

HEALTHY LIVING ONLY PLAN APPLICATION

Member Information

First Name: _____ MI: _____ Last Name: _____ DOB: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Family Members (Date of Birth is required to add spouse and legal dependents.)

First Name MI Last Name DOB

Membership Fee* (Family members include member, spouse and legal dependents.)

| | Member Only | Member + One | Member + Family | |
|-----------|----------------------------------|----------------------------------|----------------------------------|---|
| Monthly | <input type="checkbox"/> \$6.00 | <input type="checkbox"/> \$7.00 | <input type="checkbox"/> \$8.00 | |
| Quarterly | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$21.00 | <input type="checkbox"/> \$24.00 | |
| Annually | <input type="checkbox"/> \$72.00 | <input type="checkbox"/> \$84.00 | <input type="checkbox"/> \$96.00 | *Plus a one-time, non-refundable processing fee of \$10.00. |

Credit or Debit Card

Visa MasterCard Discover

Name of Card Holder: _____

Credit/Debit Card Number: _____ Exp. Date: _____

OR

Bank Draft

Name of Account Holder: _____

Checking Savings Please include a voided check with this application.

Name of Bank: _____ State of Bank: _____

Routing Number (9 numbers at the bottom left-hand section of the check): _____

Account Number: _____

Payment Authorization/Membership Terms and Conditions

I authorize Beta Health Association, Inc. to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "Beta Plans" on your monthly statement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

Signature: _____ Date: _____

You can mail your application to: Beta Health Association, Inc., 6200 S. Syracuse Way, Suite 460, Greenwood Village, CO 80111 or fax it to: 303-369-1051.

Group Code: HLRO

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Beta Health Association, Inc. to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify Beta Health Association, Inc. in writing of its cancellation. By joining you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term, and your credit card or bank account will be automatically charged or drafted for the appropriate amount. **Termination Conditions:** Beta Health Association, Inc. and Careington International Corporation (Careington) reserve the right to terminate plan members from its plan for any reason, including non-payment. If Beta Health Association, Inc. terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees. **Cancellation Conditions:** You have the right to cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less the processing fee, if applicable. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Beta Health Association, Inc. will accept cancellation requests at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member ID to Beta Health Association, Inc., 6200 S. Syracuse Way, Suite 460, Greenwood Village, CO 80111 or fax to 303-369-1051. You may also submit cancellation requests by email: operations@betaplans.com. When you cancel, you will continue to have access to the plan for the remainder of the period for which you have paid; your membership will terminate at the end of that period. The preceding sentence does not apply to quarterly, semi-annual or annual memberships in FL, ND and OK, where you will receive a pro-rata refund whenever you cancel. **Description of Services:** Please see the enclosed materials for a specific description of the programs included in your plan. **Limitations, Exclusions & Exceptions:** This plan is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide health care services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time Careington may substitute a provider network at its sole discretion. Careington cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters. **Complaint Procedure:** If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

Healthy Living Only Plan



Why the Healthy Living Only Plan?

With the Healthy Living Only Plan, you can receive discounts on your hearing, prescription and vision needs. This plan also offers 24/7 virtual access to doctors, so you can get the care you need while on the go.



Here's What's Included

Vision

VSP Vision Savings Pass is a discount vision program that offers savings on eye care and eyewear. With the best choices in eyewear, VSP makes it easy to find the perfect frame. Members can choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.*

Members receive:

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of \$50 for eye exams**
- 15% savings on contact lens exams***
- Special pricing on complete pairs of glasses and sunglasses
- Unlimited use on materials throughout the year
- Exclusive Member Extras and special offers

*Brands subject to change

**This cost is only available with the purchase of a complete pair of prescription glasses; otherwise you'll receive 20% off an eye exam only.

***Applies only to contact lens exam, not materials. You're responsible for 100% of the contact lens material cost.

This plan is not insurance.

Not available in WA.

Hearing Care

- Save 40% on diagnostic services, including hearing exams, at over 3,800 provider locations nationwide.
- Hearing aid low price guarantee: If you should find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!
- 2 years of free batteries (80 cells per hearing aid, per year)

Disclosures: THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.alphadentalplans.com. A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5, AR and TN residents will be refunded processing fee). Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Utah, Vermont or Washington.

Prescription

- Members will have access to savings between 15% to 60% off the retail price of generic drugs and 10% to 25% off the retail price of brand name drugs at over 68,000 participating pharmacies nationwide including Safeway, CVS, Duane Reade, Wal-Mart, Target, Walgreens, Rite Aid and many more.
- Members have access to an interactive website that allows users to locate the nearest participating pharmacy and accurately check the current costs of drugs. Even if members have prescription benefits through a health insurance carrier, a comparison of costs between the two programs should be performed to determine the most savings.
- By utilizing this powerful tool, members can make educated cost-saving decisions.

Telemedicine

- DialCare is a modern, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members and their families have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more.
- Doctors are available 24 hours a day, 365 days a year, allowing members and their families convenient access to quality care from home, work or on the go.

Plan Pricing



Member Only*

\$6.00/mo | \$18.00/qtr
\$72.00/yr



Member + One*

\$7.00/mo | \$21.00/qtr
\$84.00/yr



Member + Family*

\$8.00/mo | \$24.00/qtr
\$96.00/yr

*Plus a one-time, non-refundable \$10.00 processing fee.

Here's How You Sign Up

PHONE

1-800-807-0706

Monday – Friday 8:00 a.m. – 5:00 p.m.

WEBSITE

alphadentalplans.com

APPLICATION

Complete the application on the back and mail it to us at your convenience.

Beta Health Association, Inc.
6200 S. Syracuse Way, Suite 460,
Greenwood Village, CO 80111