

PAYMENT INFORMATION:

Select A **Monthly** Payment Method:

- Bank Draft** (Please attach a VOIDED Check)
 Credit Card: Visa® Master Card AMEX

Account Holders Name as appears on account/card

Account Number Routing Number

Credit Card Number

Expiration Date 3 Digit CC Validation #

Billing Address (if different than mailing address)

I authorize NDHS, LLC's billing administrator to deduct the periodic payments from my account as noted for this membership. This authority shall remain in force until I notify my bank and/or NDHS, LLC in writing of its cancellation.

Account Holder Signature Date

Relationship

HealthFlex Rx & Dental



Welcome to a New
and Better Way

“Patient Advocacy Through Innovative
Healthcare Solutions”

1-800-687-3995

HEALTHFLEX DENTAL

HealthFlex Dental can save you hundreds of dollars a year off your dental costs. With the price of quality dental care getting higher every year, you need the savings of our dental plan.

HealthFlex Dental will save you and your family up to 60% off dental care. As a member, you can take advantage of these savings, and visit any of our 50,000 participating dentists as often as you like. The dental program includes virtually everything from routine check-ups, to fillings, crowns, braces and even cosmetic work.

Your program does not stop with just great savings. Look what else the program offers you:

- Automatic savings – no waiting for reimbursement checks
- You get your full discounts right away, at the time of service
- Unlimited use of your program
- Available for your entire family, at no extra charge.
- No annual limits on savings
- No limits on the number of visits or services you receive.
- No paperwork to fill out.



INCLUDES YOUR ENTIRE FAMILY
\$9.95 PER MONTH

FREQUENTLY ASKED QUESTIONS

How do I use my HealthFlex Dental Card?

Using your dental program is Easy! Select a participating provider by calling customer service or visiting our website. Then make an appointment, present your Member ID card...and save!

What are the maximum limits?

There are no maximums. You may see participating dentists as often as you like and receive discounts up to 60% off each visit.

What is a Dental Fee Schedule?

A Dental Fee Schedule is a list of dental services and the corresponding discounted rate for each service that we have negotiated for our members.

Average Dental Savings Example

Procedure	Average Charge*	Fixed Fee*	% Saved
Oral Exam	\$35	\$22	37%
Bitewings - 4 Films	\$45	\$30	33%
Porcelain Crown	\$900	\$515	43%
Dentures	\$1,000	\$659	34%
One Surface Filling	\$120	\$71	41%
Cleaning Adult	\$65	\$44	32%
Cleaning Child	\$144	\$31	78%
Fluoride	\$70	\$17	76%

* Rates based on national average; actual rates will vary.

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 Suite 200
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 Phone 800-687-3995
www.ndhsllc.com
www.healthflexrx.com

HealthFlex Rx

This program is designed to assist members in reducing the burdensome expense of prescription drug medications

The Preferred Drug List has Four Tiers

\$10, \$20 & \$40 Fixed Fees

Tier 1 – Is Preferred Generic drugs that will be available to you for a Fixed-Fee of \$10.00 or less for the scheduled quantity & dose.

Tier 2 - Is Preferred Brand and Generic drugs that will be available to you for a Fixed-Fee of \$20.00 or less for the scheduled quantity & dose.

Tier 3 - Is Preferred Brand and Generic drugs that will be available to you for a Fixed-Fee of \$40.00 or less for the scheduled quantity & dose.

Tier 4 – Is Non-Preferred Brand and Generic drugs that HealthFlex Rx has negotiated a special discount price of up to 40% with an average savings of 20%.

To get the most out of this program you should ask your doctor to prescribe a drug within the first three tiers when medically appropriate. If you have an active prescription, you should ask you doctor if there is a more cost effective drug available on the preferred drug list to meet your needs. Often times drugs within the same therapeutic class can be prescribed in place of an expensive brand name drug. Of course, if you choose the higher priced brand name drug we have negotiated a discount for you. As always, you should follow the guidance and advice of your physician.

Frequently Asked Questions

How do I use my HealthFlex Rx Card?

Take your HealthFlex Rx Card and your prescription to a participating pharmacy. Your prescription will be dispensed with a supply of medicine up to 30 days. Refills may be purchased through the mail order service or the local pharmacy.

What are the maximum limits?

You can purchase up to 100 pills per 30 day supply* at a retail pharmacy or through the mail order service. Medications that are not in pill form can be purchased at one unit per Fixed-fee. Example:

1 Vial of Insulin per Fixed-fee OR 1 Inhaler per Fixed-fee

What is my average discount for Non-preferred Drugs?

Our members currently receive an average discount of 20% off their medications. There is no guaranteed percentage savings on every prescription purchase. The price paid depends upon the pharmacy and the type and quantity of drug purchased. Pharmacies, just like other retail stores, compete against each other and may have special prices on some products. When this is the case, we cannot discount the pharmacy's already low price, but a member will receive the advantage of the pharmacy's special pricing.

THE MEMBER ALWAYS RECEIVES THE LOWER OF THE HEALTHFLEX RX CONTRACT PRICE OR THE PHARMACY'S PRICE.

What is a preferred drug list?

A preferred drug list is a list of recommended prescription medications that is created, reviewed and continually updated by a team of physicians and pharmacists. The preferred drug list contains a wide range of generic and brand name preferred products that have been approved by the Food and Drug Administration (FDA). Your doctor can use this list to select medications for your healthcare needs, while helping you maximize your prescription drug benefit. A medication becomes a preferred drug based first on safety & efficiency, then on cost-effectiveness.

Do I qualify?

Yes! Everyone qualifies. The HealthFlex Rx Program is **GUARANTEED ISSUE**. No one can be turned down, regardless of age, or pre-existing conditions.

*Maximum of up to 100 pills for 30 days (Tier 4). Tier 1-3 are quantity regulated.



Pharmacy Network

The HealthFlex Rx card is accepted at over 50,000 participating pharmacies throughout the United States. The network includes most major pharmacy chains, as well as thousands of independent pharmacies. The network pharmacies participation in this program is not an endorsement of this program.

Acme Pharmacy	Pamida Pharmacy
Albertsons Pharmacy	Pathmark Pharmacy
Bi-Lo Pharmacy	Price Chopper Pharmacy
Brooks Pharmacy	Publix Pharmacy
Brookshire Pharmacy	Raleys Drug Center
Costco Pharmacy	Ralphs Pharmacy
CUB Pharmacy	Randalls Pharmacy
CVS Pharmacy	Rite Aid Pharmacy
Discount Drug Mart	Safeway Pharmacy
Dominicks Pharmacy	Sams Pharmacy
Duane Reade	Sav-On Drugs
Eckerd	Sav-On Pharmacy
Farmer Jack Pharmacy	Schnucks Pharmacy
Fred Meyer Pharmacy	Shaws Pharmacy
Frys Food & Drug Stores	Shop N Save Pharmacy
Giant Eagle Pharmacy	Shopko Pharmacy
Giant Pharmacy	Shoptite Pharmacy
H E B Pharmacy	Smiths Pharmacy
Happy Harry's Discount Drug	Snyder Drug Emporium
Harris Teeter Pharmacy	Stop and Shop Pharmacy
Hy-Vee Pharmacy	Target
K Mart Pharmacy	Tom Thumb Pharmacy
Kerr Drug	Tops Pharmacy
King Soopers Pharmacy	Vons Pharmacy
Kroger Pharmacy	Walgreen Drug Store
Longs Drug Store	Wal-Mart Pharmacy
Medicine Shoppe Pharmacy	Weis Pharmacy
Meijer Pharmacy	Winn Dixie...More
Osco Drug	

Mail Order Service

Members who use maintenance medications have access to our Domestic and International Mail Order Services for savings on Brand Name and Generic Medications, including diabetic supplies.

Our Domestic Mail Order will provide you with savings up to 50% off your medications when you purchase a 90-day supply.

Our International Mail Order will provide you with savings up to 85% off your medications when you purchase a 90-180 day supply.

SELECT YOUR PROGRAM:

Program Selection		Amount
Rx	<input type="checkbox"/> \$19.95 Single	\$
	<input type="checkbox"/> \$29.95 Family	
One-Time Administration Fee		\$ 12.50
Dental	<input type="checkbox"/> \$9.95 Single or Family	\$
	One-Time Administration Fee	
Total		\$
Monthly Amount		\$

APPLICANTS INFORMATION

Last Name	First Name	MI
/	/	(M or F)
Date of Birth	Sex	
Address		
City	State	
	()	-
Zip	Telephone	
Social Security # (Rx Only)		
/ /		
Spouse's Name (if included)	Spouse's Date of Birth	

DEPENDENT INFORMATION

1.	/ /	(M or F)
Name	Date of Birth	Sex
2.	/ /	(M or F)
Name	Date of Birth	Sex
3.	/ /	(M or F)
Name	Date of Birth	Sex
4.	/ /	(M or F)
Name	Date of Birth	Sex

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Marketer Representative Signature

PME#

Call 800-687-3995
for Information and Prices