

Postage
Required

Cooperative Healthy Savings
Processing Center
New Benefits
14240 Proton Road
Dallas, Texas 75244



Cooperative Healthy Savings
is brought to you
by
Touchstone Energy®
Cooperatives
Co-op Connections®
Program



TOUCH 0309



DON'T PAY FULL PRICE FOR HEALTHCARE ANYMORE!

Cooperative Healthy Savings (CHS) is single-minded in its mission to make healthcare more affordable for co-op members. We provide you and your family a way to save money on basic medical care, products and services at prices that meet your budget. Our program is designed with many types of situations in mind - from individuals who already have an insurance plan to those with no existing coverage. This program is available to Co-op Connections members for only \$4.25 per month.

Can my entire family use the card?

Yes. The card is good for you, your spouse, and all legal dependents.

Is the CHS Card insurance?

No, so it's simple and easy to use. Because this is not insurance, there is no paperwork to complete, no health restrictions or waiting periods. By presenting the card to participating providers you will receive an immediate discount.

Can I get the CHS Card if I have health insurance?

Yes. The card can be used along with many insurance plans. With rising deductibles and gaps in coverage, it may make financial sense for you to use your card to help minimize out-of-pocket expenses that are so common with health plans.

How do I find participating providers?

The card is accepted at thousands of providers-dentists, dental specialists, optometrists and hearing facilities - nationwide. You'll receive a membership kit that shows the providers closest to your home and you can locate more providers by calling the toll free number on the back of your card or searching online at www.locateproviders.com.

About the program

You and your family will receive the card and booklet containing benefit and provider information. CHS is an expansion of the discount pharmacy plan currently administered by New Benefits. CHS was expressly created to bring meaningful discount medical products to Co-op Connections cardholders on behalf of Touchstone Energy. This program is available to Co-op Connections members for only \$4.25 per month.

TOUCH 0309

DENTAL CARE

Members save 15% to 50%¹ on everything from general dentistry and cleanings to root canals, crowns and orthodontia.

Over 76,000² available dental practice locations nationwide.

Save on routine dental services such as X-rays and fillings as well as on specialty care such as orthodontics and periodontics where available.

¹ Actual costs and savings vary by provider and geographical area. ² According to the Aetna Enterprise Provider. Database as of October 1, 2008. Dental Care is not available to VT residents.



VISION CARE

Save 10% to 60% on eyeglasses and contact lenses at over 12,000 locations nationwide including most frames, lenses and specialty items.

Save 10% to 30% on medical eye exams at select locations.

Save 40% to 50% off the overall national average on LASIK surgery.

Save 10% to 40% on most brands of replacement soft and gas permeable contacts including disposables, torics and bifocals through the mail order service.

Vision Benefit is not available to VT residents.



HEARING

Free hearing test and save 15% on the retail cost of over 70 models of hearing aids at over 1,350 provider locations in the U.S. and Canada.

Save 40% to 60% off average National Retail Pricing on over 100 makes and models of hearing aids through the mail order service.

Disclosures: This plan is NOT insurance.

This discount card program contains a 30 day cancellation period.

This plan provides discounts at certain healthcare providers for medical services.

This plan does not make payments directly to the providers of medical services The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization.

FL, LA, MD, ND, OK, SC, SD and TX residents shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after receipt of membership materials. AR and TN residents will receive a refund of all fees if membership is cancelled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Road, Dallas, TX 75244, (800) 800-7616, www.locateproviders.com.

The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received.

The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.



Cooperative Healthy Savings Discount Medical Plan Application

Dental, Vision & Hearing for **\$4.25 per month** or **\$50.00 per year** for the entire family.

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Select payment options (check one) ANNUALLY (\$50 send check or money order) MONTHLY

VISA MASTERCARD DISCOVER AMEXPRESS

Credit Cardholder _____ Exp. ____/____/____

Acct # | _____ |

Your credit card will be charged **\$4.25 Monthly**.

Bank Draft I HEREBY AUTHORIZE New Benefits to initiate funds transfers from the depository financial institution account indicated below and authorize my depository financial institution to honor those transfers. Debit my payment of **\$4.25 on the 20th of each month prior to my due date**. Please enclose **your first two monthly payments and a VOIDED CHECK** with this application.

Name on Account _____ ACCOUNT TYPE: CHECKING SAVINGS

Name of Bank: _____ Branch: _____

City _____ State _____ ZIP _____

ABA # (#s at bottom of check) | _____ |

Acct # | _____ |

ADDITIONAL TERMS AND CONDITIONS: To terminate or cancel the member agreement, please call (800) 800-7616 or send a written cancellation notice to New Benefits, 14240 Proton Road, Dallas, Texas, 75244. The notice must be submitted at least three (3) days prior to my next scheduled payment date. This agreement can be cancelled for non-payment.

Ⓢ SIGN HERE _____

Make checks payable to: New Benefits • 14240 Proton Rd • Dallas, TX 75244

Group Name: _____ Group ID: _____

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