAO Prescription Assistance Program offers:

- Prescription Expert who works on your behalf as a personal prescription advocate
- Access to thousands of FDA approved medications
- FDA approved brand name prescription medications starting at \$25.00 per prescription per month service fee per eligible medication... and you make the decision if the value of your savings makes sense to you
- Access to substantial savings on eligible generic prescription medications
- No age or income limit to apply for the ImpaxRx Prescription Assistance Program
- No limit on the number of medications
- ImpaxRx prescription experts will personally communicate with your Doctors to obtain signatures

- Prescription experts will assist in completion and submission of all paperwork directly to each pharmaceutical company and or physician's office
- Adding or changing medications or dosages is fast and easy by just contacting your ImpaxRx prescription expert
- Prescription expert manages the process of your prescription re-order
- Prescription expert to manage your annual re-qualification requirements

Reasons to Utilize the HAO Prescription Assistance Programs:

1. Studies have consistently shown that 20 percent to 30 percent of medication prescriptions are never filled (High Cost Medication).
2. Approximately 50 percent of medications for chronic disease are not taken as prescribed are not filled.
3. 1/3 of patients take all their medicine, 1/3 take some, 1/3 don't take any at all (Rx prescription never filled cost).

How we make Prescriptions Easy for You!

PAP experts call each potential PAP member to review the information below.

Members Applying for a PAP medication need to:

1. Verify medication Name, Dosage and Frequency.
2. Have on hand all prescribing Physician Information, while also confirming the Physician's Office will accept shipments of medications if necessary.
3. Explain how medication will be serviced (Pharmacy Card, Medication Shipped to Home or Physician's Office, etc.).

Member expectations set for Length of Program, Enrollment, Re-enrollment Periods and other program information



3 WAYS TO SAVE

Easy to use prescriptions savings options to help save money. This includes buy-it-now options at the best price, as well as other savings available by working with the prescribing doctor.

1. Best Retail Price at your pharmacy
2. Mail Order Delivery
3. Prescription Savings Program

If you take prescription medications and have a hard time affording the cost, please contact an ImpaxRx Specialist today at 1-855-700-WELL (9355) to see how we can help!



BLOOD TESTING SERVICES



LabCorp offers unique blood test services to help you head off potential problems with hundreds of blood tests and comprehensive panels. In addition, they cost a fraction of what commercial blood labs charge, with no insurance required (or accepted)!

Take control of your own health with this innovative blood testing service.

- Remarkably affordable member prices
- No insurance required or accepted
- Nearby locations by Zip code

Testing is as easy as 1-2-3

1. Call **1-855-700-WELL (9355)**.
2. Take the requisition you will receive by mail to a local LabCorp Patient Service Center blood lab.
3. Have your blood drawn at your convenience.

Understanding your results!

1. Your results will be sent directly to you ... by mail, e-mail or fax. Alternatively, you can view them online. It's your call. Results take 3 days to 3 weeks to receive, depending on the complexity of the blood tests ordered and your chosen method of delivery.
2. Once you receive your test results, discuss them with your own doctor. You can also call **1-855-700-(9355)** and ask one of our knowledgeable Health Advisors for help in understanding your blood test results. *Blood testing services are available only in the continental United States and Anchorage, AK. (Services in HI are excluded)

Due to state billing laws, customers will receive a blood draw kit (an additional local blood draw fee may be incurred).

Additional Blood Test Categories **(CALL TODAY FOR MEMBERS ONLY DISCOUNTED RATES)**

- | | | |
|--------------------------------|--|-------------------------------------|
| ✓ <u>Cancer Tests</u> | ✓ <u>Bone Health</u> | ✓ <u>Health and Wellness Panels</u> |
| ✓ <u>Heart Health</u> | ✓ <u>Kidney and Metabolic</u> | ✓ <u>Nutrient Testing</u> |
| ✓ <u>Hormone Testing</u> | ✓ <u>Infections & Immune Disorders</u> | ✓ <u>Urinary Tests</u> |
| ✓ <u>Men's Health Concerns</u> | ✓ <u>Allergies</u> | ✓ <u>Women's Health Concerns</u> |

For more information on LabCorp Blood test services, please log into your Member Portal at www.healthaccessoptions.com or call 1-855-700-WELL (9355)



1-800MD TELEMEDICINE PROGRAM



1-800MD's national telemedicine program provides fast and convenient access to quality medical care 24 hours a day, 7 days a week, 365 day a year for a physician consultation. It's an easily accessible alternative to non-emergent Emergency Room visits, Urgent Care Clinic visits or the inconvenience of traveling to a scheduled appointment with your Primary Care Physician, during and after normal business hours, from home, office or while traveling. Members can request a FREE physician consultation by telephone.



Mobile Diagnostic Services-At Your Own Home



X-Ray

- Our Mobile X-Ray Services are provided in the comfort of your own home.
- Our Superior X-Ray exams are interpreted by board-certified radiologists. Preliminary reports are telephoned to the facility the same day and final reports are forwarded within hours. Quality assurance programs are tailored to each facility's needs.
- Personnel – In every geographic area of the country, MobilexUSA employs board-certified X-ray technologists who are licensed and certified. This helps guarantee our quality of service and quick turnarounds.
- Each test is \$199

To use this benefit: **Call to schedule test 1-855-700-WELL (9355).**

(All states, with the exception of: IN, MT, ND, NY, MN, SD, UT, OK, AR, LA and rural areas in other states. Exclusion: No contrast)

Ultrasound

- General Ultrasound, Echocardiography, Vascular, Arterial and Venous Doppler services are available on a scheduled basis. Preliminary reports are left with the nurse upon completion of the exam with hard copy to follow.
- Each test is \$199

To use this benefit: **Call to schedule test 1-855-700-WELL (9355).**

(All states, with the exception of: IN, MT, ND, NY, MN, SD, UT, OK, AR, LA and rural areas in other states. Exclusion: Breast area and Pelvic area)

Electrocardiogram (EKG)

- Standard 12 lead electrocardiograms can be performed upon request and a tracing can be provided for review by attending physician. This provides the physician with an over read element. When requested, we will also obtain an interpretation from a board-certified cardiologist or internist.
- Each test is \$199

To use this benefit: **Call to schedule test 1-855-700-WELL (9355).**

(All states, with the exception of: IN, MT, ND, NY, MN, SD, UT, OK, AR, LA and rural areas in other states)



Medical Bill Assist

Health Access Options (HAO) offers our Medical Bill Assist Program that helps assist members to navigate settling or reducing outstanding medical bills. Our Medical Bill Specialists will guide you through the process of managing your outstanding balances through all available means including negotiations and financial assistance. Our medical bill specialists assist with bills that have not gone into collections but will also look at those that have. Our highly trained Medical Billing Specialists will contact you to review and discuss the process. We are standing by now to accept your Medical Bills. There is a nominal enrollment fee for program participation. Please see your member portal for specifics.

Call Now To Get Started Today!

Do not let those outstanding Medical bills go into collections!

Call your Personal Medical Billing Specialist at 1-855-700-WELL (9355)

Visit your portal today @ www.healthaccessoptions.com

Terms and Conditions

The undersigned individual (referred herein as member) and their spouse and/or other family members residing at the same household listed on the account hereby agree; on the date set forth herein, to the following terms and conditions with Health Access Options (HAO), LLC, a Florida limited liability corporation.

Some of terms and conditions below may not apply to the product or membership level you have enrolled in at this time. As members purchase upgrades and additional products, these terms and conditions apply to your membership level at that current time.

1. **LIFESTYLE AND WELLNESS PROGRAMS BENEFITS DISCLOSURES:** HAO supports Members Lifestyle and Wellness programs that offer enhanced wellness opportunities, personal advice, and discount savings on selected nonmedical services.

2. **QUESTIONS / ISSUE RESOLUTION:** If you have any questions about your membership, call Member Services at (855)700-9355. Wellness Specialists will be happy to assist you.

3. **FEES AND TERMINATION:** Member agrees to pay the monthly Individual or Family membership cost and any other fees member approved and confirmed during member's voice recorded verifications for the term of this Agreement and any renewals. Additionally, member agrees that all fees will automatically be debited on the monthly billing date of member's renewal and any other services. If the credit card or checking account on file for member is declined for payment of member's fees, member has ten (10) days to provide another credit card or checking account, or membership and any other services will be cancelled. If the new card or account member provides is successfully charged, membership and/or other services will remain in effect based on member's original renewal date and not the date of the successful charge. Health Access Options reserves the right to terminate members' plans without notice for non-payment of monthly plan fees. Members requiring assistance with monthly payments should contact Member Services at (855)700-9355 for assistance. The administrative fee charged by Health Access Options and disclosed and accepted during the recorded verification, for prescription advocacy is due in full for the entire term on the advocacy. This will survive cancellation or termination of the underlying membership. A returned check fee of \$25.00 will be imposed for monthly payments made by check that are not honored by member's financial institution. This returned check fee and associated monthly member fee are due and payable immediately and member's failure to pay the returned check fee and associated monthly membership fee will result in termination of member's HAO plan for non-payment, without notice to member.

4. **MEMBERSHIP ACTIVATION:** Member's plan becomes active on Effective Date (the "Effective Date"). The Effective Date is typically one (1) day after enrollment date and will be determined by the date of initial payment receipt, including any applicable enrollment fee.

5. **PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:** Members hereby authorize HAO and its representatives to use and/or disclose certain protected health information (PHI) about member and their spouse or dependents to prescription drug manufacturers and providers. This authorization permits HAO to use and/or disclose the following individually identifiable health information about you: prescription drug information. The information will be used or disclosed for the following purpose: for administrative and advocacy services in enrolling in pharmaceutical companies' patient assistance

programs. Additionally, members hereby authorize HAO to use and/or disclose certain protected health information (PHI) about member to review members completed Health Wellness Assessment Survey and provide member with suggestions for prospective utilization of partners' products and services. This authorization will expire upon the date of termination of this Agreement. You have the right to revoke this authorization in writing except to the extent that HAO has acted in reliance upon this authorization. Your written revocation must be submitted to:

Health Access Options

791 Park of Commerce Blvd, Suite 201

Boca Raton, FL 33487

6. **PRESCRIPTION SAVINGS PROGRAM (PSP):** Eligible members that utilize the PSP program agree to pay the following: (i) Monthly administrative service fee for Individual or Family membership during the term of this Agreement and any renewals; and (ii) You agree to pay for pricing discussed in your voice recorded verification upon pharmaceutical manufacturer approval of your medication. HAO is not affiliated with any pharmaceutical companies and does not dispense medications. HAO does not receive payment from pharmaceutical companies, only from members as a service fee to complete administrative duties. HAO cannot determine eligibility until each pharmaceutical company has reviewed member's application and made an eligibility decision. HAO is not an insurance RX drug plan or any type of insurance. Doctor's participation and prescription is required for each application. Proper identification and documentation, i.e.: proof of income and US Government ID, may be required for each medication application. Please request the full Prescription Savings Program Terms and Conditions from your Wellness Specialist.

7. **TELEMEDICINE SERVICES:** Telemedicine does not replace a primary care physician and there is no guarantee that a prescription will be written. Telemedicine partners operate subject to State regulations and do not prescribe DEA substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Telemedicine physicians reserve the right to deny care for potential misuse of services. Co-pays associated with your telemedicine benefit are paid directly to telemedicine partners.

8. **DISCLAIMER:** As HAO is not an insurer, HMO or underwriter of healthcare services, HAO does not pay or reimburse providers' fees, nor does HAO make payments directly to providers of medical services. Participating providers may change without notice and programs may vary by state. This program and contract are not protected by any state Health and Life Guarantee Association. The member acknowledges that the provider networks may have access to personal information protected by Health Insurance Portability and Accountability Act (HIPAA) and approves the limited use of such information by the networks.

9. **CHANGE IN TERMS AND CONDITIONS:** Membership features and benefits may be modified, withdrawn and/or subject to additional terms and conditions at any time as the HAO program evolves. PA reserves the right to change or terminate any terms, conditions, services or benefits without limitation. Prior notice of any material change will be provided to you whenever possible, if required by law. Lifestyle and Wellness Features and Benefits availability are subject to state regulation.

10. **LIMITATION OF LIABILITY:** HAO does not warrant any professional services on behalf of participating providers and facilities which are solely responsible for their professional advice, services and treatment rendered to Members, and their affiliates and HAO expressly disclaim any liability with respect to such matters. HAO SHALL NOT BE LIABLE FOR ANY DAMAGES WHATSOEVER, AND HAO SHALL NOT BE LIABLE FOR ANY

SPECIAL, INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES, OR ANY DAMAGES FOR LOST PROFITS, LOSS OF REVENUE, OR LOSS OF USE, ARISING OUT OF OR RELATED TO THE SERVICE OR THE INFORMATION CONTAINED IN IT, WHETHER SUCH DAMAGES ARISE IN CONTRACT, NEGLIGENCE, TORT, UNDER STATUTE, IN EQUITY, AT LAW, OR OTHERWISE, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

11. **INDEMNIFICATION:** You agree to indemnify and hold harmless HAO (and its parents, directors, officers, employees, subsidiaries, agents, and affiliates) from all claims, liabilities, costs, and expenses, including reasonable attorney's fees and costs, due to or arising in any way from the use or misuse by member of HAO products and/or services member violation of these Terms and Conditions, member violation of any law, or infringement by member of any right of any person or entity.

12. **GOVERNING LAW, SEVERABILITY OF PROVISIONS:** This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of Florida. Captions provided herein are for convenience only and shall not be used in interpretations of the respective sections. If any portion or clause of any provision of this Agreement which is deemed prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or thereof or affecting the validity or enforceability of such provision in any other jurisdiction.

13. **MISCELLANEOUS:**

(a) **ARBITRATION.** READ THIS PROVISION CAREFULLY AS IT AFFECTS YOUR RIGHT TO A JURY TRIAL. All disputes, claims or controversies by any interested party hereto, arising out of or about this Agreement amendment thereto or breach thereof, no matter how described, pleaded or styled, including claims arising in tort and/or in contract, shall be decided exclusively and finally by binding arbitration. The arbitration shall be conducted in Palm Beach County, Florida and shall be governed and interpreted in accordance with Florida law. The arbitration shall be conducted before the American Arbitration Association (the "AAA"), pursuant to the AAA Commercial Arbitration Rules. The arbitration shall be conducted by one neutral arbitrator appointed by the AAA. Either party shall have the right to apply to any court of competent jurisdiction for provisional relief of any kind, provided however that the final decision on the merits of any controversies or disputes between the parties shall be decided by the arbitrator. Each party shall bear its own costs and expenses of representation; however, the cost of initiating, administration, and arbitrator's compensation shall be paid by Member (Claimant). Judgment on the arbitration award may be entered by any court of competent jurisdiction. The parties hereto mutually acknowledge and agree that this arbitration shall be solely between the parties to this agreement and that no class arbitration or other representative action wherein a party acts as a class representative or in the role of a States' Attorney shall be undertaken by the arbitrator. The parties further agree that a breach of confidentiality regarding their relationship and dispute(s) would cause great harm and injury to the parties. Therefore, except as may be required by law neither a party nor an arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of both parties.

(b) Member agrees that all damages, costs and expenses including reasonable attorney's fees incurred by HAO and/or its representatives arising in any manner associated with this Agreement or any claim brought by Member or HAO shall be paid by Member. No action, whatsoever its form, which arises out of this Agreement, may be brought by either party more than one year after Member's membership effective date.

(c) Member acknowledges that Member has read this Agreement, and by executing this Agreement with his or her signature, understands it and agrees to be bound by its terms and conditions. Member further agrees that it is the complete and exclusive statement of the Agreement by and between Member and HAO, and supersedes any representations, agreements, or proposals for this Agreement, oral or written, and any other communications relating to the subject matter of this Agreement and Member has not been wrongfully or tortuously induced to enter this Agreement.

14. CANCELLATION POLICY: Members identified as the primary account holder may cancel their membership any time by calling toll free at (855)700-9355, or by providing a signed letter of cancellation notice including membership number to Health Access Options at the following address:

Health Access Options
604 Banyan Trail #812652
Boca Raton, FL 33487

or via email at: cancellation@wellnessplanofamerica.com.

If you cancel within THIRTY (30) days of signing up for an initial membership we will refund your first month's paid membership fee. UNLESS YOUR MEMBERSHIP CANCELLATION NOTIFICATION IS RECEIVED BY Health Access Options AT LEAST ONE BUSINESS DAY PRIOR TO YOUR MONTHLY RECURRING CHARGE DATE YOU UNDERSTAND AND AGREE THAT YOUR MEMBERSHIP WILL AUTOMATICALLY CONTINUE AND YOU AUTHORIZE US TO COLLECT YOUR THEN APPLICABLE MEMBERSHIP FEE (WITHOUT NOTICE TO YOU, UNLESS REQUIRED BY APPLICABLE LAW), USING THE PAYMENT MECHANISM YOU PROVIDED WHICH WE HAVE ON RECORD FOR YOU.

Please **enter your Membership ID, Name and Sign** to accept these payment terms and conditions.

Membership ID:

Date:

"As a member, I accept these Program Terms and Conditions and hereby request and authorize disclosure of my specified protected health information (PHI), where applicable as described herein, and any other information concerning my plan and all family members accessing the plan under my membership. I understand and agree this authorization permits disclosure of health or treatment information that may also contain sensitive information relating to HIV or AIDS, mental health conditions, alcohol or substance abuse, sexually transmitted diseases, family planning (i.e. pregnancy or abortion), genetic tests and diseases and any other conditions or treatments. I hereby authorize receipt and release of related PHI from all covered entities that provided payment, treatment or services to me/us or on my/our behalf. I understand and agree that this authorization also covers any record that was created by a doctor or other healthcare provider other than the doctor who supplied the record. By my signature below, I delegate authority to the entities to which this authorization applies, at any time after I have signed this agreement, until its revocation and I authorize the release and disclosure of this information in either print or electronic format. I understand these entities have agreed to act as my advocate in the matter of investigating FREE and reduced cost providers and facilities. I agree that a copy, fax or electronic version of this authorization will be accepted with the same authority as the original.

*I understand that my membership is **NOT a Health Insurance Policy nor does it replace a health insurance policy.** I further understand it is **NOT a Qualified Health Plan under the Affordable Care Act** and that its*

purpose is to complement existing insurance or may be used on its own to help members live well and reduce their overall healthcare expenses.”

Please **enter your Membership ID, Name and Sign** to accept these program terms and conditions.

Membership ID:

Date: