Basic Care Plan
Welcome!

Dear [FIRSTNAME LASTNAME],

Start taking advantage of your health care program discounts right away with your Basic Care Plan card! This program is not a health insurance policy. It leads to more simplicity and convenience. Just show your card at a participating provider and you can start saving immediately.

We know the health of your entire household is your top concern. Don't forget that you and all enrolled family members living in your household can also use your program. For your convenience, we have attached two cards entitling you and your family to the Basic Care Plan savings and privileges. For details on how to maximize your savings, each program is outlined in the enclosed guide.

You will want to keep your card with you and remember to present your card each time you visit a participating provider. To take advantage of your savings, please read the enclosed instructions carefully.

Disclosures:
THIS PLAN IS NOT INSURANCE and is not intended to replace insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. 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. You may access a list of participating health care providers at the website printed on your membership ID card. Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.
MEMBERSHIP AGREEMENT

Discount Medical Plan Organization: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034

To add a family member to your plan or for assistance using your plan, please call Member Services at 1-800-290-0523.

Group Name: Basic Care Plan

Member ID: [123456789]
Member Name & Address: [FIRSTNAME A LASTNAME 123 ANY STREET APT 1 ANY CITY, FL 12345]

Effective Date: [5/1/2013]
Term: Annual

Total Fees: Classification: Member + Family; Mode of Payment: Monthly; Periodic Charges: [$5.95/$9.95]; Processing Fee: $0.00

Renewal Conditions: By joining a plan, you are authorizing Melaleuca to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Melaleuca in writing of its cancellation. 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: Melaleuca and Careington reserve the right to terminate plan members from their 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 the processing fee stated above, if applicable.

FL Residents: You have the right to cancel within the first 30 days after effective date. 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. Melaleuca will accept and cancel program 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 cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Member Services, Melaleuca, 3910 S Yellowstone Hwy, Idaho Falls, ID 83402 or fax to 888-528-2090. You may also submit cancellation by email: info@melaleuca.com. If Melaleuca is billing you quarterly, semi-annually or annually, Melaleuca will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description of Services:
Please see the enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Careington. Careington 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 Careington. Careington 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. 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 Careington 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. Careington 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 Careington are solely responsible for the professional advice and treatment rendered to members and Careington 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: Careington International Corporation, P.O. box 2568, Frisco, TX, 75034. You have the right to request an appeal if you are dissatisfied with the complaint and/or grievance resolution. After completing the complaint resolution and appeal processes, and you remain dissatisfied, you may contact your state insurance department.
HOW TO USE YOUR MEMBERSHIP CARDS

1. Read the Membership Agreement and the enclosed description for each product.

2. Keep your membership cards with you at all times so it will be easily accessible to present at provider locations. You must present your membership card at the time of service to receive a discount. Remember, your entire household can use this program.

3. To locate and verify participating providers in your area, simply call Member Services at 1-800-290-0523. You may also visit www.melaleuca.com/healthcare to search for providers. When calling to schedule an appointment, please refer to the back of your membership card for proper network identification when speaking to a participating provider's office.

4. You are responsible for paying the provider the entire discounted fee at the time service is provided.

5. If you have any questions on how to use your membership, call our Member Services department toll free 1-800-290-0523, 7 a.m. to 7 p.m. CST, for prompt and friendly assistance.

<table>
<thead>
<tr>
<th>Vision</th>
<th>VSP</th>
<th>1-800-290-0523</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Newport Audiology</td>
<td>1-877-764-9935</td>
</tr>
<tr>
<td>Rx Customer Service</td>
<td>MedImpact</td>
<td>1-800-778-7155</td>
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<tr>
<td>Pharmacy Help Desk</td>
<td>MedImpact</td>
<td>1-800-788-2949</td>
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<tr>
<td>Care Advocacy</td>
<td>CareNet</td>
<td>1-877-227-3135</td>
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Vision Care

VSP is the nation’s largest eye care provider with over 44,000 participating points of care in retail and medical locations. Participating providers look for more than just vision problems, they can detect signs of serious health conditions like glaucoma, diabetic eye disease, high blood pressure and high cholesterol.

As a Melaleuca member, you can save an average of 15% to 35% off eye exams and eye glasses by using the VSP Choice Access® Plan. You will have access to affordable services, savings and access to the right doctor - close to home or work.

### Typical Sample Savings*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Average Cost Without Plan</th>
<th>Average Cost With Plan</th>
<th>Member Typical Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$134</td>
<td>$80</td>
<td>$54</td>
</tr>
<tr>
<td>Frame</td>
<td>$200</td>
<td>$150</td>
<td>$50</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$83</td>
<td>$45</td>
<td>$38</td>
</tr>
<tr>
<td>Transition® Lenses</td>
<td>$96</td>
<td>$77</td>
<td>$19</td>
</tr>
<tr>
<td>Anti-Reflective Coating</td>
<td>$76</td>
<td>$45</td>
<td>$31</td>
</tr>
</tbody>
</table>

*These costs and savings are based on regional fee schedule averages. Please visit vspchoiceaccess.com or call (800) 290-0523 for the actual savings in your area.

### How To Access Your Discount

**Step 1:** To locate a participating VSP doctor, please visit www.vspchoiceaccess.com or call 1-800-290-0523.

**Step 2:** Present your Melaleuca membership ID card at the time of visit to receive discount.

**Step 3:** You are responsible for the total bill, less applicable savings, at the time service is provided.

This plan is not insurance.

Product not available in MT, VT, and WA.
Prescription Drug Discounts

As a member, you are entitled to prescription savings offered by MedImpact available at over 60,000 participating pharmacies nationwide.

At the pharmacy, simply present your membership card to receive an average savings from 15% to 60% off generic drugs and average savings from 15% to 25% off brand name prescriptions. The pharmacist will enter your information from the identification card and you will receive significant savings at the time of purchase.

For prescription drug pricing or to locate a participating pharmacy in your area, please call toll free 1-800-778-7155, or visit www.careington.com/medimpact.

Mail Order Pharmacy
Save more on your maintenance medications through our convenient and money saving mail service at MedVantx. To start using the mail service, please call toll-free 1-866-744-0621 or go online at www.medvantx.com. You may also mail your prescription along with a completed order form and payment to:

MedVantx
PO Box 5736
Sioux Falls, SD 57117-5736

When starting mail order, ask your doctor for a new prescription for the maximum day’s supply allowed by your plan (e.g. 90 days with three refills). Send the completed form, your prescription and payment to the address above. Your order should arrive in 10 to 14 days.

If you need to start your medicine right away, ask your doctor to write you two prescriptions—one for a smaller quantity (less than a 30-day supply) to be filled at a participating pharmacy, and one for between a 30 and 90 day supply to be filled by MedVantx.

Refills can be ordered online, by telephone through the automated refill service, or use the refill form that arrives with your order.
Hearing

For years hearing loss was considered only a disease of the aging population. Research has proven that hearing problems can affect anyone at any age, regardless of his or her background or occupation. Hearing loss most often occurs at such a gradual rate that individuals are not aware of its severity until they are in the latter stages of hearing loss. It is then that they begin to seek help.

As a Melaleuca member, you and your family have access to hearing aid discounts from 15% to 35% at 2,000 Newport Audiology network providers nationwide. Newport Audiology Centers also offer the latest technology for hearing aids and accessories as well as wireless capabilities for television and cellular devices.

Members will also receive additional services at no extra charge: (Valued at over $1,000)
• Free initial audiology screening (valued at $119)
• Two year supply of batteries per instrument (valued at $98 )
• Two year manufacturer’s warranty including loss or damage (valued at $350)
• Unlimited follow-up visits (valued at $439 assuming a minimum of 6 visits)
• 100% Service satisfaction guarantee

How to Access the Discounts

1. For information about the program or to schedule an appointment, please call Newport Audiology at 1-877-764-9935 and speak with a customer service representative.
2. When you schedule an appointment with a participating provider, the provider will test your hearing to determine if a hearing aid will help, and a recommendation will be made as to which technology and style would best suit your needs.
3. If you choose to purchase hearing aids from the participating provider, the discounted rate for the hearing aids must be paid at the time of delivery. (Payment plans are available)
4. You have a 60 day, no obligation trial period. If not completely satisfied, the money will be refunded. (Less applicable state & restocking fees)
Care Advocacy

The Care Advocate program from CareNet was specifically designed to help guide you through the maze of today’s healthcare system. The service provides one-on-one support for you and your family members as you navigate the healthcare system. The expert staff of healthcare professionals at CareNet work behind-the-scenes to get results and quick resolution to your requests. The Care Advocate program enhances your overall healthcare experience and complements your health plan.

Care Advocates are available during business hours every weekday, but even when a call comes in after hours or during the weekend, there are Registered Nurses available for any non-emergency symptom or health related question. You get the attention you deserve.

Care Advocates can assist with your healthcare questions and concerns, including:

• Guidance in the review, comparison, and selection of a health plan
• Assist in locating physicians and facilities
• Make arrangements for diagnostic tests and coordinate a multiple-day testing schedule
• Assistance in understanding recommended tests, treatments, and prescription medications
• Coordinate care for your complex medical issues
• Facilitate the transfer of medical records, x-rays, and lab results prior to a scheduled appointment with any physician
• Schedule and book appointments, transportation and lodging
• Coordinate transfers between hospitals and other medical facilities
• Make arrangements for hospice care for terminally ill patients

CareNet’s Care Advocacy program highlights:

• Decision Care – Help with decisions regarding which treatment choice is best and offer assistance during the decision-making process
• Special Services Care – Some situations require a little extra help from experts, e.g. locating homecare, adult day care, and rehabilitation services
• Expert M.D. Care – Coordination assistance for second opinions, expert consultations and locating local support systems
• Senior Care – Assistance in choosing proper professional help for members or their family members as they are approaching retirement or already retired
• Physician Finder Care – Assistance with identifying specialty and primary care physicians, out-patient facilities, rehabilitation and physical therapy providers, hospitals, dentists, and other related healthcare services
• Transportation Care – Coordination for transportation services to accommodate your healthcare needs
• Alternative Care – Coordination of wellness care assistance, e.g., chiropractic care, massage and acupuncture therapy
• Benefit Education & Assistance – Help educate members on benefits available. Helps members bring down the cost of the medical bills through negotiations. Review questions and provide available resources to assist with medical costs.

How To Access

Call 877-227-3135 toll free to access your Care Advocacy program. Be sure to have your Member Identification Number readily available.

*This product is not available in MA.
How to Use Your Basic Care Plan

Read the enclosed description for each product.

Keep your membership card with you at all times so it will be easily accessible to present at provider locations.

For provider locations, simply call the appropriate number on the back of your card.

If you have any questions on how to use your plan, please feel free to contact us at:

Member Services
1-800-290-0523
or visit www.melaleuca.com/healthcare
Provider Nomination Form

If you would like your physician, vision, hearing, chiropractic, dental, pharmacy, or alternative medicine provider to be invited to join the network, please make a copy of this form and return to:

Provider Services
P.O. Box 2568
Frisco, TX 75034–9929

Date: ___________

Nomination Submitted by: [FIRSTNAME LASTNAME]
Member ID: [123456789] Group #: MEL-BCP

Provider's Name ___________________________________________________
Office or Clinic Name
________________________________________________
Street Address _____________________________________________________
City _______________________________________State_______ Zip _______
Phone___________________________ Fax _____________________________
Contact Name _____________________________________________________

* Please note: Incomplete requests will not be processed. We will gladly contact your provider regarding joining the network. The decision to participate is at the sole discretion of your provider.

Thank you!
3910 S Yellowstone Hwy
Idaho Falls, ID 83402

[FIRSTNAME A LASTNAME
APT 1
123 ANY STREET
ANY CITY, FL 12345]