



The Individual
Dental & Vision Benefit Program

Please complete the enrollment form(s) and return to:

1664 KELLER PKWY. SUITE 101
KELLER, TX 76248



WHAT IS THE QCD OF AMERICA® INDIVIDUAL PROGRAM AND HOW WILL I BENEFIT?

■ The QCD Individual Program is a managed dental care benefit that provides you and your family the opportunity to receive dental care from many of the area's most respected private practice dental professionals at a reduced cost.

HOW DO I ENROLL MY FAMILY IN THE QCD PROGRAM?

■ The last two pages of this enrollment packet is the Individual Membership Enrollment Form and the Individual Payment Authorization Form. If you pay for your membership on an annual basis, only complete the enrollment form and submit with your check. If you pay for your membership on a monthly bankdraft basis, fill out the Bankdraft Authorization Form and the Enrollment Form. Submit these with a copy of a cancelled check or deposit slip, a check for the \$20 initial enrollment fee and the initial months coverage. Please follow the instructions at the top of each form and be sure to sign and date each form. The forms may be sent directly to QCD at the address on the first page of this packet.

WHEN CAN WE BEGIN ENJOYING THE BENEFITS OF THE QCD PROGRAM?

■ A QCD Membership Card will be sent to you no later than two weeks after being received in our corporate office. Once you have received your membership card contact any affiliated QCD Dental Office, make an appointment and receive the cost saving benefits of membership.

WHAT IF A MEMBER OF MY FAMILY HAS AN EMERGENCY PRIOR TO RECEIVING OUR MEMBERSHIP CARD?

■ QCD asks that you contact our corporate office and explain the emergency situation. QCD will immediately contact the dentist of your choice and verbally verify your eligibility under the program.

WHAT IF A MEMBER OF MY FAMILY NEEDS TO BE TREATED BY A SPECIALIST?

■ QCD affiliates with specialty care dental professionals in many areas. These specialists are trained for advanced treatments in Endodontics, Periodontics, Oral Surgery and Pedodontics. All QCD affiliated specialty care dentists charge at a 20% discount from their usual and customary charge for treatment. We encourage each member to be certain that the general dentist cannot perform the needed procedure prior to making your appointment with an affiliated specialist as to maximize the program benefits. We ask that you contact the QCD Membership Services Department for the most convenient specialty care location if one is not listed on your QCD Affiliated Dental Team listing.

WHAT IF I HAVE A QUESTION OR REQUIRE ASSISTANCE REGARDING MY QCD BENEFIT PROGRAM?

■ The QCD of America® Membership Services Department is available to assist each member at 972.726.0444 or toll-free 800.229.0304. Our service department operates Monday through Friday from 9:00 A.M. until 4:00 P.M. (Central Standard Time).

WHAT IF I BECOME A QCD MEMBER AND AM NOT SATISFIED WITH THE PROGRAM?

■ QCD experiences few member service problems due to the quality oriented nature of our organization, benefit program and affiliated dental professionals. If a QCD member experiences a problem with the program, we ask that you immediately contact our Membership Services Department and allow us to resolve the problem. If the problem cannot be resolved to the member's complete satisfaction, the member may discontinue the program by giving QCD written notification and returning the membership card.

OUR GOAL IS MEMBER SATISFACTION



The Single Payment Program

The One Year Program

Receive two additional months at NO COST

| | |
|-----------------------------|----------|
| Single Member | \$99.00 |
| Single Member & 1 Dependent | \$159.00 |
| Single & Family | \$229.00 |

The Two Year Program

Receive four additional months at NO COST

| | |
|-----------------------------|----------|
| Single Member | \$169.00 |
| Single Member & 1 Dependent | \$259.00 |
| Single & Family | \$369.00 |

The Monthly Payment Program

| | |
|-----------------------------|---------|
| Single Member | \$8.95 |
| Single Member & 1 Dependent | \$12.95 |
| Single & Family | \$17.95 |

Payment by bank draft only – one year minimum membership – A \$20 application fee required



Benefits for you or your entire family

QCD of America (QCD) is pleased to offer a dental benefit program for you and your family.
 Please remember that all household members may be included in your family coverage
 The QCD program has been designed to make your visit to the affiliated dentist each and affordable!

After you sign and return your enrollment form(s),
 QCD will send you a membership card within in two (2) weeks.

Select any affiliated dentist within the team and schedule an appointment at your convenience. Please be sure to identify yourself as a QCD member when scheduling your appointment to assure proper billing charges.

After services are rendered, please pay the dentist as outlined in the **QCD Member Fee Schedule.**

| Sample Dental Procedure | Cost with QCD of America (1) | National Average Cost (2) | Savings with QCD of America |
|---------------------------------|------------------------------|---------------------------|-----------------------------|
| Oral Exam | \$9 | \$35 | 74% |
| Full Mouth X-ray | \$28 | \$77 | 64% |
| Teeth Cleaning | \$24 | \$54 | 56% |
| Amalgam (1 Surface) | \$28 | \$79 | 65% |
| Simple Extraction | \$36 | \$80 | 55% |
| Root Canal (1 Canal) | \$185 | \$387 | 52% |
| Porcelain w/Metal Crown | \$350 | \$652 | 46% |
| Complete Upper or Lower Denture | \$400 | \$770 | 48% |

- (1) A fee of \$8.00 is charged per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.
- (2) The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. bureau of Labor Statistics, the American Dental Association, and the American Chamber of Commerce Research Association.



How to Enroll

One or Two Year Membership

- 1) Fill out individual enrollment form subscriber information
- 2) Determine premium amount (see rate sheet)
- 3) Mail check or money order and individual enrollment form to address below
- 4) No enrollment fee required

Monthly Membership

- 1) Complete **Individual Enrollment Form** and **Individual Payment Authorization Form**
- 2) Determine premium amount (see rate sheet)
- 3) Mail the following to address below:
 - Voided check for monthly bank draft
 - Check for the \$20 initial enrollment fee plus first month's premium
 - Individual Enrollment Form
 - Individual Payment Authorization Form

QCD of America
Individual Enrollment
1664 KELLER PKWY. SUITE 101
KELLER, TX 76248

Phone: 1800.229.0304

www.QCDofAmerica.com



Schedule of Fees

| QCD OF AMERICA® | | QCD OF AMERICA® | | QCD OF AMERICA® | | QCD OF AMERICA® | |
|--|--|-----------------|--|---|--|-----------------|----------|
| Procedure Number | | Member Fee | | Procedure Number | | Member Fee | |
| DIAGNOSTIC DENTISTRY | | | | D3330 | ROOT CANAL, MOLAR | | \$259.00 |
| D0120 | PERIODICAL ORAL EXAMINATION | \$9.00 | | D3920 | HEMISECTION | | \$65.00 |
| D0140 | LIMITED ORAL EXAMINATION, PROBLEM FOCUSED | \$12.00 | | A specific root canal treatment or retreatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment. | | | |
| D0150 | COMPREHENSIVE ORAL EXAMINATION | \$18.00 | | PERIODONTICS | | | |
| D0210 | INTRAORAL-X-RAY COMPLETE SERIES | \$28.00 | | D4210 | GINGIVECTOMY/GINGIVOPLASTY – PER QUADRANT | \$180.00 | |
| D0460 | PULP VITALITY TEST | \$15.00 | | D4211 | GINGIVECTOMY/GINGIVOPLASTY – PER TOOTH | \$50.00 | |
| D9999 | ASEPSIS FEE (INFECTION CONTROL) | \$8.00 | | D4240 | GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - PER QUADRANT | \$200.00 | |
| ALL BITEWING / SINGLE FILM X-RAYS 20% DISCOUNT | | | | D4260 | OSSEOUS SURGERY – PER QUADRANT (INCLUDING FLAP ENTRY AND CLOSURE) | \$260.00 | |
| PREVENTATIVE DENTISTRY | | | | D4341 | PERIODONTAL SCALING AND ROOT PLANING – (PER QUADRANT) | \$75.00 | |
| D1110 | PROPHYLAXIS – ADULT | \$24.00 | | D4355 | FULL MOUTH DEBRIDEMENT | \$70.00 | |
| D1120 | PROPHYLAXIS – CHILD | \$24.00 | | D4910 | PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY | \$30.00 | |
| D1203 | APPLICATION TOPICAL FLUORIDE – CHILD | \$5.00 | | A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment. | | | |
| D1204 | APPLICATION TOPICAL FLUORIDE – ADULT | \$5.00 | | PROSTHODONTICS - REMOVABLE (LAB FEES ADDITIONAL COST) | | | |
| D1351 | SEALANT – PER TOOTH | \$14.00 | | D5110 | COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE) | \$400.00 | |
| D1510 | SPACE MAINTAINER – FIXED UNILATERAL | \$60.00 | | D5120 | COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE) | \$400.00 | |
| D1515 | SPACE MAINTAINER – FIXED BILATERAL | \$75.00 | | D5130 | IMMEDIATE UPPER | \$420.00 | |
| A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment. | | | | D5140 | IMMEDIATE LOWER | \$420.00 | |
| COSMETIC | | | | D5211 | UPPER PARTIAL DENTURE – RESIN BASE | \$250.00 | |
| ALL COSMETIC DENTISTRY 20% DISCOUNT | | | | D5212 | LOWER PARTIAL DENTURE – RESIN BASE | \$250.00 | |
| RESTORATIVE DENTISTRY | | | | D5213 | UPPER PARTIAL – PREDOMINANTLY CAST BASE | \$400.00 | |
| D2140 | AMALGAM – 1 SURFACE, PRIMARY OR PERMANENT ... | \$28.00 | | D5214 | LOWER PARTIAL – PREDOMINANTLY CAST BASE | \$400.00 | |
| D2150 | AMALGAM – 2 SURFACES, PRIMARY OR PERMANENT | \$36.00 | | D5410 | ADJUST COMPLETE DENTURE | \$15.00 | |
| D2160 | AMALGAM – 3 SURFACES, PRIMARY OR PERMANENT | \$46.00 | | D5510 | REPAIR BROKEN COMPLETE DENTURE BASE | \$40.00 | |
| D2161 | AMALGAM – 4 OR MORE SURFACES, PRIMARY OR PERMANENT | \$56.00 | | D5610 | REPAIR RESIN DENTURE BASE | \$35.00 | |
| D2330 | COMPOSITE RESIN – 1 SURFACE, ANTERIOR | \$38.00 | | D5630 | REPAIR OR REPLACE BROKEN CLASP | \$45.00 | |
| D2331 | COMPOSITE RESIN – 2 SURFACES, ANTERIOR | \$46.00 | | D5640 | REPLACE BROKEN TEETH – PER TOOTH | \$30.00 | |
| D2332 | COMPOSITE RESIN – 3 SURFACES, ANTERIOR | \$56.00 | | D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$45.00 | |
| D2335 | COMPOSITE RESIN – 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR | \$66.00 | | D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$65.00 | |
| D2391 | COMPOSITE RESIN – 1 SURFACE, POSTERIOR | \$50.00 | | D5730 | RELINE COMPLETE UPPER (CHAIRSIDE) | \$75.00 | |
| D2392 | COMPOSITE RESIN – 2 SURFACES, POSTERIOR | \$65.00 | | D5731 | RELINE COMPLETE LOWER (CHAIRSIDE) | \$75.00 | |
| D2393 | COMPOSITE RESIN – 3 SURFACES, POSTERIOR | \$85.00 | | D5740 | RELINE UPPER PARTIAL (CHAIRSIDE) | \$75.00 | |
| D2394 | COMPOSITE RESIN – 4 OR MORE SURFACES, POSTERIOR | \$95.00 | | D5741 | RELINE LOWER PARTIAL (CHAIRSIDE) | \$75.00 | |
| D2750 | CROWN-PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL) | \$350.00 | | D5810 | TEMPORARY COMPLETE DENTURE UPPER | \$200.00 | |
| D2751 | CROWN-PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL) | \$320.00 | | D5811 | TEMPORARY COMPLETE DENTURE LOWER | \$200.00 | |
| D2920 | RECEMENT CROWN | \$20.00 | | D5820 | TEMPORARY PARTIAL – STAY PLATE UPPER | \$180.00 | |
| D2931 | PREFABRICATED STAINLESS STEEL CROWN | \$48.00 | | D5821 | TEMPORARY PARTIAL – STAY PLATE LOWER | \$180.00 | |
| D2940 | SEDATIVE FILLING | \$16.00 | | | | | |
| D2950 | CORE BUILDUP, INCLUDING ANY PINS | \$55.00 | | | | | |
| D2951 | PIN RETENTION – PER TOOTH | \$20.00 | | | | | |
| D2952 | CAST POST AND CORE IN ADDITION TO CROWN | \$75.00 | | | | | |
| D2953 | EACH ADDITIONAL CAST POST SAME TOOTH | \$40.00 | | | | | |
| D2954 | PREFAB POST / CORE IN ADDITION TO CROWN | \$60.00 | | | | | |
| D2970 | TEMPORARY CROWN (FRACTURED TOOTH) | \$40.00 | | | | | |
| ENDODONTICS | | | | | | | |
| D3110 | PULP CAP, DIRECT | \$19.00 | | | | | |
| D3120 | PULP CAP, INDIRECT | \$24.00 | | | | | |
| D3220 | PULPOTOMY | \$35.00 | | | | | |
| D3310 | ROOT CANAL, ANTERIOR | \$185.00 | | | | | |
| D3320 | ROOT CANAL, BICUSPID | \$209.00 | | | | | |

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|---|---|
| <p>PROSTHODONTICS – FIXED BRIDGES</p> <p>D6241 PONTIC – PORCELAIN FUSED TO BASE METAL \$320.00 D6751 CROWN – PORCELAIN FUSED TO BASE METAL \$320.00 D6791 CROWN – FULL CAST FUSED TO BASE METAL \$270.00 D6930 RECEMENT BRIDGE \$20.00 D6940 STRESS BREAKER \$90.00 D6950 PRECISION ATTACHMENT (EACH) \$225.00</p> | <p>OTHER PROCEDURES AND PAYMENT FOR SERVICES</p> <p>Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the affiliated dentist's usual and customary fee less a 20% discount - this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at time of service. The member may negotiate payment terms with the affiliated dentist, however, an additional charge may be added for payment terms.</p> |
| <p>A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.</p> | <p>ASEPSIS FEE</p> <p>An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.</p> |
| <p>ORAL SURGERY</p> <p>D7110 SINGLE TOOTH EXTRACTION \$36.00 D7120 EACH ADDITIONAL TOOTH \$34.00 D7130 ROOT REMOVAL – EXPOSED ROOTS \$48.00 D7210 SURGICAL EXTRACTION – ERUPTED \$68.00 D7220 REMOVAL OF IMPACTED TOOTH – SOFT TISSUE \$78.00 D7230 REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY \$109.00 D7240 REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY \$129.00 D7241 REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS \$189.00 D7250 ROOT RECOVERY \$72.00 D7280 SURGICAL EXPOSURE PER TOOTH \$66.00 D7310 ALVEOLOPLASTY (PER QUADRANT, WITH EXTRACTIONS) \$78.00 D7320 ALVEOLOPLASTY (PER QUADRANT, WITHOUT EXTRACTIONS) \$84.00 D7960 FRENECTOMY \$99.00</p> | <p>QCD OF AMERICA® – EXCLUSIONS AND LIMITATIONS</p> <p>1) THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY:</p> <p>A) SERVICES COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS;</p> <p>B) COST OF ANY DENTAL CARE COVERED BY ANY INSURANCE;</p> <p>C) SERVICES WHICH, IN THE OPINION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT'S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT;</p> <p>D) GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZATION, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE.</p> |
| <p>A specific oral surgery treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.</p> | <p>2) QCD OF AMERICA® MEMBER FEES APPLY ONLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE.</p> |
| <p>ORTHODONTICS (QCD GENERAL DENTIST ONLY)</p> <p>D8999 DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS \$120.00 D8080 CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT \$2,200.00 D8090 ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT \$2,400.00 D8680 ORTHODONTIC RETENTION \$230.00</p> | <p>3) QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID.</p> <p>4) QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS.</p> |
| <p>A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.</p> | <p>5) ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILIATED DENTIST.</p> |
| <p>GENERAL SERVICES</p> <p>D9999 FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE) \$30.00 D9999 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURES \$20.00 D9999 OFFICE VISIT – AFTER HOURS \$45.00</p> | <p>6) ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.</p> |
| <p>SPECIALTY CARE SERVICES</p> <p>All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist's usual and customary fee for the treatment.</p> | <p>IMPORTANT NOTICE</p> <p>THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NOT CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR INDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.</p> |



Clear Vision Discount

Davis Vision is pleased to provide you with a no-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. For more details, see the Accessing Provider Information section on the reverse side.

The Discount Program entitles you to the following discounts off usual and customary fees:

| Comprehensive Eye Exam | | |
|---|--|-------------------------|
| Complete Eye Examination | 15% Discount off Usual & Customary | |
| Contact Lens Examination | 15% Discount off Usual & Customary | |
| Frame^{1/} | Patient Price | Average Discount |
| Priced up to \$70 Retail | \$40 | 40% |
| Priced over \$70 Retail | \$40 plus 10% off the amount over \$70 | 28% |
| Spectacle Lenses (Uncoated Plastic) | | |
| Single | \$35 | 30% |
| Bifocal | \$55 | 27% |
| Trifocal | \$65 | 28% |
| Lenticular | \$110 | 31% |
| Lens Options (Add to Lens Prices Above)^{2/} | | |
| Standard Progressive | \$75 | 50% |
| Premium Progressive | \$125 | 35%-60% |
| Glass Lenses | \$18 | 40% |
| Polycarbonate Lenses | \$30 | 50% |
| Blended Invisible Bifocals | \$20 | 60% |
| Intermediate Vision Lenses | \$30 | 80% |
| Scratch Resistant Coating | \$20 | 33%-66% |
| Standard Anti-Reflective Coating | \$45 | 20% |
| Ultraviolet Coating | \$15 | 25% |
| Solid Tint | \$10 | 30% |
| Gradient Tint | \$12 | 20% |
| Photochromic Lenses | \$35 | 20%-45% |
| Plastic Photosensitive Lenses | \$65 | 35%-55% |
| High Index Lenses | \$55 | 40% |
| Polarized Lenses | \$75 | 20% |
| Contact Lenses (in lieu of eyeglasses) | | |
| Conventional | 20% off Provider's Usual & Customary | 20% |
| Disposable/Planned Replacement | 10% off Provider's Usual & Customary | 10% |
| Value-Added Features | | |
| Lens 1-2-3! [®] Membership | Free Membership | Up to 50% |
| Laser Vision Correction Discount | Up to 25% off Provider's U & C ^{3/} | Up to 25% |

1/ At Wal-Mart locations, members will receive Wal-Mart's everyday low price on frame and contact lens purchases.

2/ Special lens designs, materials, powers, and frames may require additional cost.

3/ Or receive an additional 5% discount on any advertised specials-whichever is lower.



Clear Vision Discount Program Highlights

Vision Plan: Clear Vision Discount Plan
Control Code: 7619
Co-payment: N/A, discount plan is 100% member paid at the time of service

Eye Examination – Members will receive a 15% discount on their comprehensive eye examination including dilation (when professionally indicated).

Eyewear (Frames and Spectacle Lenses or Contact Lenses) – Members will be entitled to substantial and verifiable savings on all of their eyewear needs. Discounts are uniform nationally and represent pricing well below Average Retail Prices. These discounts are based on published industry standard costs, not markdowns from artificially inflated prices.

Significant Savings – Client surveys indicate that programs providing discounts off retail prices of eyeglasses are subject to abuse due to the high associated markups of over 300% throughout the optical industry. Consequently, these programs do not result in a true “value-add” for the beneficiary. The proposed fixed-fee discounted pricing schedule provides both verifiable savings and benefit uniformity for all members from coast to coast.

Additional Value-Added Features – The Clear Vision Discount Program also offers significant discounts on replacement contact lenses and laser vision correction at no additional cost.

- Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry’s major manufacturers.
- Davis Vision’s Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center’s advertised special through a network of preminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

Accessing a Provider – Contact a Davis Vision representative at 1-888-897-9347 or simply log on to www.davisvision.com, choose “Find a Provider” and use your control code 7619.

Customer Service - To speak with a customer service representative, call Davis Vision Customer Service at 1-877-923-2847. Enter Client Control Number 7619 when prompted. At the main menu, press “0”. Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.

qcd | WELLNESS PROGRAM

QCD of America Discount Prescription Card

www.QCDofAmerica.com

Save up to 80% on your prescriptions and your pet's prescriptions. Simply present this card at a network pharmacy.



No Fees
No Expiration Date

Pre-Activated Card
Use it over and over!



- ✓ Up to 80% on generic medications
- ✓ Up to 20% on name brand prescriptions
- ✓ Up to 80% on your PET'S medications too!
- ✓ Unlike many other programs and discounts, QCD Wellness Rx Card is FREE to people of ALL AGES
- ✓ This is NOT an insurance program or membership club Your FREE discount drug card simply entitles you to a discount off the purchase price of prescription drugs



Dentist Referral

QCD of America adds dentists to the affiliated dental team through the referrals of new and existing members. After you review the most current affiliated dental team listing, please provide us with your suggestions for new dentist affiliates that are **not** currently listed on the network of affiliated dentists.

Your Name

Your Telephone Number

Your Employer

Dentist's Name

Dentist's Address

City, State, Zip Code

Dentist's Telephone Number

This form is for new and existing QCD members to suggest new dentists for QCD to contact for possible affiliation with the dental program. All dentists will be contacted immediately; however, all dentists must meet QCD's qualification requirements prior to affiliation.



| | |
|-------------------------|--------------|
| For QCD Use Only | |
| Date Input | __ / __ / __ |
| Initials | _____ |
| Agent | _____ |

INDIVIDUAL ENROLLMENT FORM

Please complete all information and sign. **Please print** all information.

SUBSCRIBER INFORMATION

Please let us know how you heard about QCD of America.

Referral Previous Membership Internet Phone Book Dentist Office Agent

| | | | |
|------------------------|------------|-----------|---------------|
| Last Name | First Name | MI | Date of Birth |
| Address | City | State | Zip |
| Social Security Number | | Telephone | |

COVERAGE SELECTED

| | | |
|---|--|---|
| <input type="checkbox"/> Individual Only | <input type="checkbox"/> Individual and One Dependent | <input type="checkbox"/> Individual and Family |
|---|--|---|

DEPENDENT INFORMATION

| Social Security Number | Last Name | First Name | MI | Date of Birth | Gender | Relationship |
|------------------------|-----------|------------|----|---------------|--------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I hereby make application for membership in **QCD of America®** (QCD). I agree to hold QCD harmless from any liability for negligence on the part of the Affiliated Dentist. I further release QCD from and waive any claims for negligent referral, negligent certification or similar claim. I hereby authorize my employer to make payroll deductions, if required, for the coverage selected. The QCD of America Dental and Vision Benefit Program is not an insurance plan and does not constitute insurance coverage.

Date

Applicant Signature



INDIVIDUAL PAYMENT AUTHORIZATION

(Only if you are paying monthly by bank draft.)
Please complete all information and sign. PLEASE PRINT all information.

SUBSCRIBER INFORMATION

| | | | |
|------------------------|------------|-------|---------------|
| Last Name | First Name | MI | Date of Birth |
| Address | City | State | Zip |
| Social Security Number | Telephone | | |

COVERAGE SELECTED

| | | |
|--|---|--|
| <input type="checkbox"/> Individual Only | <input type="checkbox"/> Individual and One Dependent | <input type="checkbox"/> Individual and Family |
|--|---|--|

MEMBERSHIP FEE

| | Monthly Fee – Bank Draft Only |
|------------------------------|-------------------------------|
| Individual Only | \$8.95 |
| Individual and One Dependent | \$12.95 |
| Individual and Family | \$17.95 |

1) If paying by bank draft, please enclose a voided check(not a deposit slip) along with a check for a one time enrollment fee of \$20 plus the initial month's membership fee made payable to QCD of America®. The monthly fees will be drafted on the 5th of each month.

2) If paying on an annual basis, the enrollment fees is waived.

PRE-AUTHORIZED BANK DRAFT PROGRAM

I (we) hereby authorize QCD of America® (QCD) to draw checks on the checking account of:

| | | |
|-----------------------------------|---|----------------|
| Name as Shown on Checking Account | Bank Routing Number for Electronic Drafting | Account Number |
| Name of Bank and Branch | Address | City |
| | State | Bank Telephone |

for payment of the monthly membership fees due as selected above. This authorization is in effect until QCD and the Depository Bank have received written notification from me of its termination in such a manner and timeframe to allow QCD and Depository Bank a reasonable opportunity to act administratively on the request. I (we) agree to provide QCD written prior notice of any change of banks or account numbers. I agree that QCD will have no liability whatsoever except to the extent created by my payment.

| | |
|------|---|
| Date | Authorized Signature(s) as it appears on bank records |
|------|---|