



Health Care Savings Card

The PHC Health Care Savings Card provides discounts at more than 500,000 providers nationwide.

Save up to 70% on doctors visits, dental care, prescriptions, lab, x-ray, chiropractic, hearing exams and aids, vision exams, glasses and contacts, massage, acupuncture and more!

Plus, you get a 24/7 Nurse Hotline and Travel Assistance.

Low Monthly Fee

- Single coverage: \$29.95/mo
- Family coverage: \$39.95/mo

A one-time enrollment fee of \$20 will be charged.

To enroll, simply complete an application and mail it with your payment. You will receive notification of your enrollment within 15 days.

The PHC Advantage

- No limitations
- No deductibles
- No benefit maximums
- No waiting period
- No age limit
- No claim forms
- No pre-existing condition limits
- No employee restrictions—offer to FT, PT, 1099, temporary, seasonal
- No payroll deduction requirement
- No enrollment minimums
- No employer contribution required

Sample Dental Savings

| | | |
|-------------|---------------|------------------------------|
| Dental exam | \$70 average | \$44 discounted price |
| Cleaning | \$130 average | \$88 discounted price |
| Filling | \$120 average | \$71 discounted price |

Integrated Benefit STRATEGIES LLC

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WomenBusinessOwners
INSIGHT. NETWORKING. INSPIRATION. SUCCESS.

Health Care Savings Card Application

Please fill out the following form. All information is kept private and secure for maximum protection. We respect your privacy and will never use your information without your consent.

Name: _____

Male Female Date of Birth: ____/____/____

Street: _____ Apt./Suite: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (eve): _____

Email Address: _____

Drivers License #: _____

Advocate Number: WBO _____

Create a Log-in

Username: _____ Password: _____

Payment Method: Check (*payable to PHC*) Visa MasterCard Discover

Credit Card # Expires

Signature (required)

By signing this application, I authorize People's Health Choice to either electronically debit my credit card account or my checking account for the amount of the initial payment, and all recurring payments. This authorization will remain in full force until People's Health Choice has received written notification from me in a reasonable time to act on it. I also acknowledge that I have read and agree to the attached Member Terms & Conditions.

Member Terms & Conditions

1. Member understands that this is a medical discount plan and is not an insurance plan. Neither People's Health Choice nor any of its affiliates, or networks accessed shall be liable for any payment to a provider accessed under the program or any refusal of participating providers to accept the network rates offered under this program. Neither People's Health Choice, its affiliates nor any network accessed is an insurer, guarantor or underwriter for the responsibility or liability of Member (or the Member's family) medical care or any other goods or services provided. People's Health Choice's discount healthcare program offers discounts on covered healthcare products and services through a special membership card. Discounts offered through the program may not be used in connection with any other discounts or programs. A membership card must be presented at the time of use to receive a discount. This program is only available to US residents. People's Health Choice is not insurance but a national discount healthcare service.
2. Your People's Health Choice membership will be automatically renewed each month at the then current rate and charged to the current credit card or checking account information that you supplied upon activation. If your credit card or checking account is declined for any reason for any membership charge, your People's Health Choice membership will be cancelled at the end of the then current calendar month and no refund will be given. To re-activate a membership that has been cancelled, all past monies owed must be made current and reactivation fee of \$25.00 will be paid prior to the reactivation of the account. Your membership is on a monthly basis from the date of activation and is active 15 days after first payment. Your credit card or checking account will be charged monthly.
3. Once you receive your membership package, if you are not completely satisfied (for any reason whatsoever), simply contact customer service to cancel. If you decide to cancel your membership, you may do so without any further obligation. People's Health Choice will discontinue billing your credit card or checking account for any additional monthly membership. Refund policy: If you are not completely satisfied with the benefits plan, just simply provide written notification along with your membership cards by way of certified mail to People's Health Choice. Cards must be received within 30 days of active date and we will cancel your membership and issue a full refund of all monies paid less the non-refundable processing fee.
4. People's Health Choice provides savings to its members on healthcare services through a number of medical networks. In order to access these networks and the related discounts, member or member's family must pay the medical provider promptly. Payments on all medical bills are due and payable at the time of service.
5. Savings are based on the provider's regular fees or national average fees. Your actual savings may vary depending upon your location and the specific services or products purchased. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are sample prices only and are subject to change without notice.
6. From time to time certain providers may offer certain products or services to the general public at a lower promotional price. In such an event, members will be charged the lower of the two prices.
7. As a service to members, network rate information may be provided to medical providers under this program. If the information provided results in an underpayment to a medical provider, the member agrees to pay the medical provider for any shortages within ten (10) days of notice to such member of the inappropriate reimbursement.
8. Participating providers listing is subject to change without notice. Member understands that they are responsible for confirming continued participation within a network.
9. Participating medical providers are independent contractors. Neither People's Health Choice, its affiliates nor its contracted networks are responsible for health care provided, or the omission of the provision of health care, by any provider. People's Health Choice does not practice medicine or in any manner interfere with, or participate in, the provider-patient relationship. All health care decisions are between the patient and provider. Participating providers are solely responsible for the professional advice and treatment rendered to members. People's Health Choice disclaims any liability with respect to such matters. The selection of a provider is the obligation and decision of the patient and is not based upon the credentialing or any recommendation offered.
10. Membership fees are due in advance. Payments will be taken from your account on or about the anniversary of your effective date. If you choose to cancel your program, it is your responsibility to make sure that your membership cards are returned at least five days prior to the anniversary of your effective date in order for your account not to be charged for an additional month (or year for annual plans).
11. People's Health Choice reserves the right to terminate any membership or deny entry in the program for lack of payment. Returned checks, insufficient funds or denial by the member's credit card company for payment of the periodic program fee is deemed evidence of non-payment by a member. Membership will be canceled due to non-payment.
12. People's Health Choice reserves the right to terminate any member for failure to pay a medical provider accessed under the program under the terms provided.

Send completed form to:

People's Health Choice
131 S. Avon Street, #208
Burbank, CA 91505

Or fax (Credit Card payments) to
866-561-8807

Plan Choice

Single Coverage

\$29.95 monthly
\$20 one time processing fee
\$49.95 initial payment

Family Coverage

\$39.95 monthly
\$20 one time processing fee
\$59.95 initial payment

Family Coverage Note: Family coverage includes yourself, your spouse or domestic partner and children under age 24 (up to a limit of 15 family members).

All members read and check below:

Check this box if you agree to the following terms and conditions. I understand that the People's Health Choice program is not an insurance program, and that I am responsible for paying the healthcare providers promptly for all services received when accessing the provider networks. I agree to abide by the Member Terms and Conditions. I also understand that neither People's Health Choice nor the networks accessed are responsible for the outcome of the medical care received or the ultimate cost of that care. Not all programs available in all states. Void where prohibited by law.