

## MEMBERSHIP PARTICIPATION AGREEMENT

As a member of Dentachoice Discount Dental and Vision Program, referred hereafter as the "Plan", you are a participant in a Discount Medical Plan Organization provided by AccessOne Consumer Health, Inc. Below are the terms and conditions of your membership in the discount medical plan. This agreement is between you and AccessOne.

The effective date of your enrollment is as of the date you receive your card.

The cost for participation in the Plan is: Annually [\$80.00 per year for an individual, \$140.00 per year for a Household] Monthly [ \$8.00 per month for an individual, \$14.00 per month for a household]. The initial payment includes a non-refundable \$15 fee upon enrollment, in addition to the Annual or Monthly fee.

### DISCLOSURES:

- The Plan is not insurance;
- The Plan provides discounts at certain healthcare providers for medical services;
- The Plan does not make payments directly to the providers of medical services;
- The Plan member is obligated to pay for all healthcare services but will receive a discount from healthcare providers who have contracted with the discount Plan organization;
- The name and address of the licensed discount medical Plan organization: Access One Consumer Health, Inc., 84 Villa Road, Greenville, SC 29615; (800)896-1962; www.accessonedmpo.com.

You may find a list of participating providers at: [www.yourdentachoice.com](http://www.yourdentachoice.com) or you may call toll free (888) 311-NBBI. You will be able to apply Plan discounts to all participating providers.

All Plan members receive discounts at participating dental and vision providers. You will receive savings ranging from 15-50% per visit on included services. You may go to [www.yourdentachoice.com](http://www.yourdentachoice.com) for a list of providers available by zip code.

At participating providers, you will be billed at the time of service and the applicable discount(s) will be applied to that bill. In no instance will the Plan make payments to the provider on your behalf.

Your participation in the Plan will continue monthly or annually upon timely payment of your monthly or annual dues and shall cease upon your failure to make the payment. You may terminate your participation in the Plan by returning your ID card to Dentachoice/NBBI, 25 Hanover Road, Suite B-150, Florham Park, NJ 07932. If you return your card at any time within the first 30 days of receipt, you will be refunded the entire membership fee.

This plan includes, as per application, you and your legal dependents at no additional charge. You are not required to list your dependents for them to participate in the Plan.

If you have a complaint regarding the Plan, you may contact Dentachoice at: [www.yourdentachoice.com](http://www.yourdentachoice.com) and (888) 311-NBBI or, in writing to: NBBI, 25B Hanover Road, Florham Park, NJ 07932. The complaint will be addressed and you will receive a response within 15 business days.

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.

This Member Agreement AO-DACMPA2013, the Member ID Card AO-DACID2013 and its Benefit Descriptions represent the entire agreement between you and AccessOne Consumer Health, Inc. and supersedes all other prior representations, statements, or written agreements between you and AccessOne. AccessOne Consumer Health, Inc. has no liability for providing nor guaranteeing service or any liability for the quality of services rendered.

**Maryland Residents:** The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card.

**Massachusetts Residents:** 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. The range of discounts for medical or ancillary services provided under the Plan will vary depending on the type of provider and medical or ancillary service received.

**Nebraska Residents:** If you have cancelled at any time after the 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.

**Texas Residents:** If you are paying for the discount medical Plan, AccessOne or the Plan will cease collecting membership fees in a reasonable amount of time, but no later than (30) days after receiving a valid cancellation notice. This Plan is: regulated by the Texas Department of Insurance, P.O. Box 12157 Austin Texas 78711: telephone 1-800-252-3439 or (512) 463-6515; website: [www.tdi.state.texas.com](http://www.tdi.state.texas.com).

**West Virginia Residents:** If after receiving our response and you are not satisfied with the resolution you may write of call: West Virginia Insurance Commissioner.

**Renewal Conditions:** By joining the plan, you are authorizing NBBI to bill your credit card or checking account. This charge shall remain in force until you notify NBBI in writing of its cancellation. This plan will automatically renew (monthly or annually) until cancelled.

This Plan is not available in the following states AK, CT, DE, MT, RI, UT, VT & WA.

Keep a copy of this Member Participation Agreement for your records.