

TERMS & CONDITIONS

This program is not insurance or a health insurance policy. This program is a discount membership program offered by **Global United Health Benefits**. **Global United Health Benefits** 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 **Global United Health Benefits**. **Global United Health Benefits** is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical 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 your appointment.

Renewal Conditions: By joining a plan, you are authorizing **Global United Health Benefits** to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify **Global United Health Benefits** of request to cancel. 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 on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Termination Conditions: **Global United Health Benefits** and Careington reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee. Residents of Arkansas and Tennessee are entitled to refund of processing fees if cancelled within the first 30 days. 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. **Global United Health Benefits** will accept and cancel plan memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a valid cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Member Services, **Global United Health Benefits, 3530 Forest Lane, Dallas, Texas 75234**. You may also submit cancellation by email: admin@GlobalUnitedHealthBenefits.com. If **Global United Health Benefits** is billing you quarterly, semi-annually or annually, **Global United Health Benefits** will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Limitations, Exclusions & Exceptions: 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 discounts contained herein 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 program. 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 is a participant in the plan. At any time **Global United Health Benefits** has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion. **Global United Health Benefits** cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Providers contracted by **Global United Health Benefits** are solely responsible for the professional advice and treatment rendered to members and **Global United Health Benefits** disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime with notice as required by law.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: **Global United Health Benefits, 3530 Forest Lane, Dallas, Texas 75234**. All complaints or grievances are documented in the monthly Quality Assurance log along with the date and content of the complaint or grievance. Members have the right to request an appeal of the complaint and grievance resolution. Appeals will be sent to the Committee and will be entitled to a second review with different individuals. TX Residents: All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

Disclosures:

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.* The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. Before purchase, you may access a list of participating health care providers at www.globalunitedhealthbenefits.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee. Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

Note to Texas Consumers: Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711; telephone 1-800-803-9202 or (512)463-6599 website: www.license.state.tx.us/complaints. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. *Medicare statement applies to MD residents when pharmacy discounts are part of program. This program is not available in Montana and Vermont.