

CHUBB®
UNDERWRITTEN BY:
FEDERAL INSURANCE COMPANY,
MEMBER INSURER OF THE CHUBB
GROUP OF COMPANIES

Cardinal Choice

Accident & Sickness Hospital Indemnity plan



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Cardinal Choice can provide supplemental coverage to members' current insurance. With the freedom to choose any provider, Cardinal Choice provides next day coverage to those looking to lower their out-of-pocket expenses.

There is a Pre-Existing Conditions limitation for Daily In-Hospital Indemnity Benefit, Daily Intensive Care Unit Benefits, Surgical Indemnity benefits and Anesthesia Indemnity Benefits.

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Plan Details	
Coverage Effective Date	Next day coverage; coverage may not be effective on the 29th, 30th or 31st of any month
Eligibility	18 - 64 Coverage terminating the last day of the premium payment period during which the Insured turns 75
Waiting Period / Pre-existing Conditions	<ul style="list-style-type: none"> • No waiting period for accidental injuries or sickness • No coverage for Pre-Existing Conditions for the first 12 months.
<p>Pre-existing Condition means an Accident or a Sickness for which, in the 6 months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.</p>	

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

MSGA Group States Plan Benefits

MSGA states: AL, AR, AZ, CA, DE, DC, FL, GA, HI, IA, IL, IN, KY, MS, ND, NE, NM, OH, OK, OR, PA, RI, SC, TN, TX, VA, WI, WY

All Benefits are Per Covered Person	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
In Hospital Indemnity (No Elimination)	\$200	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,000	\$2,000
Max Days per Confinement	10	10	10	10	30	90	365	50
Max Benefit Amount per Plan Year	\$6,000	\$15,000	\$22,500	\$30,000	\$50,000	\$50,000	\$100,000	\$100,000
ICU					\$1,500	\$2,000	\$2,000	\$2,000
Max Days per Confinement	N/A	N/A	N/A	N/A	30	30	30	50
Max Benefit Amount per Plan Year					\$50,000	\$50,000	\$100,000	\$100,000
ER Visit					\$75	\$250	\$400	\$500
Max Visits per Plan Year	N/A	N/A	N/A	N/A	1	1	1	2
Physician Office Visit	\$75	\$75	\$75	\$75	\$100	\$100	\$100	\$100
Max Visits per Plan Year	3	3	3	6	6	6	6	4
Ground Ambulance					\$100	\$100	\$100	\$500
Max Trips per Plan Year	N/A	N/A	N/A	N/A	1	1	1	2
Air Ambulance					\$1,000	\$1,000	\$1,500	\$2,000
Max Trips per Plan Year	N/A	N/A	N/A	N/A	1	1	1	1

Pre-existing Conditions: This insurance does not pay benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.

Surgical Indemnity	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Hospital Inpatient	\$500	\$500	\$1,000	\$1,000	\$1,000	\$2,500	\$5,000	\$10,000
Outpatient Major	\$500	\$500	\$1,000	\$1,000	\$1,000	\$2,500	\$5,000	\$3,000
Outpatient Minor	N/A	N/A	N/A	N/A	\$250	\$500	\$500	\$1,000
Max Inpatient Procedures per Plan Year	2	2	2	2	2	2	2	2
Max Outpatient Procedures per Plan Year	1	1	1	1	2	2	2	2
Anesthesia								
Hospital Inpatient	\$100	\$100	\$200	\$200	\$250	\$625	\$1,250	\$2,000
Outpatient Major	\$100	\$100	\$200	\$200	\$250	\$625	\$1,250	\$2,000
Outpatient Minor	N/A	N/A	N/A	N/A	\$75	\$125	\$125	\$500
Advanced Diagnostic			\$100	\$200	\$250	\$250	\$500	\$500
Max Tests per Plan Year	N/A	N/A	1	1	1	2	2	2
Diagnostic X-Ray and Lab	\$25	\$50	\$50	\$50	\$50	\$50	\$50	\$100
Max Tests per Plan Year	2	2	1	1	4	4	6	4
*Wellness	\$25	\$25	\$50	\$75	\$200	\$200	\$200	\$300
Max Screening Tests per Plan Year	1	1	1	1	1	1	1	1

*The Wellness Benefit is not available in CA and OH

REDUCTION OF BENEFIT AMOUNT FOR ALL BENEFITS PROVIDED

Amount of Benefit Amount after Reduction: 50% of the Benefit Amount otherwise payable to the Covered Person. The Benefit Amount cannot be increased by You after age 65.

Age on Date of Loss: 65

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Benefit Description

In Hospital Indemnity Benefit - Pays a daily benefit for each day a Covered Person is Confined to a Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident causing the injury.

ICU - Pays a daily benefit for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined to an Intensive Care Unit (ICU). The first day of Confinement in the Intensive Care Unit must occur within thirty (30) days of the Accident. This benefit is paid in addition to the In-Hospital Indemnity Benefit Amount.

ER Visit - Benefit pays if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Anesthesia Indemnity - Pays the Anesthesia Indemnity Benefit for the administration of anesthesia related to a covered surgical procedure, if the Surgical Indemnity Benefit is payable.

Diagnostic X-Ray and Lab - Pays the Diagnostic X-Ray and Laboratory Indemnity Benefit when a Covered Person has diagnostic x-ray and laboratory tests performed when ordered by a Physician and related to an Accident or Sickness. Benefits are not payable for tests performed while Confined in a Hospital or if payable under the Advanced Diagnostic Test Indemnity Benefit. Tests performed due to Accident must be done within 30 days of the Accident causing an Injury.

Surgical Indemnity - Pays a Surgical Indemnity Benefit if a Covered Person has a Major or Minor Surgical Procedure performed while In-Hospital or an Outpatient basis in an Outpatient Unit. A surgical procedure due to Accident must occur within 30 days of the Accident causing an Injury.

Ground Ambulance Benefit - Pays if a Covered Person requires the use of an ambulance service by ground for transportation to or from a Hospital or from one Hospital to another Hospital for care and treatment of an Accident or Sickness.

Air Ambulance Benefit - Pays if a Covered Person requires the use of an ambulance service by air for transportation to or from a Hospital or from one Hospital to another Hospital for care and treatment of an Accident or Sickness.

Advanced Diagnostic Test Indemnity - Pays the Diagnostic X-Ray and Laboratory Indemnity Benefit when a Covered Person has one of the following tests performed: Angiogram /Arteriogram, EEG, Myelogram, CT Scan, MRI Scan, or PET Scan, when ordered by a Physician and related to an Accident or Sickness. Benefits are not payable for tests performed while Confined in a Hospital. Tests performed due to Accident must be done within 30 days of the Accident causing an Injury.

Wellness - Benefit is payable once per Plan Year for You or Your covered Spouse/Domestic Partner to have one of the following screening tests performed: Stress test on a bicycle or treadmill, Fasting blood glucose test, Blood test for triglycerides, Serum cholesterol test to determine level of HDL and LDL, Bone marrow testing, Breast ultrasound, CA 15-3 (cancer antigen 15-3 - blood test for breast cancer), CA125 (cancer antigen 125 - blood test for ovarian cancer), CEA (carcinoembryonic antigen - blood test for colon cancer), Chest X-ray, Colonoscopy, Flexible sigmoidoscopy, Hemoccult stool analysis, Mammography, Pap smear, PSA (blood test for prostate cancer), Serum Protein Electrophoresis (blood test for myeloma), Thermography, ThinPrep Pap Test, or Virtual Colonoscopy. If the benefit is payable under the Diagnostic X-Ray and Laboratory Indemnity Benefit or the Surgical Indemnity Benefits as it relates to an Accident or Sickness, it will be paid under that benefit and not this Wellness Indemnity Benefit. *Wellness benefits does not apply to residents of California or Ohio

Physician Office Visit - Pays Physician office visit as a result of an Accident or Sickness. The visit must be made to the Physician's office or clinic. The visit to a Physician's office must occur within 30 days of the Accident, causing an injury

Limitations & Exclusions

The following exclusions apply to all benefits under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits. Please read entire policy carefully.

Intoxication Exclusion Vehicular - This insurance does not apply to any Accident caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

This exclusion does not apply to residents of California and Ohio

Alcoholism and Drug or Substance Abuse - This insurance does not apply to alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.

Pre-existing Condition - Pre-existing Condition means an Accident or a Sickness for which, in the 6 months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician. This insurance does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.

Pregnancy - This insurance does not apply to normal pregnancy. Complications of Pregnancy are covered as any other Sickness.

Pregnancy of a Dependent Child - This insurance does not apply to pregnancy of a Dependent Child, unless required by law.

Service in the Armed Forces - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.

Suicide or Intentional Injury - This insurance does not apply to, and no benefits are payable related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.

Voluntary Abortion - This insurance does not apply to voluntary abortion, except with respect to You or Your covered Spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.

War - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit.

Heighten Care



Dear New Member:

The National Congress of Employers (NCE) is pleased to welcome you to its Dentachoice Discount Savings Program! As part of NCE's greater effort to improve the lives of our members, we have contracted with several providers to create the NCE Dentachoice Discount Savings Program.

The Program consists of:

NCE DentaChoice

This program utilizes the Aetna Dental Access® network. It is designed to help minimize dental care expenses with an average savings of 15-50% per visit on services such as cleanings, x-rays, fillings, root canals, and crowns as well as specialty care such as orthodontics and periodontics where available. Dentists who participate in the Aetna Dental Access® network have agreed to accept discounted contract rates as payment-in-full for services performed. The program has no exclusions for pre-existing conditions, no benefit maximum, no waiting period, and requires no referrals to see a specialist. Additionally, as a member of the NCE you will receive discounts on Vision.

NCE Discount Prescription Drug Card

This program saves an average of 15% on brand name and 55% on generic medications. Accepted at over 80% of pharmacies in the US and its territories, including Puerto Rico, anyone in your family can use the card, regardless of age.

NCE Brand-Name Mail Order Program

This program saves up to 80% on your brand-name medications through our international mail order program. Ordering your discount brand-name medications is convenient, easy, and secure. Your medications will ship directly to you!

Pet Rx Savings

Save on your pets' medications with your script from the vet when purchasing pet medications at your local pharmacy if it's derived from a human medication or online for a pet-only medication.

Patient Assistance Program

If you still need assistance with your prescription costs and you meet the income guidelines, you can receive low cost prescription medicine after a qualification process.

CBD Products

Receive high-quality, broad spectrum CBD products that are a natural and effective alternative towards health and healing for you and your pets.

Speech Therapy Savings

Your convenient and personal online solution to traditional Speech Therapy, utilizing video conferencing technology to provide live, one-on-one, highly individualized and interactive speech therapy services worldwide.

Included in the following pages of this mailing, you will find your NCE Dentachoice Discount Program fulfillment kit, including your ID cards. Please take time to review these materials carefully.

For any questions regarding your billing please call Member Services at 1-844-792-6985.

Thank you, and congratulations on joining the NCE!






Dear New Member:

Below are your ID cards for the NCE Dentachoice program.

To access a list of participating providers and locations or to obtain additional information regarding all your benefits, please visit www.ncedentachoice.com.

Save up to 80% on your brand-name medications through our international mail order program. Ordering your discount brand-name medications is convenient, easy, and secure. Visit

www.medaffordglobal.com/nce4026 to price your medications and begin your order. Your medications will ship directly to you.

 **Dentachoice +**

Member ID #	Type	Group
950194026	HOUSEHOLD	4026

Member Name

Included Services:
Dental, Vision, Rx, Pet Rx, Patient Assist, CBD, Speech Therapy

AO-NCEBID.715
DISCOUNT PROGRAM ONLY. NOT AN INSURANCE PROGRAM.

PHARMACIST PLEASE NOTE:
 For the bearer of this card use:
 Rx BIN #: **610709** **Rx**
 Rx GROUP: **USAT305**
 Rx Help Desk: **(844) 728-3791**

Aetna Dental Access[®] 

Providers: For Eligibility call (844) 777-5067

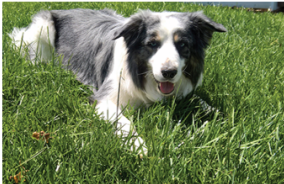
Members: Pay the discounted price at time of service.

- For Rx Mail-order, call toll-free (855) 633-7977 or visit: www.MedAffordGlobal.com/nce4026
- To locate a participating provider, visit: www.NCEDentachoice.com
- For Customer Service call toll-free (844) 792-6985

This program is powered by AccessOne Consumer Health, Inc.
www.accessonedmco.com

National Benefit Builders, Inc. **USAPetMeds** Save an average of 15% on brand-name and 55% on generic pet drugs.

To price all pet medications, supplements and nutrients, visit:
www.USAPetMeds.com/nce4026



ID: 950194026
Rx BIN: 610709
Rx Grp: USP7062


This plan includes all household pets.
 This card is pre-activated and never expires.
This is not insurance

Rx

How the pet card works:

- Visit our website to shop and save money for all your pets' medications, supplements and nutrients: www.USAPetMeds.com/nce4026
- If the vet's script is for a human med, take it and this card to your local pharmacy. To find a pharmacy and price the meds, visit: www.NCEDentachoice.com
- To speak to our pet pharmacist call: (855) 697-3879

Customer Service: (844) 792-6985



TERMS AND CONDITIONS

Savings indicated herein are based on providers' usual and customary fees. Discounts outlined herein cannot be used with any other discount plan or promotion. Prices charged by vendors may be adjusted from time to time without notice to the cardholder. Occasionally, certain vision providers may offer products or services to the general public at prices lower than our prices. In such an event, the member will be charged the lower price. This is a discount program, not insurance, and may be discontinued or modified at any time. AccessOne Consumer Health, Inc. (administrator) or

National Benefit Builders, Inc. (NBBI) are not licensed insurers, HMOs or underwriters of healthcare services. No portion of any providers' fee will be reimbursed or otherwise paid to a participating member by AccessOne Consumer Health, Inc. or National Benefit Builders, Inc. (NBBI)

Providers in the program are solely responsible for the professional advice and treatment rendered to members. AccessOne Consumer Health, Inc. and National Benefit Builders, Inc. (NBBI) disclaim any liability with respect to such matters. AccessOne Consumer Health, Inc. and NBBI reserve the right to replace any network and will notify members accordingly. Discounts on professional services are not available where prohibited by law. For complaints, contact AccessOne Consumer Health Inc at 84 Villa Road, Greenville, SC 29615 or at the website

www.accessonedmpo.com.

The Dentachoice Dental and Vision Program provides access to the Aetna Dental Access® network, which is administered by Aetna Life Insurance Company (ALIC). ALIC does not offer or administer the Dentachoice Dental and Vision Program, and is not an affiliate, agent or principal of Dentachoice Dental and Vision Program. Dental providers are independent c IC. ALIC does not provide dental care and is not responsible for outcomes.

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.

La. R.S. 22:1260.7.D(1)(d) - The mode of payment of any processing fees and periodic charges and procedure for changing the mode of payment.

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.ncdentachoice.com or you may call toll free (888) 311-6224. 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.ncdentachoice.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 A-200, 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, less the one-time registration fee, if any.

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.ncdentahcoice.com and (888) 311-6224 or, in writing to: NBBI, 25A Hanover Road, Florham Park, NJ 07932. The complaint will be addressed and you will receive a response within 15 business days.

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.

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.





NCE Dentachoice Plus



How It Works

Step 1. Price your brand-name medication.

Step 2. Complete your order online or Call 855-633-7977 to place your order.

Step 3. Your medications ship directly to you.

Commonly ordered brand-name medications

Abilify	Cymbalta	Pradaxa
Advair Diskus	Entocort	Premarin
Celebrex	Januvia	Viagra
Cialis	Lyrica	Vytorin
Crestor	Nexium	Xarelto

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Walk-in Pharmacy

Receive discounts up to 85%, with average savings of 15% on brand-name and 55% on generic drugs.

Highlights of the discount card

- Our discount drug card has saved our cardholders over \$1 billion.
- Card is pre-activated and never expires.
- Use the card immediately.
- Covers entire household, with no exclusions.
- Personal information is never collected from the card user.

How does it work?

Present your prescription drug discount card to your pharmacy. When the card information is entered into the pharmacy's system, the price on the prescription is discounted based on the pharmacy's agreement with our program.

The discount prescription cards are accepted at over 80% of pharmacies in the US and its territories, including Puerto Rico. Anyone can use the prescription drug discount card, regardless of age or income. Our discount prescription card can allow someone to fill a prescription when they may normally go without.



The NCE Dentachoice Plus Program provides access to the Aetna Dental Access® network. This network is offered by Aetna . Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the Dentachoice Dental and Vision Program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of National Benefit Builders, Inc. (NBB). Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

This program is not insurance.
It is a discount program.

Discount Prescription

Brand-Name Mail Order

Save up to 80% on your brand-name medications through our international mail order program. Ordering your discount brand-name medications is convenient, easy, and secure.

With a valid prescription from your doctor our Customer Service team will assist you in identifying savings on your brand drug(s) and provide information on cost differential by dosage and country, order your prescription, and set you up for refill reminder.



Dental

This discount program utilizes the Aetna Dental Access network providing you access to over 248,000 available dental practice locations. Savings range from 15 – 50% per visit on dental procedures including check-ups, cleanings, fillings, and root canals. Orthodontics, teeth whitening, cosmetic dentistry, oral surgery, and children’s specialists are also included.

Vision

Our discount vision program utilizes Outlook Vision and offers you average discounts of 10-50% at over 12,000 optical centers, whether they are major chains or independent eye care centers. Discounts can be received on eyeglasses (frames and lenses), prescription sunglasses, contact lenses and corrective surgery.

Additional benefits include:

- Prescription Savings
- Pet Prescription Savings
- Patient Assistance Program
- CBD Products
- Speech Therapy Savings

Sample Dental Care Savings:

	Select regional average cost by Aetna® *	Average cost with Dentachoice	Your total savings
Periodic Oral Exam	\$70	\$35	\$35
Comprehensive Oral Exam	\$180	\$50	\$58
X-Ray, Intraoral - Complete Series Including Bitewing	\$163	\$87	\$76
Cleaning (Prophylaxis) - Adult	\$124	\$67	\$57
Cleaning (Prophylaxis) - Child	\$91	\$51	\$40
Filling - 1 Surface Resin (White) Filling, Front (Anterior) Toot	\$200	\$101	\$99
Crown - Porcelain Fused to High Noble Metal (i.e. gold)	\$1,278	\$825	\$453
Root Canal Molar, Excluding Final Restoration	\$1,189	\$851	\$338
Extraction of Erupted Tooth or Exposed Root - Includes Local Anesthesia and Suturing If Needed	\$219	\$99	\$120
Comprehensive Orthodontic Treatment Child	\$5,991	\$3,549	\$2,442

Actual costs and savings may vary by provider, service and geographic location. We use the average of negotiated fees from participating providers to determine the average costs, as shown on the chart. * The select regional average cost represents the average fees for the procedures listed above in Los Angeles, Orlando, Chicago and New York City, as displayed in the cost of care tool as of September 2017.

Sample Vision Care Savings:

Location	Item	Retail	Member price ²	Savings - %
Exact Eye Care Kearney, NE	Frame Single Vision w/ Polycarbonate	\$129.00 \$297.00	\$90.30 \$207.90	\$38.70 - 30% \$89.10 - 30%
LensCrafters Mesa, AZ	Frame Single Vision w/ Photo Flex tint	\$149.95 \$225.00	\$104.96 \$157.58	\$44.99 - 30% \$67.50 - 30%
JC Penney Michigan	Frame Single Vision w/ Polycarbonate & AR Contact Lenses	\$229.95 \$208.00 \$90.00	\$149.47 \$100.00 \$72.00	\$79.98 - 35% \$108.00 - 52% \$18.00 - 20%
Pearle Vision National City, CA	Frame Single Vision w/ Scratch Coat	\$59.95 \$109.00	\$30.00 \$55.00	\$29.95 - 50% \$54.00 - 50%
EyeMaster Henderson, NV	Frame Single Vision w/ Polycarbonate	\$99.95 \$149.98	\$69.96 \$104.99	\$29.99 - 30% \$44.99 - 30%

2 Actual costs and savings vary by provider and geographic area. Disclaimer: Prices can change without notice.

This is not insurance. This does not meet the requirements of the PPACA. You must pay for services at the time they are rendered. If you use a participating dentist you will receive a discount. Neither Dentachoice, Aetna, NBBI or the DMPO will pay for any services received. You may contact the Discount Medical Plan Organization at AccessOne Consumer Health, Inc. 84 Villa Rd. Greenville SC 29615 www.accessonedmpo.com. This program is not available in Alaska, Montana, Rhode Island, Utah, Vermont and Washington.



The Rx Helpline is a prescription savings program that helps you **save money** on your prescription medications.

PERSONALIZED ASSISTANCE

Review all possible savings with one of our specialized advocates.

REAL SAVINGS

The average member saves on 2 brand-name and 2.5 generic medications.

INSTANT ACCESS

Receive immediate access to every national cost-saving program for all brand name and generic medications.

WE'VE ALREADY HELPED THOUSANDS JUST LIKE YOU



Joyce G. – Georgia
Saved over \$8,500 per year on her Crestor, Dexilant, Symbicort, Clopidogrel and Simvastatin.



Mark D. – Illinois
Saved over \$5,000 per year on his Lantus, Proventil HFA and Metformin.



Mary S. – California
Saved over \$3,500 per year on her Lyrica, Gabapentin and Amitriptyline.

DID YOU KNOW?

The high cost of prescription medications forces many Americans to skip doses and keeps them from filling all of their prescriptions. The RxHelpline solves that by making medications more affordable.

START SAVING TODAY!