

STAND ALONE
PRESCRIPTION
PLAN – PLUS
U.S. HEALTH CARD
FOR INDIVIDUALS
WORKING OR NOT WORKING

***** **ANY AGE** – GREAT FOR THE SENIOR MARKET !!
***** **NO DEDUCTIBLE AND NO YEARLY MAXIMUMS**
***** **NO WAITING PERIODS AND NO CLAIM FORMS**
***** **GUARANTEED ISSUE AND NO UNDERWRITING**
***** **PRE-EXISTING CONDITIONS COVERED FIRST DAY**
***** **FIRST YEAR \$ 149.95 THEN \$ 84.95 FOR A SINGLE OR FAMILY**
***** **ALSO INCLUDED: DOCTOR/LABS & DENTAL SAVE UP TO 50%**
***** **AVAILABLE ANY STATE, ANYWHERE**
***** **NAME BRAND/GENERIC – UP TO 93% OFF RETAIL PRICES**
***** **SAVE UP TO 20% ON VISION/HEARING AIDS & MORE !**

NO OTHER COVERAGE IS NEEDED TO GET THIS PLAN !!

FOR MORE INFORMATION CALL: **H.P. AGENCY (800) 288-8199**

Northern Pharmacy Connection

1. You will receive detailed prices for prescription medications available through this program with your membership materials.
2. Complete and return your enrollment materials to ABA.
3. Once enrolled, a phone call, fax or Email will enable you to save up to 75% on all your maintenance medications.

Drug	Dosage	Qty	Avg Price	NPC Price	Savings	%
Lipitor	20 mg	90	\$295	\$160	\$135	46
*Glucophage	500mg	100	436	28	408	93
Celebrex	200mg	100	268	120	148	55
Claritin	10mg	100	276	110	166	60

*Generic Substitute. Hundreds of medications and dosages available.

Frequently Asked Questions

Are there any other fees for using the card?

If you save \$10.00 or more on hospital services, there is a \$2.75 per claim processing fee.

There are shipping and handling charges associated with the Northern Pharmacy Connection.

Remember! IT WILL NEVER COST YOU MORE TO USE THE CARD, GUARANTEED!

What happens if I fail to pay the invoice within 20 days of receipt?

If you cannot pay the invoice within 20 days, contact ABA Member Services immediately to arrange an alternative payment method. In most cases ABA can arrange a payment plan with the facility and still maintain the discount. Prompt notification is the key. If you fail to pay your invoice within 20 days and do not arrange an alternative payment method with ABA, your claims will be returned to the facility, all discounts will be forfeited and your membership will be terminated.

Additional Member Benefits

- Vision/Hearing Aid Program
- Home Health Care
- Durable Medical Equipment
- Affordable Dental
- Consumer Benefits Package

Advantages

- No Health Insurance Required
- No Deductibles
- No Limit on Member Usages
- Pre-Existing Conditions Accepted

More Questions?

Call ABA Member Services at:
(856) 228-0300 Ext. 202

SEND COMPLETED ENROLLMENT APPLICATION TO:

ABA/HP AGENCY

5 West Main Street, Ste. 202
Elmsford, NY 10523
(800) 288-8199

Make Check Payable to:

American Benefit Association or ABA

For detailed information on this or other Programs visit our website at:

www.thehpagency.com
aba@abbcinc.com

**U.S.
HEALTH CARD**

**Save
on**

**Out-of-Pocket
Medical, Rx,
Dental and
Lab Expenses**

**(Now featuring the
Northern Pharmacy
Connection & Galaxy
Health Network)**

**Just
\$149.95**

**First Year
\$84.95**

Per Year Thereafter
*"It's not Insurance, It's just great
Savings"*

ENROLLMENT APPLICATION

Member # (SSN) _____
Name _____
Date of Birth _____
Address _____
City _____
State _____ Zip _____
Phone (____) _____
No. in Household _____

I hereby authorize release of medical information pertaining to me and/or my family to any licensed physician, medical practitioner, hospital, clinic or other medical related facility, the Medical Information Bureau or other organization, institution, or its designated agents. A photocopy of this document and authorization shall be as valid as the original. This authorization is effective when I sign below and remains in effect as long as I am a member of ABA. I understand that I am entitled to a copy of this authorization; if I request it. I understand that the benefits offered through membership in ABA are primarily discounts from health care providers and pharmacies that are contracted with ABA or affiliate organizations. Neither ABA nor its affiliated organizations are insurers or providers of medical services. The services they render members are referrals to physicians, specialists, hospitals, other medical service facilities, or pharmacies who will provide medical services or prescription drugs, file the necessary claim forms with ABA, and give the member a discount from their usual charges. I understand that I am responsible for paying the discounted cost of services and associated fees as invoiced by ABA within 20 days of receipt of such invoices. I am hereby informed that failure to pay within the allotted time without making alternative payment arrangements will cause forfeiture of all discounts and termination of membership. I further understand that I am liable for any deliberate unauthorized use of my membership card, that such use constitutes theft of services and could cause irreparable harm to ABA's ability to maintain provider contracts.

Signature _____
Brokers Name: _____
I.D. # _____

The ABA Medical/Rx Savings Club

The ABA Medical/Rx Savings Club Provides members and their families the opportunity to save up to 20% on services provided by network hospitals and ancillary medical facilities. Additionally members can save up to 75% on the cost of prescription drugs using the PCS Card or the Northern Pharmacy mail order program.

The Provider Network

ABA has contracted to utilize multiple medical networks consisting of over 320,000 physicians and specialists, 3,600 hospitals and 11,000 ancillary facilities nationwide. Our Pharmacy network consists of over 90% of the pharmacies nationwide and includes all the major chains.

How To Find a Network Provider

Just visit the ABA website at <http://www.abcinc.com> or call ABA Provider Locator at (856) 228-0300 Ext. 201 to verify that your provider is in the network or to locate a network provider in your area. Personal Provider Directories are available at the expense of the member.

How Much Does Membership Cost?

Annual membership is just \$84.95 per year. ABA will send you a membership renewal invoice during the last month of your first year of membership. You are under no obligation to renew.

Easy Enrollment

Enrollment is simple. Just complete the attached membership application and return to ABA. ABA will process your application and send your membership card and materials within one week.

Galaxy Health Network

How to use the card

Call the toll free member service number on the back of the ID card to locate the right physician for your needs, or use the Galaxy Health Network web site at www.galaxyhealth.net to save on services at:

Primary Care Physicians	Chiropractic
Specialists	Counseling
Labs/Clinics	Skilled Nursing
Home Health	Radiology Centers
OB/GYN	Cosmetic Centers
Rehab (Physical/Mental)	Outpatient Surgery
Pediatrics	Alternative Care

Present your card at the time of service to receive "instant" preferred pricing. Save an average of 30%.

BILLED AMT.	REPRICED AMT.	\$ SAVINGS	% SAVINGS
\$34.00	\$17.00	\$17.00	50%
\$48.00	\$30.00	\$18.00	38%
\$62.00	\$45.00	\$17.00	27%

To receive the special pricing, you must pay in full at the time of service.

Affordable Dental Connection

- FREE Dental History
- FREE Diagnosis
- FREE Bite Wing X-Rays, Annually
- FREE Oral Cancer Examination
- FREE Fluoride Treatment for Children, Annually
- FREE Oral Hygiene Instruction
- Save up to 50% on All Procedures

PCS Prescription Drug Services

1. Present your card at the pharmacy when you order your prescription drug.
2. The Pharmacist will enter the data from your card along with your name, member number and date of birth into the pharmacy computer.
3. The computer will return the discounted network price.
4. Pay the Pharmacist the discounted price.