



Terms and Conditions for Company Members

This agreement sets forth the terms of your (“Member”) membership (“Membership”) in the Affordapass Health Membership program (“Program”) with Health Membership Management, LLC dba Affordapass, a registered LLC with the State of Texas.

Program Disclaimers

The Affordapass Health 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 Affordapass Health Membership program does not make payments directly to providers of medical services. The Affordapass Health Membership program is a membership program to urgent care clinics owned or operated by Affordacare 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. Affordapass 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.

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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 Laboratory Testing
- Diagnostic In-house Imaging
- 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, Mono, Nail Removal, Nausea, Vomiting & Diarrhea, Pregnancy Tests, RSV, Sinus Infections, Skin Tag Removal, Sore Throats, Sprains Strains, Sports Injuries, Stitches, Strep Throat, Urinary Tract Infections, Vision Screening, And More!!!
- Unlimited 24/7 Call-A-Doc Services

SERVICES EXCLUDED FROM PROGRAM BENEFITS ARE:

- Breath Alcohol and Drug Testing
- Broken Bones and Dislocations
- DOT and School/Sports Physicals
- Durable Medical Equipment
- Management of Chronic Conditions
- Motor Vehicle Accidents
- Pre-Employment Screenings
- Routine Primary Care
- Treatment for Burns
- Vaccinations/Immunizations/TB Testing
- Wellness Exams
- Work Comp Injuries

Company 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.

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Membership Terms and Cancellation

Company Monthly and Annual Memberships:

The Affordapass Company 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 Company Memberships become active after all employees have completed and signed the Membership Enrollment Form, reviewed and signed the Privacy Policy, and the company has reviewed and signed the Terms and Conditions Form, the Privacy Policy, completed the employee roster and paid all initial amounts due.

Membership Fees, Payment and Other Fees

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

- Primary Member \$45
- Spouse \$35
- Dependents (each) \$25

For couples with dependents, fees are capped at \$150.00 per family, per month. For single parents with dependents, fees are capped at \$120.00 per family, per month. Monthly fee amounts will not exceed these family caps regardless of how many dependents there are on the Membership. Affordapass 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.

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 invoices will be billed monthly with payment being due upon receipt of invoice. Therefore, the amount due to activate a Membership on this basis will be:

- The first full month fee amount
- The set-up fee of \$10.00

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For Memberships paid on an annual basis the first month will be free. Member will pay only for the remaining eleven (11) months of the Membership term plus the enrollment fee. Therefore, the amount due to activate a membership on this basis will be:

- The remaining eleven (11) months of fees
- The set-up fee of \$10.00

Other Fee amounts are as follows:

- Set-up Fee \$10.00
- Early Cancellation Fee Two months of fees
- Reinstatement Fee One month of fees
- Insufficient Funds Fee \$25.00
- Additional fees may apply for X-ray, 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.

Company Member Signature

Date