



**DISCOUNT MEDICAL PLAN**

\* **DENTAL**

\* **PRESCRIPTION**

\* **VISION**

The Best Benefits Plan has been designed for students that want to save money on prescription drugs, dental services and vision care. By purchasing the Best Benefits Plan Card, you will receive discounts simply by presenting your card to drug stores, dentists and optical care providers.

<p align="center"><b>SAVE 10% TO 60% ON VISION PRODUCTS!!!</b></p> <ul style="list-style-type: none"> <li>• Save on eyewear, including frames, single-vision lenses, contacts and bifocals</li> <li>• Just present your membership ID card at more than 13,000 provider locations</li> <li>• Save even more with our convenient mail-order service for replacement contact lenses</li> <li>• Convenient vision savings locations include:</li> </ul> <table style="width: 100%; border: none;"> <tr> <td>Budget Optical</td> <td>Eye Masters</td> </tr> <tr> <td>For Eyes Optical</td> <td>J.C. Penney Optical</td> </tr> <tr> <td>Lazarus Optical</td> <td>LensCrafters</td> </tr> <tr> <td>One Hour Optical</td> <td>Pearl Vision Express</td> </tr> <tr> <td>Sears Optical</td> <td>Service Optical</td> </tr> </table> <p align="center">AND MANY MORE!</p>	Budget Optical	Eye Masters	For Eyes Optical	J.C. Penney Optical	Lazarus Optical	LensCrafters	One Hour Optical	Pearl Vision Express	Sears Optical	Service Optical	<p align="center"><b>SAVE UP TO 30% ON PRESCRIPTION DRUGS!!!</b></p> <ul style="list-style-type: none"> <li>• Guaranteed lowest possible price on most medications</li> <li>• Just present your membership ID card at more than 40,000 chain and independent pharmacy locations nationwide.</li> <li>• Participating pharmacies include:</li> </ul> <table style="width: 100%; border: none;"> <tr> <td>Albertsons</td> <td>Costco</td> </tr> <tr> <td>CVS</td> <td>Dilons</td> </tr> <tr> <td>Drug Emporium</td> <td>Fred Meyer</td> </tr> <tr> <td>Giant Eagle Pharmacy</td> <td>K-Mart</td> </tr> <tr> <td>Kroger</td> <td>Meijer</td> </tr> <tr> <td>Pathmark</td> <td>Payless</td> </tr> <tr> <td>Publix</td> <td>Safeway</td> </tr> <tr> <td>Target</td> <td>Thrifty Pharmacies</td> </tr> <tr> <td>Von's</td> <td>Walgreen's</td> </tr> <tr> <td>Wal-Mart</td> <td>Winn Dixie</td> </tr> </table> <p align="center">AND MANY MORE!</p>	Albertsons	Costco	CVS	Dilons	Drug Emporium	Fred Meyer	Giant Eagle Pharmacy	K-Mart	Kroger	Meijer	Pathmark	Payless	Publix	Safeway	Target	Thrifty Pharmacies	Von's	Walgreen's	Wal-Mart	Winn Dixie
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<p><b>SAVE 10% TO 50% AT PARTICIPATING DENTISTS!!!</b></p> <ul style="list-style-type: none"> <li>• Save on dental services, including eye exams, X-rays-, cleanings, fillings, oral surgery, dentures, periodontics, restorations and more!</li> <li>• Just present your membership ID card to realize your savings.</li> <li>• For a list of one of the 24,000 participating dentists, go to <a href="http://www.sas-mn.com">www.sas-mn.com</a> or call 1-800-308-0374.</li> </ul>																															

***ALL THE ABOVE BENEFITS FOR JUST \$30.00 A YEAR!***

Disclosure: **This plan is NOT insurance.** This is not a Medicare prescription drug plan. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. The range of discounts will vary depending on the provider type and services provided. This plan is administered by Coverdell & Company, Inc., a discount medical plan organization, at 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631, 1-800-308-0374. **You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.**



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**BEST BENEFITS  
DISCOUNT MEDICAL PLAN APPLICATION**

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**\*\$30.00 ANNUALLY**

I authorize the fee of \$30.00 to be charged to my designated account which will be billed automatically each month to my checking account listed above for as long as I wish to remain a member. This authorization shall remain in effect until I cancel by calling the toll-free customer service number.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Please send to: STUDENT ASSURANCE SERVICES, INC. /Best Benefits  
8420 W. Bryn Mawr, Suite 700 Chicago, Illinois 60631**

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