

Terms, Conditions and Disclosures

This plan is not insurance. This is your agreement as Cardholder with Coverdell & Company, Inc. (a "discount medical plan organization," "DMPO"). It is effective on the date of acceptance of Cardholder's application for enrollment in the Reassurance Dental ("Program") and for the period of your plan. DMPO shall provide Cardholder with a listing of participating providers. Cardholder shall excuse DMPO from any liability for errors in such listings. Providers are subject to change without notice. Cardholder is responsible for choice of provider, verification that the provider is a current participant and for payment for goods and services. No portion of any provider's fee will be reimbursed or otherwise paid by Coverdell. You are solely responsible for payment. Savings are based on the provider's usual fees or on national or regional fees for the service or product. Actual savings will vary depending upon Your location and the specific products or services purchased. Providers may offer certain products or services to the general public at prices lower than the Program price. In that event, members will always be charged the lower price. **This is a discount program and not insurance.** Program discounts cannot be used in conjunction with any other network based program.

Although DMPO screens participating providers to ensure appropriate credentials and qualifications to provide goods and services, DMPO does not otherwise guarantee nor is responsible for the quality of such service or product purchased by Cardholder. Coverdell reserves the right to modify any benefits included in Your Program, but will make every attempt to replace any benefits with a comparable benefit. If your state requires that we notify you of changes to your benefits, Coverdell will do so.

Payment of membership fee is made by the billing source authorized by You in accordance with the payment terms to which You agreed. DMPO reserves the right to increase or decrease the membership fee for each renewal membership term effective upon renewal of Your membership. Membership is not transferable. You have a family membership, only you and your immediate family may use the membership. "Immediate family" means you, your spouse and children living at your home. Should a single member wish to add family members on a family plan, call the customer service number shown on the membership I.D. Card.

General Complaint Procedure. Complaints of any nature may be filed with Coverdell & Company, Inc. the discount medical plan organization at 8770 W. Bryn Mawr, Suite 1000, Chicago, IL 60631. Complaints will be acknowledged in writing within 5 business days and will be resolved in writing to you within 30 calendar days. Should you remain dissatisfied with the results from your complaint with the discount medical plan organization, you may contact the Commissioner of Insurance, Division of Insurance, the insurance department, or other agency which regulates this product in your state. Contact us at 1-866-440-0528 to obtain state complaint contact information.

Termination and Cancellation. You may terminate Your membership at any time by logging in to www.reassurancedental.com and submitting a cancellation request on the Contact Us page, calling us at the toll free number on Your membership card, or You may notify us in writing at Member Services, 8770 W. Bryn Mawr, Suite 1000, Chicago, IL 60631. Your cancellation will be effective promptly upon the receipt of Your cancellation notice and You will no longer be billed for Your membership.

Governing Law and Arbitration. Your membership is governed and controlled by the laws of the State of Illinois. Any dispute arising from or related to Your membership shall be resolved by binding, non-appealable private arbitration conducted in accordance with the Rules of American Arbitration Association in Chicago, Illinois, unless

This is not insurance

required by a member's individual state laws to resolve in a different location. This provision shall survive the termination of Your membership and shall be subject to the Federal Arbitration Act.

Governing Law and Arbitration for Montana Residents. Your membership is governed and controlled by the laws of the State of Montana. Any dispute arising from or related to Your membership shall be resolved by a voluntary private arbitration conducted in accordance with the Rules of the American Arbitration Association in the State of Montana. This provision shall survive the termination of Your membership and shall be subject to the Federal Arbitration Act.

South Dakota Residents. If you cancel the program you are not obligated to make any further payments under the program, nor are you entitled to any benefits under the program for any period of time after the last month for which payment has been made.

Disclosure. This plan is NOT insurance. This plan is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This is not a Medicare prescription drug plan. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is 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. The range of discounts will vary depending on the provider type and services provided. This plan is administered by Coverdell & Company, Inc., a licensed discount medical plan organization at 8770 W. Bryn Mawr, Suite 1000, Chicago, IL 60631, 1-866-440-0528. To view a list of participating providers visit www.reassurancedental.com. **You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.**