



Family
Health Benefits

Member Information Guide

Protect Your
Lifestyle
With **Benefits**
You Need



Benefits
That **Everyone**
Uses



Membership With
A
Company
You Can
Trust



There When
You **Need** It
And When
You **Want** It



- Dental Care*
- Vision Care*
- Hearing Care*
- CallMD*
- Patient Advocacy*

ACE BLUE Program

Designed For Millions of Working Americans

Providing Family Health Benefits That Matter

Table of Contents

Program Disclosures.....	2
Quick Reference.....	3
Welcome Message.....	3
Program Overview.....	4
Dental Care.....	5
Vision Care.....	6 & 7
Hearing Care.....	8
CallMD.....	9 & 10
Patient Advocacy Center (PAC).....	11
Terms and Conditions.....	12

Program Disclosures

The discount healthcare services being offered to members are NOT INSURANCE.

Cancellation Policy: Discount healthcare services renews automatically by continuing the payment of the monthly fees. In addition to paying monthly, the fees can be paid quarterly, semi-annually, or annually. If the member wishes to change their billing cycle, they should contact billings services at **1-855-422-3467 (ACE)**. Members may cancel their plan in writing without giving a reason during the first thirty (30) days from the date of the postmark on the client fulfillment package, plus five (5) days, and will receive a refund on the monthly plan fees paid. The one-time enrollment fee is held as a non-

refundable processing fee¹. The cancellation effective date shall be the date of the postmark if sent by mail and the business day of receipt if sent by facsimile transmission. Members should allow three (3) to four (4) weeks for their refund. Members may cancel their plan at any time after the thirty (30) days, provided the billing service is given written notice of cancellation. Plan package and cards must be returned upon cancellation. It may take up to fourteen (14) to (30) days after receipt of a valid cancellation request in order for charges, debts, or drafts to stop.

Discount Services Disclosures

1. Discount Services are NOT Insurance

2. Discount Services are provided from certain healthcare providers who provide healthcare or medical services to members.

3. No payments are made directly to the providers or refund member payments for medical services.

4. The plan member is obligated to pay for all discount healthcare providers who have contracted with the discount medical plan organization.

5. A surety bond is maintained through IMA, Inc. 51 Corporate Woods, 9393 W 110th Street, Suite 600, Overland Park, KS 66210.

6. Percentage of savings vary based on the provider and services rendered.

Discount healthcare services are provided through Association Health Care Management, Inc., located at 11111 Richmond Ave. Suite 200, Houston, Texas 77082; telephone number 1-800-323-4057.

¹Fully refundable in Tennessee.

Quick Reference

ACE BLUE Program

How to Use Your Benefits:

Billing Concerns (ACE) (855) 422-3467

Product Support (800) 323-4057

Aetna Dental AccessSM

Call 800) 323-4057

Outlook Vision Care

Visit www.outlookvision.com

click on the "Locate VISION CARE Provider"

Call 800) 323-4057

Beltone[®] Hearing

Visit www.beltone.com

Call Beltone[®] at (888) 746-3132

CallMD[®]

Call (877) 332-1260

Patient Advocacy Center (PAC)

Call (866) 238-6597



Refer to individual pages for full details on How to Use

Welcome Message

Congratulations, you and your family members (if you chose to include) are members of *ACE Family Health Benefits*. Your participation entitles you to a benefits program that is one of the most useful and quality plans in America.

Your Personalized ID cards will be mailed to you.

Before using your benefits, please follow the instructions found in this Membership Information Guide. This member guide includes the descriptions and directions to access your various benefits. Please take the time to read over your Guide.

IMPORTANT

* Always carry your card with you. Present your card to the provider prior to service.

ACE Family Health Benefits



Family Health Benefits

Providing Family Health Benefits That Matter

DESIGNED TO ALLOW THE AMERICAN FAMILY TO CONTROL MANY HEALTH CARE COSTS

Family Health Benefits are designed to utilize National Provider Networks and the buying power of many to substantially reduce the usual and customary fees that providers charge for their services to a lower “pre-contracted network price.” The savings, generally available only to the Insurance companies, and are passed directly to you.

Each program utilizes the pre-contracted network savings, to minimize your out-of-pocket expense. The programs are designed to help control the costs you pay for health services, such as dental care, vision care, hearing care, doctor visits and hospital expenses.

Family Health Benefits are specifically designed for the millions of individuals who currently have no health coverage provided at their place of work or cannot afford traditional health plans or are concerned about their deductibles and out of pocket expenses. The programs are affordable to most working Americans.

AN ALTERNATIVE TO TRADITIONAL HIGH COSTS



Dental Care

This Program¹ utilizes the Aetna Dental AccessSM network and is a discount program that can save you money on most of your dental needs. The final cost of treatment will depend upon the type of dental work performed as well as your geographic location.

How to Use

As a member, you can visit any participating dentist as often as you like and enjoy dental savings of 15-50%² off the usual and customary fees. The program provides for almost all forms of required dentistry including: routine check-ups, cleaning, fillings, crowns, orthodontics, and more. Savings are calculated instantly! There are no limits on how often you and your family can use your card to receive services.

The Aetna Dental AccessSM network has over 73,000³ available dental practice locations to choose from nationwide. Each dentist is credentialed and re-credentialed on an ongoing basis. Because Aetna has such a large network of participating dentists, chances are you'll be able to find a dentist who participates in the program no matter where you work or live in the United States. To search for a provider call Member Services. Present your membership I.D. card to a participating dentist and ask him or her to provide you with the discount applicable to the Aetna Dental AccessSM network indicated on the card.

Example of Dental Savings⁴

Procedure	†Select Regional Average Cost	‡Average Aetna's Discounted Fees	Average % Savings
Adult Cleaning	\$88.00	\$53.00	40%
Child Cleaning	\$63.00	\$37.00	41%
Routine Checkup	\$43.00	\$28.00	35%
Four Bitewing X-rays	\$55.00	\$32.00	42%
Composite (white Filling Singles Surface)	\$144.00	\$78.00	46%
Crown (Porcelain Fixed to Noble Metal)	\$889.00	\$597.00	35%
Complete Upper Dental	\$1,037.00	\$777.00	25%
Molar Root Canal	\$900.00	\$638.00	29%
Extraction (Single Tooth)	\$136.00	\$70.00	49%

¹ This program is not available in Vermont. Actual prices and savings vary by provider and geographic area.

² Actual prices and savings vary by provider and geographic area.

³ According to the Aetna Enterprise Database as of November 2006.

⁴ This is a partial listing of dental procedures. For a more complete listing, please call (800) 323-4057.

† The select regional average fee represents the average fees for the procedures listed above in Los Angeles, Orlando, Chicago, and New York City as calculated by Aetna's Proprietary "Estimate the Cost of Care" tool as of January, 2005.

‡ Aetna's Dental AccessSM discounted fee is the average of the above referenced city's negotiated fees for the same procedure.

Vision Care

Features:

- Access to over 11,500 optical provider locations and approximately 14,750 total providers
- LASIK surgery network pricing included in the program
- Minimum savings are 10% up to 50% with an average savings of 28% to 39%
- 90-day lowest Price Guarantee or any difference will be refunded
- User friendly search engine
- Toll free 800 for questions or how to find providers

Actual Member Survey of Savings

Location	Item	Retail	Member's Price	Savings - %
Exact Eye Care Kearney, NE	Frame Single Vision w/Polycarbonate	\$129.00	\$90.30	\$38.70 – 30%
		\$297.00	\$207.90	\$89.10 – 30%
LensCrafters Mesa, AZ	Frame Single Vision w/ Photo Flexint	\$149.95	\$104.96	\$44.99 – 30%
		\$225.00	\$157.50	\$67.50 – 30%
JC Penney Michigan	Frame Single Vision w/Polycarbonate & AR Contact Lenses	\$229.95	\$149.47	\$79.98 – 35%
		\$208.00	\$100.00	\$108.00 – 52%
		\$90.00	\$72.00	\$18.00 – 20%
Pearle Vision National City, CA	Frame Single Vision w/Scratch Coat	\$59.95	\$30.00	\$29.95 – 50%
		\$109.00	\$55.00	\$54.00 – 50%
EyeMaster Henderson, NV	Frame Single Vision w/ Polycarbonate	\$99.95	\$69.96	\$29.99 – 30%
		\$149.98	\$104.99	\$44.99 – 30%

Partial Listing of Vision Providers

Pearl Vision	Bard Optical	Stein's Optical
J.C. Penney Optical	Budget Opticals of America	Uhlemann Optical
Sears Optical Target Optical	Hour Eyes	H. Rubin Ideal Optical
Lenscrafters	Texas State Optical	Cohen's Fashion Optical Centers
Sterling Optical	Doctors Valuvision	
Eyeglasses.com	EyeMasters	Plus thousands of independent vision centers nationwide...!
TLC Laser Vision Centers	Nationwide Vision Center	
Visionworks	Shopko Optical	
American Vision Center	Site for Sore Eyes	

How to Use

Vision Care continued

You may call **(800) 323-4057** or visit our online provider search by going to <http://www.outlookvision.com> and click on the **"Locate VISION CARE Provider"** link. When you visit the participating provider of your choice, you will simply present your member I.D. card with the OUTLOOK logo or they may contact Member Services to verify eligibility. Preferred prices will automatically be calculated. In addition, you and your family can use the vision care services as often as you need.

Outlined below is a list of questions and answers which we think will give you all the information necessary to make your decision on who will be your vision care provider.

a) Program Description (includes all available specialties and products) OUTLOOK Vision is a "point of purchase" discount plan that allows members to access over 11,500 optical providers to purchase eyewear (eye exams and surgery procedures where approved) at savings up to 50% off the regular retail price. One membership I.D. card covers the entire family (spouse and children). Members may purchase as often as they like with no restrictions or limitations. OUTLOOK guarantees the lowest price (or any difference will be refunded) and a 30 day, 100% satisfaction guarantee or the entire purchase price will be refunded to the member.

b) Network Provider(s) Providers include, but not limited to: Sears Optical, JC Penny Optical, Pearle, Lens Crafters, Target, Eye Masters, Wal-Mart, Nationwide, Site for Sore Eyes, and several other regional chain stores and independent optical centers. Minimum discounts are 10% and can go up to 50%, with an average overall discount of 28% to 39%. Please see table on previous page for "actual" savings from OUTLOOK members.

c) Provider Network Size (including participating national and regional chains and guaranteed minimum network size if applicable) Current provider locations are 11,500 actual centers (approximately 14,750 total providers). Please see b) above.

d) Provider Discount Levels (including any guaranteed minimum discounts, average discount levels, any past fluctuations in discount levels, and usage or mystery shopping reporting capabilities) Minimum discounts of 10% are basically from Wal-Mart vision centers and a few others. OUTLOOK'S mid-range discounts are 30% from Lens Crafters, and OUTLOOK'S higher discounts (average 30%-50%) are from retailers like Sears, Pearle, JC Penny Optical, and other "mall" type locations.

e) Do provider contracts specify discount levels? Yes, some specify a percentage discount (20%) and others specify a scheduled discount price (flat fee for various items versus the regular retail price). All purchases from OUTLOOK providers are guaranteed to be the lowest price from that provider. If the sale price is lower within 90 days of purchase, the difference will be refunded to the member.

f) Frequency of Network Provider Database Updates (including ability to remove providers whose licenses have been revoked or suspended) OUTLOOK'S network is actually updated on a daily basis. A provider can be removed from OUTLOOK'S database instantly, upon entering the deletion. Additionally, OUTLOOK can add a new provider to the data base the moment it receives a contract from that provider. OUTLOOK provides a monthly update of current providers.

g) How do members receive their discount (logo on membership card, identification number, promo code, other)? Members must have a membership I.D. card from OUTLOOK Vision Services or have an approved "sponsor" membership I.D. card with the OUTLOOK logo and/or other OUTLOOK information printed on the card. If a member goes to an OUTLOOK provider without the membership I.D. card, the provider or member may call the OUTLOOK toll free 800 number and verify current membership status and receive the discounts.

h) What is the retention of participating providers? OUTLOOK'S retention of provider is well into the 95% range, with few providers "opting out" of the contract. Most optical providers value the additional traffic referred to their business as a means of increased patient flow. Of those that do cancel, most are due to retirement, or selling the practice. OUTLOOK will remove a provider from the network if they receive a major complaint from a member for not honoring the contract or treating the member unfairly. After two complaints a provider can be removed from the network based on the sole decision of OUTLOOK Vision.

Please contact Member Services at **(800) 323-4057** if your I.D. card does not have the OUTLOOK Vision logo to request replacement cards.

Hearing Care

Beltone® Electronics Corp.

This hearing care service includes a hearing evaluation (free of charge) by one of their audiologists, discounts on any Beltone® instrument, a demonstration of hearing improvement within 30 days of receiving your hearing instrument, a follow-up schedule to educate you about the hearing instrument and adjustment, a 30-day refund privilege, a free oneyear manufacturer's warranty (lost, stolen, and damaged coverage), a lifetime continuing care program (including cleaning, inspections, adjustments, and service at any one of 2,600 offices and service centers), and much more.

Call Beltone® at **(888) 746-3132** with questions or to locate the nearest Beltone® provider.

Features

- Substantial savings
- Lifetime continuing care program
- Free hearing evaluation by a licensed audiologist
- One-year replacement warranty (lost, stolen, damage coverage)
- Entire household saves
- Over 2,600 locations nationwide
- 30-day money back guarantee

Mail-Order Hearing Instruments & Supplies

Hearing services are made available through a select network of providers. Through these professionals, we can guarantee preferred prices below retail dealer prices on over 80 different hearing aid models. There is a no-risk, 30-day trial fitting. Simply call the toll-free number below and a brochure will be mailed to you. There will be a follow-up call within 7-10 days after your inquiry for a detailed history of previous testing or fittings.

To use your hearing services, please call (888) 746-3131 8 AM - 5 PM, MST. We are confident you won't find better prices, service, or quality anywhere else.

Advantages

- Over 80 hearing aid models to choose from
- Entire household saves
- 30-day money-back guarantee



CallMD

We are pleased to introduce the CallMD® program utilizing a network of state licensed primary care physicians, providing cross coverage consultations 24 hours a day, 7 days a week, and 365 days a year. The network physicians diagnose routine, non-emergency, medical problems via telephone, as well as recommend treatment and prescribe medication, when necessary.

You can access this service from anywhere! Simply make a phone call to **(877) 332-1260** and, in most cases, speak to a doctor in less than 3 hours. CallMD® consulting physicians treat illnesses that arise quickly and tend to run a brief course, typically 5 -10 days. You can use CallMD® for:

- Fevers/Coughs/Sore Throats
- Nasal Congestion
- Acute Cystitis (Bladder Infections)
- Diabetes
- Ear Aches
- Allergies
- Urinary Tract Infections
- Pharyngitis
- Sinusitis
- Weight Control
- Anxiety
- High Blood Pressure
- Prescription Refill (short-term only)

Advantages

- No age limits for all household family members
- No medical restrictions
- Up to 6 doctor consultations per family member per year at no cost (free)¹
- Doctors available nationwide²

- A registered Nurse documents your consultations and will even send copies to your primary physician.
- If the physician prescribes any medication; the registered nurse can even assist you in submitting it to the pharmacy of your choice.
- Within a week of your physician consultation; a nurse will call with a follow-up

How To Use

Call toll-free **(877) 332-1260** and a registered nurse will verify your membership.

1. Answer a few medical questions pertaining to your medical history and medical issue or concerns.

A physician, located within your state, will call you within 3 hours.

2. The physician will then speak to you and complete a diagnosis form, made available in your secure electronic medical record.
3. If needed, the physician will prescribe medications² and a nurse will assist with ordering them at a nearby pharmacy.
4. A nurse will call within one week to check your status and follow-up with any other questions you may have.

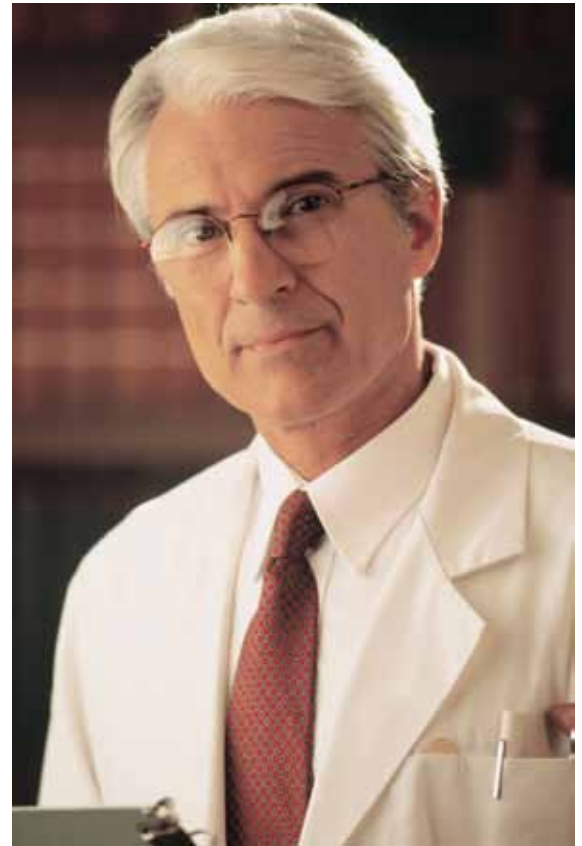
¹ Additional calls will cost a discounted price of \$35.00 each.

² Consulting physicians do not prescribe DEA Controlled substances or narcotics. For a current list of DEA Controlled substances, visit their website at www.DEA.gov/pubs/scheduling.html.

CallMD® Services

The CallMD® Program is changing the way people access medical services by using modern technology to match the needs of today's fast paced workforce. Below are just a few ways you and your legal dependants (age 12 years and older) benefit from becoming CallMD® members:

- On-Demand access to healthcare 24/7 – by calling **(877) 332-1260**
- Consult with physicians who diagnose medical problems and prescribe medication when appropriate
- Access to a physician within three hours or less
- No more waiting until next week to receive medical attention
- No outrageous fees or unexpected charges
- Most medical issues can be resolved from any remote location
- Prescription(s) can be filled at the pharmacy of your choice
- Ability to maintain personal medical history and account profile using HIPAA compliant secure servers
- Reduce the number of hours you spend away from work



When to use CallMD®

- Call CallMD® whenever you need non-emergency medical issues, questions, or concerns.
- You cannot reach your primary care physician (CallMD® physicians do not replace your primary care physician)
- You cannot take time off from work or your child from school to visit your primary physician
- Your primary care physician's office is closed
- You are on vacation or a business trip
- You need your recurring prescription filled and don't have time to go to your doctor's office (short-term refills only)
- You need medical attention that might be resolved without seeing your primary care physician
- You have medical questions, medical issues, or concerns and would like to discuss these with a physician
- You need a second opinion

*Hospital Patient Advocacy Center (PAC)**

Your advocate in the event of a major illness, we will attempt to negotiate with hospitals to make your medical bills more affordable and manageable!

PAC believes that a patient should not be subjected to the additional stress and anxiety of battling over the terms of his or her healthcare services. PAC is a non-adversarial, mediation-based center that works on behalf of the patient for the best possible discount.

Services Included:

1. We will attempt to work with all hospitals, regardless of whether they participate in our provider network or not.
2. The first step is negotiating to lower your bill.
3. Then we work to get an affordable payment plan for the balance the patient might owe.
4. Plus, in case the member is unable to pay the bill, we look for special programs available in your state that will help you with all or part of your bill.

Savings:

We make every effort to lower your hospital bills and make paying them more manageable. This service has been very successful. Our hospital patient advocates have been successful in completely dismissing entire bill amounts of several thousand dollars for a number of our members. Of course, though most hospitals participate, there is no guarantee of the amount of discount that your hospital will give.

Program Value:

- Most hospitals participate
- Over 20 years of accumulated experience with hospitals
- Value for the whole household

HOW TO USE THIS SERVICE:

For the best possible/negotiated discount, call our PAC staff at **1.866.238.6597**.

*PAC will attempt to negotiate on behalf of members who do not financially qualify for the hospital discount and charity program. It is possible that negotiations on behalf of members could result in no discount being given to the member.

Terms & Conditions

I understand that this is an Association saving healthcare program is NOT insurance. I understand that the Discount Services are effective immediately after the enrollment date. Association Health Care Management, Inc reserves the right to change the Terms and Conditions at any time given a thirty (30) day notice.



1. I fully understand that I am purchasing a plan that includes Non-Insurance Discount Healthcare Services.

2. The plan renews automatically by continuing the payment of the monthly plan dues. There is no renewal fee. In addition to paying monthly, the plan dues can be paid quarterly, semi-annually, or annually. If the member wishes to change their billing cycle, they should contact Billing Concerns at the phone number shown in you fulfillment materials. Members may cancel their plan in writing without giving a reason during the first thirty (30) days from the date of the postmark on the member fulfillment package, plus five (5) days, and will receive a refund of membership dues paid. The one-time enrollment fee is held as a non-refundable processing fee. The cancellation effective date shall be the date of the postmark if sent by mail and the business day of receipt if sent by facsimile transmission. Members should allow three (3) to four (4) weeks for their refund. Members may cancel their plan at any time after the first thirty (30) days, provided American Workers Insurance Services is given a written notice of cancellation. Plan package and cards must be returned upon cancellation. It may take up to fourteen (14) to thirty (30) days after receiving a valid cancellation request for collection of dues to stop.

3. Contracts with providers to allow members to receive pre-determined discounts on the provider's services. Members may visit any network provider, and will be given a discount when payment to the provider is made. No warranties are made, express or implied, regarding the provider's services. All matters between members and healthcare providers are handled directly between members and the healthcare providers, without participation by the plan provider. All services available to members are provided by third parties, not by the plan provider. Member agrees to look exclusively to service providers and that the plan provider is neither responsible for nor liable for the acts and omissions of any service provider. The plan provider continues to seek the most experienced and capable service providers at the lowest member cost and will provide member assistance in processing inquiries, complaints, and service requests of service providers.

4. Member service providers are fully licensed in their applicable states of service to provide the specified services to members. The plan provider is not an insurer nor does it provide payment or indemnity to members nor is it licensed to provide nor does it provide life insurance, medical insurance, dental insurance, or any related form of preferred provider service.

5. The plan provider is not a discount buying service organization. The goods and services made available to members may be available from time to time in member's locale from the same or similar service providers and at the same or lower cost. The plan provider strives at all times, but does not guarantee, to provide the lowest cost to its members from the service providers.

6. This Agreement is not binding until received and accepted by The plan provider at its home offices in Houston, TX.

7. Plan entitles the primary cardholder and all household members to all discount services in the program they purchased. Only the primary cardholder may request making changes to the plan, such as adding new household members.

Membership Satisfaction

Your complete satisfaction is very important to us. If for any reason you are dissatisfied or have a complaint, please file a complaint under the plan provider's complaint resolution process regarding availability of contracted discounts or services or other matters relating to members, or call **(866) 365-5829** Monday through Thursday from 8 AM - 7 PM and Friday 8 AM - 1 PM, CST. You may also write us at: Member Services - Association Health Care Management, Inc , **10878 Westheimer Rd., Ste. 191, Houston, TX 77042**, or fax your dissatisfaction/complaint to **(866) 365-5828**. You may also contact the appropriate regulating authority in your state.