

DENTAL PLAN



by The HealthPlus Network TM

Included with Plan

CHIROPRACTIC EYE WEAR

plus...

PRESCRIPTION DRUG CARD Available

The HealthPlus Network, Inc.
4855 East Brown Road, Suite #103
Mesa, Arizona 85205
Office (480)807-4992 (480) 423-7730
Fax (480)807-5958
Email: HPMN@aol.com

Q. What is the HealthPlus Dental Plan?

A. The HealthPlus Dental Plan is a dental service organization that offers an individual, family or business a membership in its discount dental plan. Members save up to 65% or more on all services. Since the dental plan is not insurance, all pre-existing conditions are accepted from the first day. There are no waiting periods, no deductibles and no claim forms to fill out.

Q. How do I pay for my membership?

A. Three payment plans are available. 1) Applicants can pay the full annual payment. 2) Monthly payments can be made by automatic deduction from a checking account or charge card. 3) Monthly Direct Billing mailed to your home or office. (There is a \$2.00 monthly service fee for this billing)

Q. What does My Plan include?

A. Membership includes savings of up to 65% on Dental services, 25% savings on Chiropractic services and up to 60% on Eye Wear and contact lenses. (eye wear savings can be used nationwide)

Q. How much does the Discount Drug Card cost?

A. The Prescription Drug Discount card is available for a low annual or monthly rate. Please refer to the application for this rate. There are over 50,000 Pharmacies nationwide including all major chains to choose from. Members save up to 60% on all their drugs.

Q. How do I use the plan?

A. Within 7 to 10 days of receipt of your application you will receive member information, identification cards and a provider directory. Present your ID card at any of our providers and receive the discounted fees. You pay the provider at the time of service.

Q. What Services are not covered under membership?

A. Services not covered include hospital benefits for dental procedures and services performed by non-participating dental providers. Other discounts or coupons offered by a participating dentist may not be used in conjunction with this plan.

*******100% Guarantee*******

HealthPlus gives you a Free Look!
 Once you receive your membership, you have up to 30 days to review and if you are not totally satisfied, simply cancel your membership for a refund! (less a \$7.00 administration fee)

Member services: 480-423-7730
Representative assistance: 480-807-4992
Fax for all services: 480-807-5958

Payable to: **HealthPlus Network** Rep Name: _____ ID: _____

Last Name _____ MI _____ First Name _____

Date of Birth _____ M/F _____ Residence Telephone _____ Work Telephone _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Dependent (s)	M/F	Date of Birth	Dependent (s)	M/F	Date of Birth

MEMBERSHIP INCLUDES ALL LISTED SERVICES

This is not insurance — This is a discount plan

HEALTH PLUS DENTAL PLAN

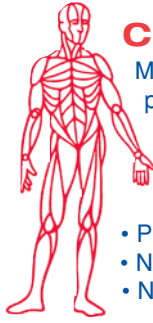


Members of HealthPlus enjoy savings up to 65% off their dentistry at any of the general practitioners listed in our provider directory. Members save on cleanings, fillings, root canals, crowns and bridges, gum therapy, dentures and orthodontics. Savings are even greater on diagnostic and preventative dentistry. (see fee schedule for savings)

Special Features that makes our Dental Plan Better!

- ◆ **MEMBERSHIP PLANS** for Individual & Family Dependents are eligible to age 19, or unmarried children to age 23 who attend school on a full time basis are included
- ◆ **GROUP RATE'S** available for small to large businesses
- ◆ **IMMEDIATE COVERAGE** with no waiting periods means you can see the dentist and start saving today
- ◆ **MEMBER FEE GUARANTEED** for 2 years
- ◆ **DENTAL PLAN** includes Chiropractic & Eyewear savings
- ◆ **PRESCRIPTION DRUG CARD** available for a low annual or monthly enrollment
- ◆ **NO LIMIT ON SERVICES** allows the use of the services as often as you like and without restrictions
- ◆ **PRE-EXISTING CONDITIONS ARE COVERED** even if you need major dental treatment
- ◆ **ORTHODONTICS** included for both children and adults
- ◆ **COSMETIC DENTISTRY** is included for services such as bonding and veneers
- ◆ **SPECIALISTS INCLUDED** Periodontics, Endodontics, Pediatrics, Oral Surgeons, Orthodontics and Prosthodontics
- ◆ **NO DEDUCTIBLES** with our fee schedule means you know exactly what it will cost you each time you visit the Dentist
- ◆ **NO AGE LIMITS** means anyone can join
- ◆ **CHANGE DENTIST ANYTIME** without notice

INCLUDED WITH YOUR PLAN



CHIROPRACTIC SAVINGS

Members of HealthPlus will receive a 25% Discount at all participating offices. In addition members will receive on their initial visit an examination, office visit, and X-ray at no charge.

Special Features:

- Pre-Existing Conditions Allowed
- No Limits on Visits
- No Prior Authorization Required
- No Deductible
- No Claim Forms
- No Waiting Periods

EYE CARE SAVINGS

Save up to 60% on designer frames, 40% on lenses and 20% on contact Lenses. Providers include Pearl Vision, Dillard's, Sears, JC Penney plus many more. Simply call the 1-800 number on your membership card for the location nearest you.

Special Features:

- No Deductibles
- No Claim Forms
- No Waiting Periods



Available Benefit for all Members

PRESCRIPTION DRUG DISCOUNT CARD

Available now for a small annual or monthly rate, members can save up to 60% on all prescription drugs at over 50,000 pharmacies nationwide through our ScriptCare Network. Members receive wholesale prices on all prescribed medications at pharmacies like Wal-mart, Costco, Kmart, Walgreen's, Osco Drugs, Basha's, United, Safeway, Target, Fry's, CVS plus many more. All major chain stores accept our plan.

Special Features:

- Pre-Existing Conditions Allowed
- Everyone qualifies
- No Waiting Periods
- No Age Limits
- No Deductible
- No Claim Forms



MAIL ORDER PHARMACY

Savings are even greater when using "Pharmacy-by-Mail" through the America's Pharmacy mail order program. Mail order services help save you additional dollars by ordering a 90-day supply for maintenance medications with the convenience of direct mail to your home.

America's Pharmacy will show you how to save by using generic drugs over name-brand drugs. The FDA certifies that generic drugs have the same therapeutic and strength values as name-brand drugs.

Mail to: HealthPlus Network 4855 E Brown Rd #103 Mesa AZ 85205 480-807-4992

Please Check One

DENTAL - CHIROPRACTIC - EYEWEAR

Annual Rate	Monthly (Bank Draft Rate)	* Monthly Direct Billing
<input type="checkbox"/> Single \$ 79	<input type="checkbox"/> Single \$ 8.95	<input type="checkbox"/> Single \$ 8.95
<input type="checkbox"/> 2 Person \$ 115	<input type="checkbox"/> 2 Person \$11.95	<input type="checkbox"/> 2 person \$11.95
<input type="checkbox"/> Family \$ 125	<input type="checkbox"/> Family \$13.95	<input type="checkbox"/> Family \$13.95

Please Check One

Annual Rate	Monthly (Bank Draft Rate)	* Monthly Direct Billing
<input type="checkbox"/> Single \$ 29.95	<input type="checkbox"/> Single \$ 3.95	<input type="checkbox"/> Single \$ 3.95
<input type="checkbox"/> 2 Person \$ 39.95	<input type="checkbox"/> 2 Person \$ 4.95	<input type="checkbox"/> 2 Person \$ 4.95
<input type="checkbox"/> Family \$ 49.95	<input type="checkbox"/> Family \$ 5.95	<input type="checkbox"/> Family \$ 5.95

10% Discount for Groups of 3 or more employees

* Monthly Direct Bill is invoiced by mail. There is a \$2.00 bill fee per month for this service. (Please include the appropriate first month rate plus the \$7.00 administration fee)

Please charge my CREDIT CARD for the **Annual Rate** **Monthly Rate (bank draft rate applies)**

CREDIT CARD: Visa MasterCard Discover Card Card # _____ Exp Date: ____/____/____

Monthly (Automatic Bank Draft Rate) I authorize HealthPlus to draft from my account on the 3rd of each month. This is an ongoing draft until HealthPlus is notified of cancellation in writing. (Please attach a voided check with appropriate first month fee plus admin. fee)

Please Sign **X** _____ DATE: _____

Dental, Chiropractic, Eyewear
 Amt Selected \$ _____
 Pharmacy Card
 Amt Selected \$ _____
 *Admin Fee \$ 7.00
TOTAL \$ _____
 *Administration Fee Required with each application