VEIOVIS TRUEACCESSSM You have optionsSM



VEIOVIS TRUEACCESSSM is a health savings multiplier that works for all patients – whether you have existing, limited, or no healthcare coverage. This is not a health insurance plan but can be used as a supplement to your current health plan. It provides instant access to Guam/Saipan based FHP clinics and overseas medical travel health care options at fully accredited facilities for discounted rates. TrueAccess is about greater access and the ability to stretch your health care dollar, offer you more options and meet your medical needs without sacrificing quality.

On-island benefits

rue access to the entire FHP Health Center

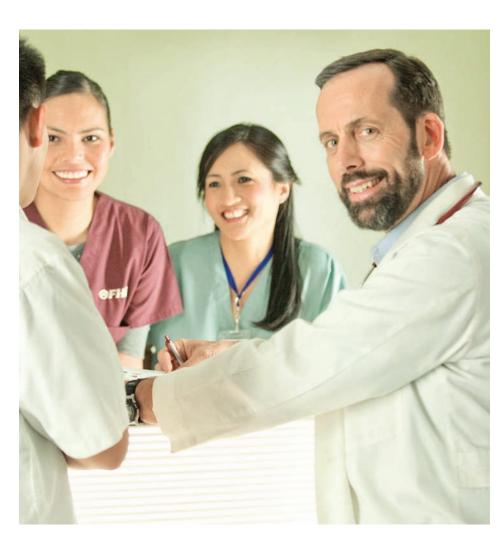
A comprehensive health center for:

- Adult Medicine
- Women's Health
- Pediatrics
- Radiology
- Urgent Care
- Vision
- Occupational Medicine
 Pharmacy
- Surgicenter
- Dental
- Home Healthcare
- Cancer Center
- R ates, Services, Products at a Discount
 - Up to 30% off walk-in rates for all Medical Services
 - Up to 30% off walk-in rates for Vision
 - Up to 30% off General Dentistry rates and 20% off Specialty Services
 - 10% off OTC products in the Pharmacy and Vision Center
 - Access to the Generic Drug Program
 - \$7 per prescription per month for routine generic drugs
 - Buy 2 months, get 1 month free
- U tilize healthcare management services (claims and billing logistics) to save time, energy, and worry
- pioy the ease of one stop healthcare shop for you and your family

Overseas benefits

- Access to high-quality, low-cost and preferred healthcare services at overseas world-class, accredited medical providers across the Veiovis Asia-Pacific [New Zealand, Philippines, Thailand, Malaysia, Japan, Taiwan, Korea, Singapore] Hawaii & North America network
- Appointment scheduling and care coordination for any healthcare requirement: covered, non-covered, cosmetic, elective, dental, vision, or medical necessity
- Full on-the-ground resources and end-to-end concierge services available to support a successful overseas treatment, recovery and travel experience

- A CCESS to domestic and international doctors, specialists, clinic, and hospitals beyond your current health plan coverage
- COST REDUCTION for pre-deductible medical expenses
- **C** ASH SAVINGS on your out-of-pocket expenses on doctor visits, pharmacy drugs, vision and dental
- **EXPERIENCE** one stop shop for your healthcare needs
- STRETCH the value of your health care dollar
- SIMPLY secure your access to quality domestic and overseas medical care for medically necessary, elective or cosmetic treatment



Who Benefits from Veiovis TrueAccess ??

Health Savings Account holders

Greater access, more options! Both domestically and overseas, with Veiovis, avail of special rates and discounts to stretch your HSA dollars.

Elective Patients

Those seeking elective or cosmetic procedures can take full advantage of Veiovis savings within the expanded overseas network of accredited providers across Asia-Pacific, Hawaii, and North America.

Limited Insurance plan holders

No matter what health plan you are enrolled in, Veiovis will help you optimize your plan and utilize your health dollars wisely to maximize your healthcare benefits to their fullest.

Plan holders (Insurance)

If you are covered by a health plan, you may have trouble meeting your high deductible or have exceeded your maximum benefits. VEIOVIS

TRUEACCESS™ complements your existing health plan by giving you discounted access to the entire FHP Health Center and Pharmacy.

Uninsured Individuals

Veiovis ensures you meet your basic medical needs at the FHP Health Center at a discount rate without sacrificing quality. Veiovis can also coordinate your overseas care for procedures big and small, medically necessary or elective.

How do I become a subscriber to Veiovis TrueAccess ??

It's fast, easy, affordable and simple!

- 1. Apply online at www.veiovis.com/trueaccess.php.
- 2. Instantly receive your VEIOVIS TRUEACCESS[™] Member number for TRUEACCESS[™] benefits.

OR

- 1. Fill out the subscription form and submit to Customer Service or Patient Services at the FHP Medical Health Center.
- 2. Pay cash, check, credit/debit or bank draft to receive your VEIOVIS

 TRUEACCESS™ Member number for instant access to discounts.

Terms of VEIOVIS TRUEACCESS™

- VEIOVIS TRUEACCESS[™] (the "Program") is a voluntary subscription program. It is not an
 insurance plan or insurance policy.
- The Program is available to residents of Guam and Saipan and family members who live in the resident's household.
- · The Program requires a minimum subscription period of one year.
- Access and rates under the Program become available upon receipt and acceptance of the Subscriber Form and payment.
- A spouse or partner and dependent that is not a subscriber may enroll at any time during
 the year but the subscription for the family shall be extended for a minimum subscription
 period of one year after such enrollment or for a one-time equivalent payment for the full
 12-month period.
- The Program will charge a monthly or annual fee depending on the choice of the Subscriber.
- The fee for the Program is non-refundable, non-transferable and is not subject to pro-ration or adjustments.
- The monthly or annual fee does not cover the cost of health care or out-of-pocket expenses for subscribers.
- The Program provides access to and discounted fee-for-service rates for an international network of providers, the FHP Health Centers and the FHP Pharmacies on Guam and Saipan. Access includes the Dental and Vision Centers
- The Program provides referral services, care coordination and medical management for its subscribers engaged in medical travel abroad through its sister program GlobalAccess.
- The Program does not provide credit for services. Payment for services is due before or at the time services are rendered. Some appointments will require a deposit.
- The Program will make an attempt to collect from all potential payers on delinquent accounts.
- A subscription will be canceled after thirty (30) days of non-payment.
- Thirty (30) days prior to the expiration of your subscription we will send you a renewal notice.
- The Program will have a link on their website with program information and an on-line enrollment and payment form.
- The Program reserves the right to change the content of its Program terms and conditions, at any time, without prior written notice, to current subscribers in accordance with applicable law and regulations.

NOTICE: You will be assessed a payment rejection fee in the event your bank account or credit card rejects or dishonors a monthly or annual fee payment request or the Program receives a check returned for insufficient funds. In this event unless alternative payment arrangements are made with the Program within thirty (30) days to bring all arrears current, the subscription agreement will be terminated.



PO Box 6578, Tamuning, GU 96931 website: www.veiovis.com email: customerservice@veiovis.com

phone: 1(671) 646-6012

Subscriber Form

Please subscribe me to t	he Veiovis N	letwork					
Last Name	First Name			<u></u>	 Da	ite of Birth	
Mailing Address			State		Zip Code		Male Female
Home Telephone Number	Work Telep	hone Number		Mobile Num	ber		
Employer	Occupation	Occupation		Email			
How did you hear about Veiovis?							
Please list yourself and all family me (Note: THIS IS NOT INSURANCE COVERA		to subscribe u	ınder the Veiov	is Subscript	ion Plan:		
LAST NAME	FIRST N	IAME	M.I.	RELATION	SEX	D.O.B.	VEIOVIS USE ONLY
I(we) hereby authorize Veiovis, herein after called to year subscription to our CHECKING, SAVINGS, or DEPOSITORY or the CREDIT CARD, and to debit transactions to my (our) account must comply with the complete of the contractions.	or CREDIT CARD account the same to such account U.S. law.	unt indicated below a count by the 15th of t	at the depository fina the month. I (we) ack	ancial institution/o	credit card comparigination of Autor	any named bel mated Clearing	low, hereinafter called the g House (ACH)
Subscription Price: Please che Individual:	эск preferred рауте						year payment in full.
☐ Spouse/Partner:		○ \$10.00/month ○ \$5.00/month					
☐ Each dependent (21 or under):		○ \$2.00/month		○ \$20.00/year			
	:	*Individual or Guardia	an must be enrolled	to add spouse/p	artner/dependen	ts. Each deper	ndent must be 21 or und
Payment Method (Select one -	· Checking Accou	nt, Savings Acc	ount or Credit C	Card)			
☐ Cash		rsonal Chec	k 🖵 CI	necking A	ccount	☐ Sa	vings Account
If Cash is selected the entire year's member (Attach voided copy of deposit slip or of			t plan year)				
Financial Institution							
Bank Routing Number							
Account Number							
☐ Credit/Debit Card (Please inc			merican Expres		astercard	☐ VISA	
Name on Card							
Credit Card #:			Exp. Date: _			CCU Cod	de:
X							
Applicant's Signature				Date	 :		•
Employee ID Number	(Foi	r Veiovis Use Only)				V	FIOVIS u Have Options

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