

MEMBER PARTICIPATION AGREEMENT

As a member of the Complete Care Program, you are a participant in a Discount Medical Program (Plan). Below are the terms and conditions of your membership.

This Membership Agreement is effective as of the date shown on the Member ID and shall continue from month to month until the Plan is notified of your cancellation. The Monthly Charge and mode of payment for participation in the Plan is on your enrollment form. If you need to change your payment mode, please contact the member services number on your identification card.

The cost for participation in the Plan is: \$32.95 per month for an individual or \$38.95 per month for a household. There is a one-time association benefit cost of \$25.00.

DISCLOSURES

- **This is not an insurance policy;**
- **Discounts are provided at certain healthcare providers for healthcare services;**
- **Access One does not make payments directly to the providers of healthcare services;**
- **You are obligated to pay for all healthcare services but will receive a discount from healthcare providers who have contracted with Access One Consumer Health;**
- **The discount medical plan organization is: Access One Consumer Health 84 Villa Road, Greenville SC 29615 www.accessonedmpo.com**

You may find a list of participating providers at: www.ndnsavings.com/ngba or you may call: 877-271-6559. You will be able to apply plan discounts to all participating providers of each participating network.

This Plan includes discounts for: Dental, Vision, and Prescription. The included Benefit Description(s). The discounts for participating dentists range from 15-50% per visit off standard billed charges. The vision services (including lenses and frames) are available at participating providers at discounts of 10% to 50%. The prescription savings average 15% off brand-name medications and 55% off generic medications at your local pharmacy. The Plan also provides access to consumer and business savings program.

The Benefit Description(s) becomes part of this Membership Agreement.

You will be billed at the time of service by the participating provider who will apply the applicable discounts to that bill. In no instance can the Plan make payments directly to the provider on your behalf.

Your participation in the Plan will continue from month to month upon payment of your monthly dues and shall cease upon (i) your failure to make the monthly payment; or (ii) notification in writing (USPS, email or facsimile) of you desire to cancel.

You have the right to cancel participation in the program at any time. If you do so within 30 days of receipt of your membership materials, you will receive a full refund of all fees and or dues paid to participate in the Plan minus the one-time non-refundable processing fee. After the first thirty (30) days, you may cancel participation at any time and if you have pre-paid any membership fees, the prepayment will be refunded on a pro-rata basis for months you have not used.

The Plan may terminate your participation in the program if you fail to make your membership payment when due.

You may contact Complete Care for notice of change in name or address on our website www.unitedbenefitsdirect.com or www.accessonedmpo.com.

The Plan includes all members of your household (you your spouse and legal dependents). You are not required to list your dependents to participate in the Plan.

If you have a complaint regarding the Plan you may go to www.accessonedmpo.com or call 800-896-1962. You may also write to Access One Consumer Health, Inc. 84 Villa Rd. Greenville, SC 29615. The complaint will be addressed, and you will receive a response within 15 days.

This Agreement and its Benefit Descriptions represent the entire agreement between you and the Plan and supersede all other prior representations, statements, or written agreements between you and the Plan.

Arkansas Residents You may cancel your membership with the discount medical plan organization within the first thirty (30) days from receipt of your ID card and receive a full refund of all fees or dues paid. **Illinois Residents** If you are not satisfied with your resolution of your complaint, you may contact Illinois Department of Insurance. **Louisiana Residents** If after receiving our response and you are not satisfied with the resolution you may write or call the Louisiana Department of Insurance. **Maryland Residents** The membership fee and one-time application fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. "Discounts for hospital services, if any, are not applicable in Maryland." **Massachusetts Residents** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00 **Nebraska Residents** If you have cancelled at any time after the thirty (30) day period, and you have pre-paid any membership fees, the prepayment will be refunded on a pro-rata basis for months you have not used. **New York Residents** "Nurseline" not available in New York. **South Carolina** You may cancel your membership with the discount medical plan organization within the first thirty (30) days from receipt of your ID card and receive full refund on any fees or dues paid, less the one-time processing fee. **Tennessee Residents** You may cancel your membership with the discount medical plan organization within the first thirty (30) days from receipt of your ID card and receive a full refund of all fees or dues paid. **Texas Residents** If you remain dissatisfied after completing Access One's complaint system, you may contact your state insurance department. **Utah Residents** These programs are not covered by the Utah Health Insurance Guarantee Act. **West Virginia Residents** If after receiving our response and you are not satisfied with the resolution you may write or call: West Virginia Insurance Commissioner. FL, LA, MS, ND, OK, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding one-time application fee, if membership is cancelled within the first 30 days after the effective date.

This Plan is not available in the following states: AK, MT, RI, TN, UT, VT, WA.