

Save up to 50% and more...

on dental, prescriptions and eye care.

No deductibles.

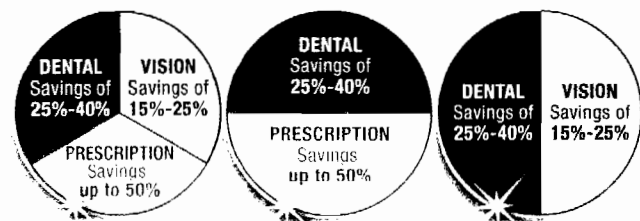
No claim forms.

No annual caps.

National networks.

For individuals or companies.

SELECT THE PLAN OPTION THAT FITS YOU BEST



PLATINUM

Single Rate: \$7.95
Limited Rate: \$10.95
Family Rate: \$11.95

GOLD

Single Rate: \$6.95
Limited Rate: \$9.95
Family Rate: \$10.95

SILVER

Single Rate: \$5.95
Limited Rate: \$8.95
Family Rate: \$9.95

SEE THE SAVINGS

DENTAL				
PROCEDURE	CODE	AVERAGE FEE	DENTEMAX FEE	SAVINGS %
Exam	D0120	\$46	\$23	50%
4 Bite Wing X-rays	D0274	\$58	\$30	51%
Extraction	D7140	\$135	\$72	53%
Single Amalgam Filling	D2140	\$75	\$55	26%
Porcelain Crown	D2750	\$725	\$560	23%
PRESCRIPTIONS				
DRUG NAME	TREATMENT	AVG. RETAIL PRICE	SCRIPTSAVE PRICE	SAVINGS %
Amoxicillin 500 mg	Infections	\$13.72	\$8.45	38%
Furosemide 40 mg	High Blood Pressure	\$11.77	\$6.77	43%
Hydrocodone/Apap 5/500	Pain	\$19.03	\$7.66	59%
Lipitor 20 ml	Cholesterol	\$119.09	\$107.76	9%
MetFormin HCL 500 mg	Diabetes	\$36.86	\$27.31	25%
VISION				
SERVICE	BENEFIT	AVERAGE FEE	VSP PRICE	SAVINGS %
Exam	Diagnosis	\$64.00	\$51.20	20%
Single Lenses	Vision Correction	\$149.00	\$119.20	20%
Bifocals	Vision Correction	\$174.00	\$139.20	20%
Trifocals	Vision Correction	\$249.00	\$199.20	20%
Lasik	Vision Correction Surgery	\$1700.00	\$1445.00	15%

Prices may vary based on location

Put the Buying Power of Three Networks to Work for You

As professionals in the Health Benefits Industry, each day we meet people who have lost or are unable to purchase health benefits. In this changing market, we realize the desperate need for people to greatly reduce their Dental, Prescription, and Vision expenses. The *P3 Card* is very fortunate to have teamed up with three of the largest networks in their respective fields.

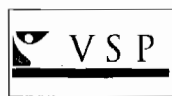
The Networks



Dentemax is the leading national independent dental PPO, with over 55,000 dentists in their national network. With the *P3 Card*, Dentemax network dentists have agreed to accept a discounted fee, 25-40% below the usual charges.



ScriptSave is one of the leading providers of prescription drug discounts and healthcare savings for over ten million Americans! Savings may vary. However, with the *P3 Card* you can save over 50% on certain prescriptions. *ScriptSave* is accepted at 98% of all well-know chain pharmacies.



VSP is the nation's largest provider of eye care coverage, and has been in business for close to half a century. *VSP* doctors provide both eye exams and eyewear. *P3 Cardholders*

can realize an average savings of 15-25% on these benefits. *VSP* is dedicated to offering high-quality eye-care benefits that put people first.



Call P3 Benefits, LLC at 888-563-2800 for a complete listing.

P3 Card Terms & Conditions

P3 Card plans are **not** considered insurance since they do not assume any risk nor do they pay for healthcare expenses. The P3 Card plans offer access to network providers who have agreed to accept a negotiated lower rate. The plan(s) do not pay the provider for the service, the Cardholder does.

1 This agreement is between you, ("Cardholder") and P3 Benefits, LLC, and shall be effective on the date ("Enrollment Date") that P3 Benefits, LLC receives payment for all enrollment fees and forwards to you your P3 ID Card. P3 Benefits, LLC makes available negotiated rate reductions for services and procedures rendered by providers of services listed in the plans. P3 Benefits, LLC **will not** make any payments for services or any other kind of cost to either P3 Cardholders or providers of services on behalf of Cardholders. P3 Benefits, LLC's sole obligation under this Agreement is to administer member's enrollment in the P3 Card Plans.

2 P3 Benefits, LLC will provide P3 Cardholders with access to national networks of Dental, Pharmacy and Vision providers. All provider directories are available online at P3card.com.

3 Savings are based upon the provider's usual and customary fees or national or regional average fees for the same service or product. Actual savings will vary depending upon your location and specific services or products purchased. 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 only and are subject to change without notice. From time to time certain providers may offer certain products or services to the general public at prices lower than the discounted prices available through this program. In such an event, members will be charged the lower price. Providers are subject to change without notice and benefits may vary in some states. This is a discount membership program only, **not insurance**, and may be discontinued or modified at anytime. No portion of any provider's fees will be reimbursed or otherwise paid by P3 Benefits, LLC. Additionally, P3 Benefits, LLC does not guarantee, nor is it responsible for the quality of care or products provided by any provider. P3 Cardholder enrollment is for a specified period from the date of activation. Renewal requires an additional fee. Members agree not to slander, libel, or misrepresent the P3 Benefits, LLC plans or benefits.

4 If at any time you are not completely satisfied with this program, a refund of any unused premium will be refunded after receipt of a thirty day written cancellation notice. The written notice should be mailed to P3 Benefits, LLC at the address on the back of this brochure. Furthermore, if within six months of becoming a participant in the P3 Card program, your drug discount savings does not exceed the \$2.00 fee charged to you per month for your pharmacy program and you would like your money back, please contact P3 Benefits for a refund of the \$2.00 fee for each month you had the P3Card.

5 Neither P3 Benefits, LLC or any of the participating network(s) shall be liable or responsible to make any payment to a provider or other provider of service used by a member of the P3 Card Plans.

6 Participating providers of services are independent contractors. P3 Benefits, LLC, its affiliates and any networks are not liable for or responsible for the provision or omission of any services, treatments, consultations, diagnoses or advice that may be given or not given to a P3 Cardholder or a P3 Cardholder's dependents by a provider of service. P3 Benefits **does not** practice medicine and neither interferes with, participates in or is a part of the provider-patient relationship. The selection of a provider is the obligation of and the sole decision of the Cardholder.

7 This agreement constitutes the entire agreement between Cardholder and P3 Benefits, LLC. **There are no warranties expressed or implied other than expressly stated herein.** This agreement may only be amended, changed, or modified in writing. The laws of the State of Michigan shall govern the interpretation, construction and enforcement of this Agreement. Any dispute arising from, out of, or relating to this Agreement shall be resolved by binding, non-appealable private arbitration, conducted in accordance with the rules of the laws of the State of Michigan, who shall have exclusive jurisdiction and venue over all matters concerning this Agreement and will be the proper forums for adjudication of these matters.

P3 Cardholders will realize significant savings using the same networks utilized for decades by large insurance carriers across the nation! This three-company combination will assure that you, your family and/or employees have access to affordable Dental, Prescription and Vision care. Apply for your P3 Card today to start enjoying the savings you deserve!

Frequently Asked Questions

What is the P3 Card?

The P3 Card is a discount/savings program that entitles Cardholders to significant discounts on **dental, prescription and vision** expenses utilizing three of the largest national networks in their respective fields.

What are some of the benefits of the P3 Card?

- No deductibles, coinsurance or waiting periods
- Accepted nationally
- No claim forms to fill out
- Large networks
- No annual maximums
- Pre-existing conditions accepted

How do I qualify and are there any restrictions or exclusions?

Everyone qualifies for the P3 Card because this is a **savings** program, **not insurance**. There are no age restrictions or pre-existing medical condition exclusions.

Can I go to any pharmacy or provider?

The P3 Card utilizes three of the largest networks. Discounts are available exclusively through participating pharmacies and providers nationwide. To determine if your pharmacy or provider is participating, please feel free to call our office at **888-563-2800** or visit our website at **P3card.com**.

How is the program different from insurance?

There are no claim forms; you simply pay for your services at the discounted rate at the time services are rendered. Participating providers and pharmacies have agreed they will never bill the Cardholder more than the discounted rate.

This is a descriptive brochure not a contract.

This is only intended to be a brief summary of certain benefits available with the use of the P3 Card. The P3 Card is a discount plan. This program is not an insurance policy and does not provide insurance coverage.




P3 Benefits, LLC
2655 Oakley Park Drive, Suite 210
Walled Lake, MI 48390
Phone: 888-563-2800
Fax: 248-960-5132
www.P3card.com



DENTAL • PRESCRIPTION • VISION

P3 Benefits, LLC
 2655 Oakley Park Drive, Suite 210
 Walled Lake, MI 48390
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 Fax: 248-960-5132
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Group Name
P.L.E.A 
P.O. BOX 1197
TROY, MI 48099-1197
800-367-4321, ext. 1010

If children are to be covered, include all children, stepchildren and legally adopted children of the applicant, who are dependent on the applicant, but have not reached their 22nd birthday.

Full Name	Sex	Relationship to Applicant	Date of Birth	Age	Social Security	Marital Status
		Applicant				

Resident Address: _____ City: _____ State: _____ ZIP Code: _____

Phone Number: _____ E-Mail Address: _____

PLAN OPTIONS <i>(check one)</i>	MONTHLY PREMIUM <i>(circle one)</i>			RATE CALCULATION	
	Single	Limited Family*	Family	Monthly Rate \$	
Platinum — Dental, Prescription & Vision	\$7.95	\$10.95	\$11.95	x 12 Months = \$	
Gold — Dental & Prescription	\$6.95	\$9.95	\$10.95	Administration Fee +	\$10.00
Silver — Dental & Vision	\$5.95	\$8.95	\$9.95	Annual Premium \$	

* Limited Family is Husband/Wife or a Single Parent.

I have read this application and state that the information shown is true. I understand and agree that: (1) THE P3 CARD IS A DISCOUNT PLAN, NOT INSURANCE (2) BENEFITS WILL BEGIN THE FIRST OF THE MONTH FOLLOWING RECEIPT OF PREMIUM (3) I HAVE READ AND AGREE TO THE P3 CARD TERMS AND CONDITIONS (4) RATES SHOWN ARE THE MONTHLY RATES.

Signature of Applicant: _____ Date: _____

Signature of Agent (if Applicable): _____ Date: _____

I authorize P3 Benefits, LLC to bill my VISA or MasterCard for the annual amount of \$ _____

Credit Card Type: _____ Credit Card Number: _____ Exp. Date: _____

Please complete the application and mail or fax to the above address.

Apply for your P3 Card today to start enjoying the savings you deserve!