

New Employee Enrollment Guide

Hourly Enrollment 2012

Your 2012 Benefits Program

Denny's is pleased to announce that The American Worker will offer affordable limited benefit medical plans to all eligible employees for 2012. The plans are insured by Nationwide Life Insurance Company. Please review the enclosed information to decide which plan best meets your needs.

How to Enroll

You have **60 days** from your hire date to enroll.

If you do not enroll, you will not be able to enroll in benefits coverage until the next benefits enrollment period **unless** you have a qualified status change, such as marriage, birth of a child, change from part-time to full-time status, etc.

To Enroll...

Call the Call Center 1-866-866-3424

Hours: Monday - Friday, 8:00 AM - 8:00 PM ET

Representatives will answer benefit questions and enroll you in coverage.

Visit <https://www.IAmEnrolling.com>

See page 6 for online enrollment instructions.

Los representantes del centro de llamadas del American Worker le contestarán sus preguntas sobre sus beneficios y lo inscribirán inmediatamente o le ayudarán a realizar cambios a su plan actual. Si usted necesita la información de la inscripción en Español, favor llamar al 1-866-866-3424 o comuníquese con su encargado. Los representantes del centro de llamadas del American Worker están disponibles para tomar sus llamadas de lunes a viernes de 8:00 AM a 8:00 PM, hora del Este del país.

From your leadership team,

Welcome to the Denny's team. As a new hire, you are eligible for the benefit plans offered by Denny's. This is a great opportunity to think about your benefit needs — and the healthy choices you should make for your and/or your family's well being. There are several important things you should know about your plan options. This newsletter includes details about your medical, dental, vision and disability insurance plan options for 2012.

Medical Coverage Options

Denny's offers four plans that provide coverage for basic healthcare services from which you can choose:

- Basic Plan — provides doctor's visits, preventive care, lab and X-ray benefits.
- Value Plan — provides additional doctor's visits, lab and X-ray coverage and a surgical benefit.
- Elite Plan — provides additional doctor's visits and enhanced coverage for preventive care.
- Signature Plan — provides the most coverage and features among the four plans — and includes additional inpatient ospital benefits and critical illness coverage.

Your acceptance in the medical plans is guaranteed and there is no waiting period to satisfy for eligibility. In addition, other key features include:

- Pre-tax deductions
- No pre-existing condition limitations, deductibles, coinsurance, waiting periods or coordination of benefits
- Discounts when you use in-network providers

Additional Benefits

Denny's offers optional dental, vision and disability benefits that may be purchased on a freestanding basis or in addition to a Denny's Hourly Medical Plan.

Enrolling

You must enroll within 60 days of your hire date to elect benefits. If you choose not to enroll within 60 days, you will have to wait until the next annual enrollment period unless you have a qualified status change.

If you have any questions about your benefits or the 2012 enrollment, call The American Worker at 1-866-866-3424 Monday through Friday, 8:00 AM to 8:00 PM ET.

The Denny's logo is located at the bottom left of the page. It features the word "Denny's" in a stylized, red, cursive font with a white outline, set against a yellow background that resembles a signpost. The signpost is mounted on a blue pole.

2012 Medical Plan Choices

	BASIC	VALUE
Bi-Weekly Rates	Part-Time Rates Apply To All Employees With Less Than Six Months Employment	
Employee	\$18.28	\$39.77
Employee + 1	\$36.61	\$87.33
Family	\$40.04	\$97.29
Bi-Weekly Rates	Full-Time Rates Apply To All Employees Who Have Worked At Least 6 Months And Average 30 Hours Per Week	
Employee	\$7.62	\$16.05
Employee + 1	\$22.67	\$53.61
Family	\$25.42	\$61.39
Covered Services		
New Benefits Pharmaceutical Discount Program*	Included	Included
The First Health Network*	Included	Included
Doctor's Office Visits • Calendar Year Maximum	Pays \$50 per Visit, \$300 Maximum per Person	Pays \$60 per Visit, \$360 Maximum per Person
Diagnostic Test, X-Ray and Lab Benefit • Calendar Year Maximum	Pays \$50 per Test, \$300 Maximum per Person	Pays \$60 per Test, \$360 Maximum per Person
Advanced Studies • Calendar Year Maximum	Pays \$300 per Study, \$900 Maximum per Person	Pays \$300 per Study, \$900 Maximum per Person
Preventive Care • Calendar Year Maximum	Pays \$75 per Visit, \$150 Maximum per Person	Pays \$75 per Visit, \$150 Maximum per Person
Accident Benefit	Pays up to \$300 per Occurrence	Pays up to \$500 per Occurrence
Emergency Room Sickness • Calendar Year Maximum	Pays \$75 per Visit, \$300 Maximum per Person	Pays \$75 per Visit, \$300 Maximum per Person
Ambulance Transport • Calendar Year Maximum	Not Available	Not Available
Surgical Benefit - Inpatient Procedure - Outpatient Procedure - Outpatient Minor Procedure	Not Available	Pays \$1,000 Lump Sum Benefit Pays \$500 Lump Sum Benefit Pays \$100 Lump Sum Benefit
Anesthesia Benefit • Calendar Year Maximum	Not Available	Pays 30% of the Surgical Benefit, Up to \$300 per Year
Outpatient Surgery Facility Benefit • Calendar Year Maximum	Not Available	Pays \$250 per Surgery, \$250 Maximum per Person
Hospital Indemnity • Lifetime Maximum	Pays \$100 per Day, 500 Days Lifetime Maximum	Pays \$300 per Day, 500 Days Lifetime Maximum
Hospital Admission	Not Available	Not Available
Inpatient Miscellaneous Expense Benefit • Calendar Year Maximum	Not Available	Not Available
Intensive Care Benefits	Pays \$200 per Day, First 30 Days, \$100 per Day Thereafter	Pays \$600 per Day, First 30 Days, \$300 per Day Thereafter
Substance Abuse • Calendar Year Maximum	Pays \$50 per Day, 30 Days per Year Maximum	Pays \$150 per Day, 30 Days per Year Maximum
Skilled Nursing Benefits • Calendar Year Maximum	Pays \$50 per Day, 60 Days Maximum per Stay	Pays \$150 per Day, 60 Days Maximum per Stay
Mental Health (Inpatient) • Calendar Year Maximum	Pays \$50 per Day, \$5,000 Maximum per Person	Pays \$150 per Day, \$5,000 Maximum per Person
Critical Illness Coverage • Employee • Spouse • Child	Not Available	Not Available
Life and AD&D Insurance • Employee • Spouse (Life Only) • Child (Life Only)	\$5,000 \$2,500 \$1,250	\$5,000 \$2,500 \$1,250
New Benefits Health Discount Program*	Included	Included

*See page 4 for additional information on the New Benefits Pharmaceutical Discount Program, The First Health Network and New Benefits Health Discount Program. The New Benefits discount programs are not insurance and only provide discounts at participating providers or pharmacies.

2012 Medical Plan Choices

ELITE	SIGNATURE
Part-Time Rates Apply To All Employees With Less Than Six Months Employment	
\$69.13	\$111.63
\$155.24	\$249.15
\$173.47	\$277.95
Full-Time Rates Apply To All Employees Who Have Worked At Least 6 Months And Average 30 Hours Per Week	
\$27.78	\$62.33
\$96.11	\$171.27
\$110.54	\$193.96
Included	Included
Included	Included
Pays \$90 per Visit, \$540 Maximum per Person	Pays \$90 per Visit, \$540 Maximum per Person
Pays \$90 per Test, \$540 Maximum per Person	Pays \$90 per Test, \$540 Maximum per Person
Pays \$500 per Study, \$1,500 Maximum per Person	Pays \$500 per Study, \$1,500 Maximum per Person
Pays \$150 per Visit, \$150 Maximum per Person	Pays \$150 per Visit, \$450 Maximum per Person
Pays up to \$1,000 per Occurrence	Pays up to \$2,500 per Occurrence
Pays \$75 per Visit, \$300 Maximum per Person	Pays \$75 per Visit, \$300 Maximum per Person
Not Available	Pays \$250 per Trip, \$500 Maximum per Person
Pays \$1,500 Lump Sum Benefit Pays \$750 Lump Sum Benefit Pays \$150 Lump Sum Benefit	Pays \$2,000 Lump Sum Benefit Pays \$1,000 Lump Sum Benefit Pays \$200 Lump Sum Benefit
Pays 30% of the Surgical Benefit, Up to \$450 per Year	Pays 30% of the Surgical Benefit, Up to \$600 per Year
Pays \$500 per Surgery, \$500 Maximum per Person	Pays \$500 per Surgery, \$500 Maximum per Person
Pays \$800 per Day, 500 Days Lifetime Maximum	Pays \$1,000 per Day, 500 Days Lifetime Maximum
Not Available	Pays \$1,000 per Hospital Confinement
Not Available	Pays \$500 per Day, 60 Days per Year Maximum
Pays \$1,600 per Day, First 30 Days, \$800 per Day Thereafter	Pays \$2,000 per Day, First 30 Days, \$1,000 per Day Thereafter
Pays \$400 per Day, 30 Days per Year Maximum	Pays \$500 per Day, 30 Days per Year Maximum
Pays \$400 per Day, 60 Days Maximum per Stay	Pays \$500 per Day, 60 Days Maximum per Stay
Pays \$400 per Day, \$5,000 Maximum per Person	Pays \$500 per Day, \$5,000 Maximum per Person
Not Available	\$10,000 \$5,000 \$2,500
\$5,000	\$5,000
\$2,500	\$2,500
\$1,250	\$1,250
Included	Included

Critical Illness Plan Description*

This benefit is underwritten by Nationwide Life Insurance Company and provides a lump sum payment if you are diagnosed with the First Occurrence of one of the following conditions:

- Heart Attack
- Stroke
- Life Threatening Cancer
- Major Organ Transplant
- End-Stage Renal Failure

A benefit will be paid only if a Covered Person is diagnosed as having a First Occurrence of a Critical Illness. The diagnosis must be after the Covered Person's Effective Date of Coverage and while the Covered Person's coverage under this Group Policy is in force. A Covered Person's Critical Illness Benefit will be paid only one time, regardless of the subsequent occurrence of the same or a different Critical Illness in that Covered Person.

The benefit is paid as follows:

- For all Critical Illness events except Cancer, the Critical Illness Benefit is paid in full when a First Occurrence is diagnosed at any time following the Effective Date of Coverage.
- If the Covered Person has been insured under the Group Policy for less than 90 continuous days following the Effective Date of Coverage when a First Occurrence of Cancer is diagnosed, the Critical Illness Benefit pays 10% of the benefit amount.
- The Critical Illness Benefit is paid in full if the Covered Person has been insured under the Group Policy for at least 90 days following the Effective Date of Coverage when a First Occurrence of Cancer is diagnosed.

* Available only with the Signature Plan.

Pharmacy, In-Network and General Discount Programs

The following non-insurance programs have been designed to save you money on pharmaceuticals, hospital stays, physician visits and health service benefits. To use the benefits through the New Benefits Pharmaceutical Discount Program, First Health Network and New Benefits Health Discount Program, you must use in-network providers. The New Benefits Pharmaceutical Discount Program, First Health Network and New Benefits Discount Program are automatically included in all plans.

<p>Pharmaceutical Program</p>	<p><u>New Benefits Pharmaceutical Discount Program</u></p> <p>Preferred Brand and Generic Drugs</p> <ul style="list-style-type: none"> • Tier I: Members pay \$10 or less for a typical 30-day supply. • Tier II: Members pay \$20 or less for a typical 30-day supply. • Tier III: Members pay \$40 or less for a typical 30-day supply. • Tier IV: Members pay \$60 or less for a typical 30-day supply. • Tier V: Members pay \$80 or less for a typical 30-day supply. • Tier VI: Members pay \$100 or less for a typical 30-day supply. <p>Non-Preferred Brand and Generic Drugs</p> <ul style="list-style-type: none"> • Members receive discounts ranging from 10% to 60% depending on the pharmacy and the type and quantity of drugs purchased. • No maximum annual benefit, no deductibles and no claim forms to file. • Accepted at over 48,000 network pharmacies nationwide — CVS, Rite Aid, Walgreen's and many more chain and independent pharmacies. • To locate a pharmacy in your area or find your drug's tier visit www.rxpricequotes.com. <p>Residents of Washington will have a separate discount pharmaceutical program meeting the requirements of the state. Discounts of 10% to 85% are available through the neighborhood pharmacy program.</p>
<p>Provider Network</p>	<p><u>The First Health Network</u></p> <p>Members have access to The First Health Network, which provides discounts on Hospital and Physician services. Using The First Health Network may help lower out-of-pocket medical expenses.</p> <ul style="list-style-type: none"> • The First Health Network is comprised of more than 490,000 provider locations across the country. • Visit www.yourmedbenefits.com to find network providers in your area.
<p>Health Discount Programs</p>	<p><u>New Benefits Discount Program</u></p> <p>New Benefits provides discounts to nearly 10 million members. The New Benefits program saves members hundreds of dollars a year on health service benefits. The New Benefits Discount Program includes:</p> <ul style="list-style-type: none"> • Nurse Hotline — Toll-free telephone access to experienced Registered Nurses, 24 hours a day, 365 days a year. • Chiropractic Discounts — Free initial consultation and up to 50% savings on services performed by over 3,000 providers nationwide. • Personal Counseling Services — Confidential problem-solving services by experienced counselors. • Vision Discounts — Save 20% to 60% on prescription eyeglasses, 10% to 20% on contact lenses and 10% to 30% on eye exams and surgical procedures. • Hearing Discounts — Free hearing screening at over 1,300 Beltone locations and 15% savings on hearing aids. • Vitamin and Personal Care Discounts — Save 10% on over 6,000 vitamins and other nutritional supplements — and a discount of 15% below retail prices on most diabetic monitoring supplies. <p>The New Benefits Health Service discount program is not available to residents of Washington. Vision and Chiropractic benefits are not available to Vermont residents.</p>

The New Benefits discount programs are administered by New Benefits, Ltd. The New Benefits Pharmaceutical Discount Program is NOT insurance and is not intended as a substitute for insurance. The discount is only available at participating pharmacies.

Optional Benefits

We also are pleased to offer the following additional benefit plans. These optional coverages may be purchased on a freestanding basis or in addition to one of the Denny's Hourly Medical Plans.

Optional Dental and Vision Benefits		
Bi-Weekly Rates		
Employee		\$13.32
Employee + 1		\$30.83
Family		\$34.60
Dental Coverage Summary		Coverage Amount
Annual Maximum Benefit		\$1,000 per Covered Member
Annual Deductible		\$100 per Covered Member
Covered Services	Waiting Period	Coinsurance
Preventive and Diagnostic Exams, Cleanings, X-Rays, Fluoride Treatments, etc.	None	Covered at 80% (Reasonable and Customary)
Basic Treatment Sealants, Fillings, Extractions, Root Canals, Oral Surgery, Periodontics, etc.	None	Covered at 80% (Reasonable and Customary)
Major Treatment Crowns, Dentures, Inlays, Onlays, Bridge Work, etc.	12 Months	Covered at 50% (Reasonable and Customary)
Orthodontia Services Orthodontia Lifetime Maximum Braces for children to age 19	12 Months	Covered at 50% \$500 (Reasonable and Customary)
Vision Coverage Summary		Coverage Amount
Annual Maximum Benefit		\$300 per Covered Member
Coinsurance Percentage		80%
Covered Services	Frequency	
Routine Eye Exam	Once Every 12 Months	
Lenses, Frames and Contacts	Once Every 24 Months	

Optional Disability Benefit — Employee Only	
Bi-Weekly Rates	
Employee	\$6.50
Weekly Maximum Benefit	\$200 Lump Sum Benefit per Employee
Maximum Benefit Period	26 Weeks
Waiting Period	8 Days (Accidents or Illness)
Coverage Includes Disability Due to Pregnancy or Childbirth	

You have 60 days from your date of hire to enroll

Enrollment Instructions

For your convenience, you will be able to enroll online or over the phone. If you have questions regarding the benefit plans, contact The American Worker Call Center and a representative will assist you.

Enroll by Phone: Call 1-866-866-3424

Call Center Hours: Monday - Friday, 8:00 AM to 8:00 PM ET

Enroll Online: Visit <https://www.IAmEnrolling.com>

- Enter your Social Security Number, Date of Birth and, if requested, Denny's Group ID (93427) in the "First Time Employee Logon" box.
- Next create an account by establishing a username, password, security question and confirming your personal information.
- After creating an account, you can elect coverage for yourself and your dependents.

Please have the following information available when enrolling.

Employee Questions	Social Security Number	Coverage Questions	Do you want coverage?
	Date of Birth		What medical plan?
	Street Address		What level of coverage?
	City, State, ZIP Code	Optional Benefits Questions	Do you want the Dental and Vision Plan?
Dependent Questions	Do you want the Disability plan?		
	Dependent Name		
	Social Security Number		
	Date of Birth		

Residents of New Hampshire are not eligible for any of the benefit plans offered by Denny's.

Residents of Massachusetts are eligible for all of the benefit plans offered by Denny's, but the limited benefit medical plan does NOT meet creditable coverage requirements and will NOT satisfy the individual health insurance mandate.

The limited benefit medical plan is not considered creditable coverage under the Health Insurance Portability and Accountability Act (HIPAA).

Important Plan Information

Acknowledgement of Coverage

By electing to participate in The American Worker plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended, I understand that the Plan automatically will convert any eligible payroll deductions to pre-tax status, which are provided through the Plan.

I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless I have a qualifying status event such as a marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, spousal change of employment affecting insurance coverage or a change in my employment status.

By enrolling, I have accepted the terms detailed above.

Provider Contact Information

Member Services	1-800-517-4791 Available Monday through Friday from 8:00 AM to 8:00 PM ET. Spanish speaking representatives are available.
Submitting Claims	1-800-517-4791 Nationwide Specialty Health Claims P.O. Box 420, Springfield, MA 01101
The First Health Network Information	1-800-517-4791 Visit www.yourmedbenefits.com to locate a provider.

This newsletter gives an overview of some of the benefit plans you are eligible for as an hourly employee of Denny's. If there is any discrepancy between this newsletter and the official plan documents, the plan documents will govern. Denny's reserves the right to amend, modify or terminate these plans at any time. This newsletter is in no way intended to constitute a contract of employment.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are a great way to save on your out-of-pocket health and/or dependent daycare expenses. FSAs let you set aside tax-free dollars from your paycheck (money that is exempt from federal and most state and local taxes) to pay for certain health and/or dependent daycare expenses during the year.

Use the Healthcare FSA to reimburse yourself tax-free for out-of-pocket expenses like copayments, deductibles and other expenses not covered by your health plans, but considered medically necessary. This includes over-the-counter medical supplies. Use the Dependent Care FSA for eligible dependent daycare expenses, like child care, that allow you and your spouse, if you are married, to work. You can participate in one or both types of FSAs. Generally, you can set aside up to \$5,000 in each.

Healthcare FSA

Even with your Denny's medical, dental and vision coverage, you'll probably have to pay some healthcare expenses out of your pocket. With the Healthcare FSA, you don't have to pay taxes on any of the money you use to pay for healthcare expenses for you and your family such as:

- Deductibles, coinsurance and copayments from your medical, vision and dental plans
- Prescription drug copayments
- LASIK eye surgery
- Contacts, eyeglasses and eye exams
- Braces
- Hearing aids

Aetna VISA FSA Debit Card — For the Healthcare FSA

When you participate in the Healthcare FSA, you have the added convenience of using the Aetna VISA FSA Debit Card — so, there are no claim forms to submit, unless additional proof of purchase is required. Use the card to pay for eligible expenses at any eligible service provider who accepts VISA, such as the doctor's office or retail pharmacy.

The debit card is similar to a debit card you'd use with your normal checking account — except the funds are withdrawn from your FSA. The card has an expiration date, so if you plan to continue participating in an FSA from year to year, **keep your card until you receive a new one**. And, remember to keep your receipts, for those instances where you may need to prove that your debit card was used for an eligible healthcare expense. The debit card is not available for Dependent Care expenses.

Healthcare Reform Changes and Eligible Expenses

Expenses for over-the-counter medications without a doctor's prescription (like aspirin and Tylenol) will not be reimbursed through your FSA. Your account can be used for prescribed medications or insulin. You also can continue to use your account for other healthcare items that are not medications, like ACE bandages and non-medicated Band-Aids.

Also, note that the reporting requirements for the Healthcare FSA are getting stricter. The IRS requires that you keep all itemized receipts that describe what you paid for using your Healthcare FSA debit card. You may be required to produce copies of some receipts to validate that the charges are FSA eligible expenses. So please keep a copy for your records!

Remember, you can still use the Healthcare FSA to pay for deductibles, copayments, coinsurance, and other health care expenses not covered by your medical, dental or vision plans.

Using the Aetna VISA FSA Debit Card

Due to the IRS rules you will be limited to where you can use your Aetna VISA FSA Debit Card. Check www.aetnafsa.com regularly for the most up to date list of compliant non-medical merchants like Sam's Club, Walgreen's and Wal-Mart. Remember, your FSA Debit Card will be accepted at any medical provider — like your doctor or the hospital.

Dependent Care FSA

The Dependent Care FSA helps you afford daycare for your children under age 13 or a disabled dependent so that you can work. You can use tax-free dollars to pay for:

- Licensed nursery school and daycare centers for children or disabled dependents
- Family or adult daycare centers
- Services from a care provider
(must be over age 19 and not claimed as a dependent on your tax return)

Use It or Lose It

Remember, if you are considering an FSA for 2012, plan for it. You must use all the money in your FSAs for expenses incurred in the calendar year in which you set the money aside — or if a Healthcare FSA, for the first two and a half months of the following year. IRS rules require that if you have money left over in your account at the end of the allowed timeframe, you forfeit that money.

You have until April 15, 2013 to submit any FSA claims for expenses incurred in 2012. But, if you have money remaining in your Healthcare FSA at the end of 2012, you can use the 2012 Healthcare FSA balance remaining for 2013 healthcare expenses incurred before March 15, 2013.

How to Enroll

To enroll in a Healthcare FSA or Dependent Care FSA, call The American Worker Call Center at 1-866-866-3424 to request an FSA form. The Call Center representative will fax or email you an FSA enrollment form.

You can also request an FSA enrollment form from Denny's Employee Benefits Department— call 1-800-859-2244 Monday through Friday 8:00 AM to 5:00 PM or email totalrewards@dennys.com.

Filing a Claim

FSA claim forms are available through the Denny's Employee Benefits Department — call 1-800-859-2244 Monday through Friday 8:00 AM to 5:00 PM EST or email totalrewards@dennys.com. FSA claim forms are also available at www.aetna.com.

Get the Facts

For more information on FSAs and a list of eligible expenses, go to the Aetna FSA web site at www.aetnafsa.com.

- For healthcare expenses: Publication 502 — Medical and Dental Expenses
- For dependent daycare expenses: Publication 503 — Child and Dependent Care Expenses

You also can call 1-800-TAXFORM to request a printed copy of either publication. For a final determination on eligible expenses, contact Aetna at 1-888-238-6226.

Important to Note: You have until April 15, 2013, to submit all FSA claims for expenses incurred in 2012. But, if you have money left over in your Healthcare FSA at the end of 2012, you can use the 2012 balance remaining for 2013 healthcare expenses incurred before March 15, 2013.

New Benefits Discount Program Disclaimers

The New Benefits Pharmaceutical Discount Program is NOT insurance and is not intended as a substitute for insurance. The discount is only available at participating pharmacies.

The New Benefits Pharmaceutical Discount Program is not considered "Creditable Coverage" under the Medicare Part D regulations. Medicare-eligible individuals may have to pay higher costs if they delay enrolling in the Medicare Pharmacy plan when first eligible.

The New Benefits Health Discount Program is NOT insurance.

These programs provide discounts at certain healthcare providers for medical services. It does not make payments directly to the providers. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount program organization. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received.

This discount card program contains a 30 day cancellation period.

FL, LA, MS, ND, OK, RI, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date.

AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days.

MD residents: The membership fees and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, P.O. Box 671309, Dallas, TX 75367-1309, 800-800-7616. Internet website address to obtain participating providers www.locateproviders.com. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.

MA residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

WA residents: The New Benefits Health Discount Program is not available in the state of Washington. A separate discount Pharmaceutical program that meets the requirements of the state will be provided to Washington residents.