

Please place  
Postage here

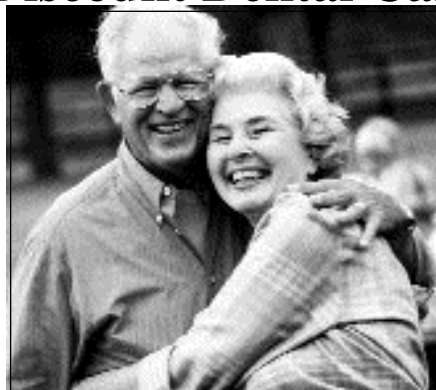
Best Benefits  
8770 W. Bryn Mawr  
Suite 1000  
Chicago, IL 60631

FOR MORE INFORMATION, CALL TOLL-FREE  
**1-888-596-5300**

TO ACCESS PROVIDERS VISIT OUR WEBSITE  
**[www.findbestbenefits.com](http://www.findbestbenefits.com)**

Promo Code 657000

**Aging Home Health Care**  
Introduces  
**Discount Dental Care**



**No Paperwork – No Maximums – No Hassles**

**This plan is NOT insurance.** This is not a Medicare prescription drug plan. There is a onetime only non-refundable enrollment fee of \$15.00 applied to initial membership, regardless of membership type. This plan is not available in Maryland or in Vermont. 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 8770 W. Bryn Mawr, Suite 1000, 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.**

Catalyst Benefits, Inc., is America's premier provider of benefits to hospital senior membership program.

657000C

# Save on All Your Dental Care Needs

Taking care of your teeth today helps avoid costly treatment tomorrow. That's why The CATALYST BEST BENEFITS DENTAL PLAN emphasizes savings on preventive care.



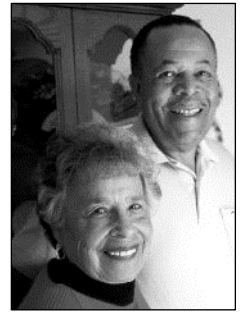
With the CATALYST DENTAL PLAN, you gain access to one of the nation's largest, independent, dental network. What does this mean for you? You can choose from more than **24,000 dentists** and save money at **every** visit!

The CATALYST BEST BENEFITS DENTAL PLAN is **not insurance**, so there are no refund checks to wait for, nor forms to mail. And there's **no limit** on how much you can save.

Every service performed at each participating dental office is provided to you at a discount of 10-50 percent. At last, you can go to the dentist and save money! Your discounts are from 10-50 percent off national averages.

The CATALYST BEST BENEFITS DENTAL PLAN couldn't be easier to use! Simply present your CATALYST BEST BENEFITS DENTAL PLAN card at any participating provider before services are

rendered and pay the discounted fee at the time of service. A list of local providers is sent with your membership card. You can obtain your savings at any participating provider at any time.



Please call 1-800-308-0374 or go to [www.findbestbenefits.com](http://www.findbestbenefits.com) and enter promo code 657000 for a list of participating providers in your area. This program is not available in Vermont or in Maryland.

Sample Savings. Your actual cost will vary.

Procedure	Nat'l Average Price	You Pay	You Save	% Savings Experienced
Dental Exam	\$71.50	\$49.00	\$22.50	31%
Adult Cleaning	\$76.50	\$52.00	\$24.50	32%
Complete X-Rays	\$107.00	\$66.00	\$41.00	38%
Single Tooth Extraction	\$201.50	\$131.00	\$70.50	35%
Porcelain Metal Crown	\$855.25	\$726.96	\$128.29	15%
Root Canal - One Canal	\$610.50	\$519.00	\$91.50	15%
Complete Upper Denture	\$1401.50	\$1191.28	\$210.22	15%

The Catalyst Best Benefits Dental Plan is **not insurance**, so there are no maximums to pay and no forms to fill out! This means there is **no waiting** for your savings. Discounts are given at the time of sale or service. There is a 30-day money back guarantee on cancellation of this plan.

## DISCOUNT MEDICAL PLAN APPLICATION FOR "CATALYST BEST BENEFITS DENTAL PLAN"

**Yes, I want to receive the money saving benefits that the CATALYST BEST BENEFITS DENTAL PLAN offers!** Please enroll me (us) today! I will receive my membership package within four weeks and can begin saving immediately.

Please Print

GROUP: 657000 PLAN: 70411001 PROGRAM: Aging Home Health Care

Name \_\_\_\_\_ LAST FIRST M.I.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Membership Type	Annual Fee	Total Price
Self	\$39	\$ _____
Self +1	\$42	\$ _____
Self + 2 or more	\$48	\$ _____
*One time only non-refundable enrollment fee of \$15.00 is applied to initial membership, regardless of membership type.		\$ 15*
	<b>GRAND TOTAL</b>	\$ _____

### Method of Payment

My check or money order for \$ \_\_\_\_\_ is enclosed, payable to Best Benefits

Please charge my  Visa  MasterCard

Acct. No.                      Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature \_\_\_\_\_

Cut out form and fold panels together to make a handy envelope. When paying by check or money order, simply enclose payment, tape edges and add postage.

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Administered by Coverdell & Company, Inc.