# Value Pass Community Health Plan

# Terms and Conditions for Individual Members

This agreement sets forth the terms of your ("Member") membership ("Membership") in the Value Pass Membership program ("Program") with Value Urgent Care Clinics of Texas PLLC dba Urgent Care TX a registered PLLC with the State of Texas.

## Program Disclaimers

The Value Pass Membership program is NOT insurance, is not intended to replace insurance, and does not meet the minimum credible coverage requirements under the Affordable Care Act (ACA). The Value Pass Health Membership program does not make payments directly to providers of medical services. The Value Pass Health Membership program is a membership program to urgent care clinics owned or operated by Value Pass that give Member access to urgent care clinic services at discounted rates at such clinics.

## Participating Locations and Hours of Operation

Member may receive discounted rates only at urgent care clinics that participate in Program. Member may locate participating urgent care clinics by contacting local participating clinics to verify participation or by consulting online and/or social media sources.

Hours of operation may vary at participating locations. Hours of operation are subject to change with or without notice. Member may verify hours of operation by contacting local participating clinics or by consulting online and/or social media sources. Value Pass does not determine the operating hours for participating locations nor can it guarantee accessibility to any particular location that may be impacted by inclement weather or other factors.

## Participating Locations and Personnel

Services provided to Member are performed or supervised by medical professionals licensed by the State of Texas. Program does not hire, and is not responsible for, treatment provided by any personnel at participating locations. Program makes no warranties or guarantees regarding the quality of care delivered by any personnel at participating locations. Licensed personnel, and other personnel, at participating locations are subject to change with or without notice.

## Participating Locations and Services

Services included in Program benefits include only those services offered at participating locations. Services provided to Member from locations not participating in Program are not included in Program benefits. Those may include, but are not limited to: independent laboratories, independent imaging centers, independent emergency providers, independent primary care providers, hospitals, and any other diagnostic or treatment providers not participating in Program. Member will be solely responsible for any and all costs of services provided to Member and/or Member's spouse/dependents by locations not participating in Program, even if Member and/or Member's spouse/dependents are referred to non-participating locations by a location participating in Program. If a participating location refers Member and/or Member's spouse/dependents to other Providers for testing and/or treatment, it is Member's responsibility to verify whether or not the provider they are being referred to is or is not a participating location in Program.

Services included in Program benefits may vary by participating location. Services included in Program benefits at any participating location may include but are not limited:

- Diagnostic Evaluation and Testing
- Diagnostic In-house Point of Care Testing
- Diagnostic In-house Imaging
- In-house Drug Testing
- Treatment for the following conditions: Allergies, Allergic Reactions, Asthma, Audiology Testing, Back & Joint Pain, Breathing Treatments, Coughs & Colds, Cuts, EKG Testing, Ear Aches, Ear Infections, Ear Wax Removal, Fever, Flu Treatment, Headaches, Heartburn, Laceration Repair, Minor Breathing Difficulties, Management of Chronic Conditions, Mono, Nail Removal, Nausea, Vomiting & Diarrhea, Pregnancy Tests, Prescription Refills, RSV, Sinus Infections, Skin Tag Removal, School Physicals, Sore Throats, Sprains Strains, Sports Injuries, STI treatment, Stitches, Strep Throat, Urinary Tract Infections, And More!!!
- Unlimited 24/7 Call-A-Doc Services

**SERVICES <u>EXCLUDED</u> FROM PROGRAM BENEFITS ARE:**

- Breath Alcohol Testing
- Broken Bones and Dislocations
- DOT Physicals
- Durable Medical Equipment
- Motor Vehicle Accidents
- Pre-Employment Screenings
- Vaccinations/Immunizations/TB Testing
- Women Wellness Exams
- Work Comp Injuries

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**Primary Member Initial Here**

Program reserves the right to amend this list at Program's discretion with or without notice.
Program reserves the right to change program benefit content and/or terms with or without notice.
Program discounts may not be combined with any other discounts or programs.

## <u>Membership Terms and Cancellation</u>

<u>Individual/Couple Monthly and Annual Memberships:</u>
The Value Pass individual and/or couple Membership term is twelve (12) months. Membership will auto-renew every twelve (12) months from the initial enrollment date. Any Member that does not wish to auto-renew will be required to notify The Program in writing at least thirty (30) days prior to the auto- renewal date in order to avoid auto-renewal.

Members who cancel their membership anytime during the twelve (12) month term will be charged an early cancellation fee equal to two (2) months of regular fees. Members who cancel their membership anytime during the twelve (12) month term may be allowed one (1) reinstatement during that twelve (12) month term at the discretion of Program. If a Member is reinstated there will be a reinstatement fee equal to one (1) month of regular fees, which will be required at the time of reinstatement. Program reserves the right to cancel any Membership for non-payment of fees or to deny any member re-instatement or renewal with or without cause. Individuals that receive services at a participating location without an active membership will be billed for services at the then full charge rate for those services.

New Memberships become active after the prospective member has completed and signed the Membership Enrollment Form, the Payment Information and Authorization Form, reviewed and signed the Terms and Conditions Form, the Privacy Policy, and paid all initial amounts due.

## Membership Fees, Payment and Other Fees

Individual and Couples Membership fee amounts are as follows per month:

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|---|---|
| Single – No Dependents | $49 Monthly |
| Couple – No Dependents or Single + 1 dependent | $89 Monthly |
| Couple + 1 Dependent or Single + 2 dependents | $125 Monthly |
| Couple + 2 Dependents or Single + 3 dependents | $149 Monthly |

Urgent Care TX reserves the right to change fee amounts at any time with thirty (30) day written notice. Written notice may be made via email, website posting, social media, or USPS. If fee amounts are changed in the middle of a Member's twelve (12) month Membership term, the change will not be effective for that Membership until the next auto-renewal. Fee payments may be made on a monthly or annual basis. Families must have the same address.

For Memberships paid on a monthly basis the initial amount due will include an amount for the first full month plus the enrollment fee. All following monthly fee payments will be set up on a monthly recurring debit/credit card to be withdrawn monthly thereafter throughout the remainder of the Membership term. Therefore, the amount due to activate a Membership on this basis will be:

- The first full month fee amount

Urgent Care TX reserves the right to change fee amounts at any time with thirty (30) day written notice. Written notice may be made via email, website posting, social media, or USPS. If fee amounts are changed in the middle of a Member's semester Membership term, the change will not be effective for that Membership until the next semester.

Other Fee amounts are as follows:

- Early Cancellation Fee $199.00
- Reinstatement Fee $49.00
- Additional fees may apply for blood work, and other charges to be determined.

Member agrees to indemnify and hold harmless Program against any and all losses resulting from negative outcomes due to treatment at participating and non-participating locations and providers.

By my signature hereto, I acknowledge that I have read, understood and agree with the Terms and Conditions set forth above.

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Primary Member Signature Date