



MEMBER GUIDE

Disclosures

The discount medical, health and drug benefits (The Plan) are 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 610810, Dallas, TX 75261. You may call 1-800-565-3827 for more information or visit www.LocateMyProvider.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 and TN. To cancel you must, verbally or in writing, notify Stratford Employer Services at 122 Parish Drive, Wayne, NJ 07470 or call 973-646-1224. 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, RI, SD, TX, WA, 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.

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Welcome

CONGRATULATIONS!

By choosing *My Benefits Discount Card Premium*, you now have access to speak to a licensed physician for phone consultations any time, any where. Plus, with the discount medical services outlined in this guide, you are taking control of your family's budget to help reduce your healthcare expenses. The Plan you purchased has family coverage. Family coverage means the discount medical products and wellness services are available to immediate family members. Immediate family members 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.



How to Start Using Your Benefits

This kit will help you utilize all the products and services to make the most of your healthcare dollars.

AmeriDoc 24/7 Physician Phone Consultations

- 1 Call 1-877-358-9631 to speak to Member Service representatives.
- 2 They will give you login info and help you set up your account.
- 3 Call a physician anytime for a consultation.

Get help at 1-877-358-9631. (Please see page 3 for more important information.)

Discount Medical Services

- 1 Call Member Service at 1-800-565-3827 or visit www.LocateMyProvider.com to choose a provider and make an appointment.
- 2 Carry the enclosed membership ID card to identify yourself as a program member. You must present your ID card at the provider's office at the time of your appointment to receive the discount.
- 3 Save money – you pay the provider your discounted rate.

Call Us!

If you have any questions, please call 1-800-565-3827 Monday through Friday from 8AM to 8PM, Eastern time, and a Member Service representative will be happy to assist you.

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

Member Service Toll-Free Number:
1-800-565-3827

Billing Questions:
1-973-646-1224

24-Hour Medical Consultations

24/7 Access to U.S. Board-Certified Physicians for your family. Speak to a doctor anytime, anywhere.

- Convenient, affordable health care offers peace of mind for your family
- Speak with a doctor in minutes
- Save time while avoiding germ-filled waiting rooms
- No Application, No Denials and No Pre-existing Condition Exclusions
- No out of pocket cost to you



Simply call 877-358-9631

Benefit Summary

Your child has a stuffy nose and a cough. **Is it a cold or allergies?** After working all day, your back is sore. **Should you apply ice or heat?** Your spouse has recurring acid indigestion. **Is it something to worry about?** Your child wakes in the night with high fever. **Should you go to the emergency room?** With AmeriDoc, you and your family will have round-the-clock access to U.S. based licensed physicians* for telephone, video** and e-mail consultations.

Highlights

- Doctors can be difficult to contact, illnesses can occur in the middle of the night or at work, or sometimes you just have questions that you'd like to ask a doctor. AmeriDoc offers a convenient solution to those problems, and more!
- Regardless of time or your location, you can connect with a physician for general information (an Informational Consultation).
- Physicians are also available to review medical records, take medical history, discuss and evaluate symptoms, diagnose conditions, recommend treatment plans, and prescribe non-controlled medications when appropriate (a Diagnostic Consultation).
- This telemedicine service is an accessible complement to your primary care.

**All physicians have independently contracted to participate in the network owned and operated by AmeriDoc Physician Network, LLC. ** Video consultations not available in all states. High-speed internet and a web camera required.*

- AmeriDoc services are for Member and Member's immediate family members ("household"); and include:

Informational Consultations: If you have a medical question or need general information regarding a range of routine medical conditions, AmeriDoc can connect you for an Informational Consultation via telephone or secure email with a network medical doctor 24/7/365 (allow up to 5 minutes to be connected with the doctor by phone and up to 8 hours (but usually less than 1 hour for email replies). An unlimited number of Informational Consultations are available to you at no additional charge.

24-Hour Medical Consultations Cont'd

Diagnostic Consultations: If you want more than basic medical information, AmeriDoc can connect you for a Diagnostic Consultation via telephone or web video where available, with a network medical doctor 24/7/365 (allow up to 3 hours, but usually in less than one hour, to be connected with the doctor) who may review medical records, take medical history, discuss and evaluate symptoms, diagnose conditions, recommend treatment plans, and prescribe non-controlled medications when appropriate.

Electronic Medical Records: A personal health profile stores your medical history, consultations, doctor's notes and follow-up discussions. The information submitted is secure and confidential, and is available at any time. This record can also be shared with your primary care physician.

How To Use The Program

- Call 877-358-9631 to speak to one of AmeriDoc's member services representatives to get your AmeriDoc login information.
- They will walk you through the online set-up of your AmeriDoc membership account.
- Once your account is set-up, and your health questionnaire is complete, you will be able to speak with a network physician or log on the AmeriDoc website to access your personal health portal.

** Currently: Informational Consultations (for general medical information and advice) are available with Medical Doctors (M.D.s) in all states; Diagnostic Consultations (for evaluation, diagnosis, treatment and prescriptions if appropriate) are available with Medical Doctors (M.D.s) in all states except SC and OK. In OK, they are provided by Doctors of Osteopathy (D.O.s). Diagnostic Consultations are available with medical doctors in TX by telephone only. All consultation services are subject to the discretion of the consulting physician when applying clinical judgment and/or any limitations required by law.*

Not Available in the State of Washington.

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.

THIS IS NOT A HEALTH INSURANCE POLICY

Pre-Paid Lab Network

Benefit Summary

This program provides access to discounted lab work - without a prescription! The savings range from 20% to 70% off retail billed charges.

Highlights

- You can go directly to a participating lab for the required work, such as blood tests, allergy tests, drug tests, cardiac & cholesterol screens, maternity & infertility tests.
- Members receive deeply discounted rates on services performed!
- After ordering your test, the results are available within 48 hours. Other tests may take longer.
- Confidential: You decide who sees the results.



How To Use The Program Online

- To place an order online, visit <http://access.prepaidlab.com>.
- Follow instructions which will locate a participating provider near you.
- To place an order by phone, call **877-544-5250**.
- A Customer Services Specialist will guide you through the ordering process (including assistance with locating a convenient facility).
- You will need to make payment when you have completed your order.
- When ordering online, you will be provided a requisition form through your email. When ordering by phone, you will be provided a requisition form through your email and/or given a requisition number. Either **MUST** be presented at the testing center to receive credit of payment.
- Most tests are available and will be emailed to you normally within 48 hours. Cultures, reflex, and specialty test results may take 14 – 28 days.

The below represents only a select few tests that are available to you through this program.

Sample Savings

Test	Retail	Program Price*
Glucose, Serum	\$30.30	\$17.30
Hepatitis C Virus (HCV) Antibody	\$120.00	\$43.55
Thyroid Profile with TSH	\$156.90	\$41.25
Prenatal Profile with Hepatitis B Surface Antigen	\$318.00	\$102.44

** Subject to change - Check the website for current pricing*

Not Available in MD.

Lab tests are available in NY, NJ, MA & RI for Wellness & STD Testing ONLY.

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

Pre-Paid Diagnostic Imaging

Benefit Summary

This program provides access to discounted diagnostic imaging at over 2,900 radiology centers nationwide. Through an exclusive partnership with One Call Medical (OCM), Galaxy can offer discounts to members for advanced diagnostic imaging procedures such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans. The savings range from 40% to 75% off MRI and CT scans.



Highlights

- Unique scheduling services to assist members with selection and scheduling of appointments.
- Customer Service staff is multilingual.

How To Use The Program

- Before you are scheduled for an MRI or CT scan, simply call **1-877-814-2461**. Representatives are available Monday through Friday, 7:00 am to 7:30 pm Central time. When calling, mention your membership code: **GALAXY**, to obtain your discount.
- Our service representatives will assist members in selecting a network provider that's near and convenient to your home or work.
- Once a facility is chosen, we schedule the appointment by conducting a unique three-way conference call with OCM, the imaging center and you.
- On the same call, you can ask questions about the test or obtain help in understanding the discount for your procedure.

The below represents only a select few procedures that are available to you through this program.

Sample Savings

Procedure	Retail	Program Price*
MRI Brain without dye	\$2411.80	\$550.00
MRI Lumbar Spine without dye	\$2280.30	\$645.00
CT Pelvis with dye	\$1039.14	\$458.71
CT Abdomen with dye	\$1096.00	\$458.71

** Subject to change. Savings vary based on geographic location. Sample 2011 savings are from Texas.*

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

Dental Network

The Access Dental Network has over 60,000 participating dentists nationwide.

As a member, you can visit any participating dentist as often as you like and save an average of 15% to 30%* on dental care for you and your immediate family. The dental program includes virtually everything from routine check-ups, to fillings, crowns, braces and even cosmetic work. PLUS, with Access Dental:

- There is No annual limit on discounts.
- There is No limit on the number of visits/services you receive.
- There is No paperwork to fill out. Discounts are immediate.



To access your discount, just follow these 3 easy steps:

1. Select a participating provider by visiting www.LocateMyProvider.com or by calling Member Services for assistance. Have your Member ID card handy.
2. Call the provider and make an appointment.
3. Present your card...and save!

Procedure Description	Usual Fee*	Discounted Fee** (for Plan Members)	Member Savings*
Routine 6 month Check-Up	\$48	\$37	23.2%
Full Mouth X-Rays	\$126	\$90	28.4%
Adult Teeth Cleaning	\$87	\$65	25.9%
Child Teeth Cleaning	\$65	\$49	24.6%
Single Crown - Porcelain on High Noble Metal	\$1,082	\$782	27.7%
Root Canal Treatment-Bicuspid	\$825	\$601	27.2%
Root Canal Treatment-Molar	\$990	\$715	27.8%
Perio Scaling and Root Planing (Per Quadrant)	\$248	\$172	30.6%
Single Tooth Removal-Simple Extraction	\$166	\$115	30.9%
Complete Denture Maxillary	\$1,650	\$1,154	30.1%
Complete Denture Mandibular	\$1,650	\$1,155	30.0%

See the chart above for a sample of typical Access Dental fees.* Some services are excluded from the program, and providers are not obligated to charge Members any specified rates for excluded services.

*Dental savings are based on Access Dental Network's 200 Series Dental Fee Schedule for participating general dentists (fees vary by region) compared to the 2013 National Dental Advisory Service National Average (Average savings 34%). Access Dental Network's participating specialty dentists provide a discount of 20% off their usual and customary charges (15% for MN specialty dentists).

**Discounted fees are listed for visits to a participating general dentist. Any procedure not covered on the complete fee schedule will be discounted 20% off the provider's usual and customary fee (15% for MN specialty dentists). Consult with your provider prior to beginning any treatment. Lab fees are additional.

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

THIS IS NOT A HEALTH INSURANCE POLICY

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.LocateMyProvider.com](http://www LocateMyProvider.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 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 at

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 45,000 vision providers in 21,000 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.



Highlights

Vision Care Services

Member Cost

Exam with Dilation as Necessary:	\$5 off
Contact Lens Fit & Follow-up	\$5 off

Complete Pair Glasses Purchase

The following Frame, Lenses, and Lens Options discounts and fees apply only if a complete pair is purchased in same transaction. Items purchased separately will be discounted 20% off of the retail price

Standard Plastic Lenses

Single Vision	\$50
Bifocal	\$70
Trifocal	\$105

Frames

Any frame available at provider location	35% off retail price
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Lens Options

UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Standard Plastic Scratch Coating	\$15
Standard Polycarbonate	\$40
Standard Anti-reflective Coating	\$45
Standard Progressive (add-on to bifocal)	\$65
Add-Ons and Services	20% off retail price

Contact Lenses (discount applies to materials only)

Conventional	15% off retail price
Disposable	0% off retail price

Laser Vision Correction

LASIK and PRK**	15% off retail price or 5% off promotional pricing
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Frequency

All Services	Unlimited
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**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 a location near you and the discount authorization, please call 1-877-5LASER6.

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.

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.LocateMyProvider.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.



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.

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 LocateMyProvider.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
- 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.

Patient Advocacy

A valuable feature of your program is access to the services of a Patient Advocate.

If you need access to a hospital or ancillary facility or assistance in dealing with other medical providers, our Patient Advocacy service can assist you. Our Patient Advocates can also help you in negotiating lower prices on medical bills and provide a number of other value-added services.

Our personal Patient Advocates are highly trained administrative experts. When you call for assistance you will be assigned a personal Patient Advocate who will take responsibility for helping you. We're just a phone call away! Contact Patient Advocacy at: **1-800-399-8521**



TO MAKE THE MOST OF THIS SERVICE, PLEASE CALL THIS NUMBER BEFORE ACCESSING ANY HOSPITAL OR OTHER FACILITY, EXCEPT IN THE CASE OF AN EMERGENCY. MEMBERS RECEIVING EMERGENCY SERVICES SHOULD NOTIFY MEMBER SERVICES WITHIN FORTY-EIGHT (48) HOURS OF BEING DISCHARGED IN ORDER TO BENEFIT FROM DISCOUNT NEGOTIATION SERVICES.

Patient Advocacy gives you an array of value-added services, by providing assistance with:

- Negotiating lower prices or payment schedules on hospital, doctor and other medical bills, saving you considerable time and money.
- Assisting in finding hard to reach specialists, critical illness providers and medical institutions, and coordination of medical record transfers.
- Solving billing and related administrative issues
- Accessing community resources

Our team always does the legwork. We make the phone calls and assist in making all of the necessary arrangements. Simply put, we help to make sure that you get the most from your program. Patient Advocacy offers you the confidence that you have a strong and knowledgeable advocate on your side. By calling Patient Advocacy BEFORE scheduling your medical care, you help us assist you by eliminating the hassles and frustrations typically encountered when dealing with the healthcare system, cutting through the red-tape and effectively solve problems.

Members are responsible for payment of specific services arranged on a fee-for-service basis that are not covered by an insurance plan. We always review all payment options available to you in advance of making these arrangements with providers on your behalf. Patient Advocacy does not recommend treatment, nor is it a replacement for any health insurance plan.

THIS IS NOT A HEALTH INSURANCE POLICY

My eWellness

My eWellness is about promoting personal health and fitness through the natural therapies of diet, nutritional supplements, the benefits of exercise, as well as having a healthy attitude to help improve your total quality of life.

Your membership offers a comprehensive resource that aims to help members achieve personal health and wellness goals regardless of age, gender or level of fitness. This program provides you with the tools to make wellness part of your daily life.



Participants will receive:

- Daily wellness articles
- Individual home fitness programs
- Assessment calculators
- Disease prevention studies
- Health tips
- Guidance on nutrition, weight loss and exercise

The My eWellness site is quick, simple and easy to navigate!

Features include

- Personalized workout programs for all ages and fitness levels
- Unbiased health information from a professional staff
- Daily health tips on nutrition, weight loss, exercise and disease prevention
- Over 4,500 current health and wellness related articles
- Health calculators for easy tracking and self assessments
- Additional resources pulled together for your benefit.

How to Use This Program

1. To access this benefit, go to www.myewellness.com
2. Under New User Registration click select "I have a Membership ID and Password" – hit "Next"
3. Enter your Member ID in the "Member ID" field. Your Password will be the same as your ID Number the first time you enter the system.
4. You will then be prompted to provide your e-mail address and change your ID Number and Password to something you can easily remember. Then click "Continue" and you will be taken to the Myewellness.com Member Home Page.
5. Once inside, you will receive daily updated articles and tips on health and wellness. You can take self-assessment tests and get a fitness program based on your personal goals; try the fitness calculators to track your results; and learn about the fundamental components of a successful wellness program from our professionals. You can also follow all of the latest medical, fitness and health related news as well as find additional wellness-related websites.

THIS IS NOT A HEALTH INSURANCE POLICY

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.LocateMyProvider.com or contact Member Services.
- Present your membership card to the participating fitness facility.

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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 610810
Dallas, TX 75261

My Benefits Discount Card Member Terms & Conditions

This Membership Agreement ("Agreement") is entered into by and between Alliance HealthCard of Florida, Inc. ("Alliance") and members ("Members") of the Stratford My Benefits Discount Card 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 a Alliance Member Services Representative available by telephone Monday – Friday, 8 a.m. to 8 p.m. Eastern Time at 1-800-565-3827.

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. Member has access to participating providers without restrictions such as waiting periods or notification periods. 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 Stratford Employer Services verbally or in writing at 122 Parish Drive, Wayne, NJ 07470 or 973-646-1224. 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 as-

sessed against Alliance as required by applicable law. If the billing frequency is less than monthly (e.g. annually or semi-annually), the Member will be provided a prorated refund of the Membership Fee paid for any unused portion of the Membership Term remaining after the next monthly anniversary of the Member's activation. 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 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. Members may select from membership Terms offered at the time of activation which may include monthly or annual options.

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 Alliance before the new Membership Term, that he/she wishes to cancel his/her membership in the Program. If the Member either fails to notify Alliance of his/her election not to continue the Membership and/or fails to return the Membership ID Card(s) as required herein, 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. Members who chose to pay Membership Fees by a direct charge against the Member's credit card or by a direct debit to the Member's checking account statement may not receive notice of a subscription payment due; rather, the Member will be notified of the billing in his/her credit card or checking account statement. 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. "Immediate family members" 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.

(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 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 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, their affiliates, nor any network accessed shall be liable for any payment to a Provider accessed under the Program. Neither this Program, Alliance, 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 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 610810
Dallas, TX 75261**

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 Texas, except as required otherwise by applicable law. Any controversy or claim arising out of or relating to this Membership agreement shall be settled by voluntary arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Note to Oklahoma Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Oklahoma, and venue for any proceedings shall be in the district court of Oklahoma County. Any controversy or claim arising out of or relating to this Membership agreement shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Note to Florida Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Florida, and venue for any proceedings shall be the State of Florida court closest to the member's residence, except as required otherwise by applicable law. Any controversy or claim arising out of or relating to this Membership agreement may be settled by voluntary arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Note to Utah Consumers: This Agreement will be governed and construed in accordance with the laws of the State of Utah, and venue for any proceedings shall be the State of Utah court closest to the member's residence, except as required otherwise by applicable law. Any controversy or claim arising out of or relating to this Membership agreement may be settled by voluntary arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

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	1-800-565-3827
<ul style="list-style-type: none">• General Questions• Fitness Center Discount• Provider Nomination• Request replacement card• Comment on provider services	
Locate Providers	1-800-565-3827
	or www.LocateMyProvider.com
<ul style="list-style-type: none">• Prescription Discount• Dental Discount• Vision Discount• Chiropractic & Alternative Medicine Discount	
Billing Questions	1-973-646-1224
24-Hour Medical Consultations	1-877-358-9631
Patient Advocacy	1-800-399-8521
Pre-paid Lab	1-877-544-5250
Pre-paid Diagnostic & Imaging	1-877-814-2461

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Notes

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Member Services
P.O. BOX 610810
Dallas, TX 75261