



A Global Medical Response Solution

AIR & GROUND MEMBERSHIPS

FOR SAN BENITO COUNTY, CA



A Global Medical Response Solution



ENROLL TODAY!



KEEP YOUR FAMILY PROTECTED WITH COMBINED MEMBERSHIPS



In a medical emergency, every second counts. No one knows that better than our network of providers. AMR and AirMedCare Network (AMCN) providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

AIRMEDCARE NETWORK EMERGENT MEMBERSHIP

AMCN is America's largest air medical membership network. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses. However an AMCN membership ensures no out-of-pocket expenses for medically necessary flights only if flown by an AMCN provider.

AMERICAN MEDICAL RESPONSE EMERGENT GROUND MEMBERSHIP

An American Medical Response (AMR) ground membership protects you from having to pay out-of-pocket expenses for medically necessary AMR ground transports that aren't covered by your insurance or benefits provider, allowing you the financial peace of mind to focus on your recovery. AMR is the exclusive 911 ground ambulance provider in San Benito County, CA. AMR memberships are honored for all 911 medically necessary transports completed by AMR in San Benito County, CA. For AMR ground, each household is limited to 2 transports per membership term.

For less than \$18 per month, members will have no out-of-pocket expenses on emergent ground or air transports completed by an AMCN provider and AMR!

"It was such a relief to know that at least I didn't have to worry about paying for the flight."

- Victoria Kretche-Kitchel, AMCN Member

MEMBERSHIP BENEFITS AT-A-GLANCE

- **No out-of-pocket costs:** Members have no out-of-pocket costs if transported by AMR or an AMCN provider.
- **Household coverage:** Membership fees cover not just yourself, but anyone who resides within the household.
- **Teladoc access:** AirMedCare Network members qualify for a special discounted rate as low as \$3 per month plus co-pay.
- **Broad coverage:** AMCN membership is valid across 320 locations in 38 states, so you are covered at home and while traveling.

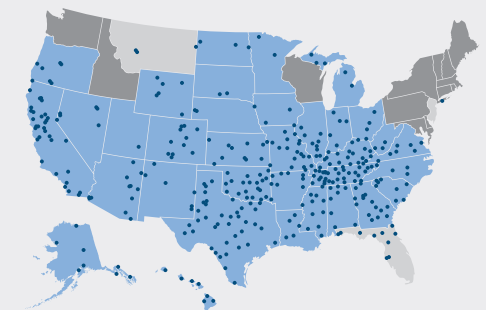
CARE TO THE COMMUNITY AT A MOMENT'S NOTICE

AirMedCare Network believes that, no matter who you are or where you are, you deserve timely, equitable and appropriate health care. Not only does AMCN membership provide financial protection, our 3+ million members help support the healthcare needs of the community as a whole. Our mission is to help make it possible for people living in rural areas to get the life- and limb-saving emergency care they need, when they need it.

Secure financial peace of mind for yourself and your family today! Contact your local Membership Sales Manager for questions or to enroll by phone.

America's Largest AIR MEDICAL MEMBERSHIP NETWORK

— 320+ LOCATIONS IN 38 STATES —



■ Membership Available ■ Membership Unavailable

For a full list of providers please visit
www.amcnrep.com

Dispatch decisions are made by emergency medical personnel; membership does not guarantee transport by an AMCN provider. Membership applies to all AMCN provider locations.

GET 3 MONTHS ADDED TO YOUR MEMBERSHIP FOR YOU AND A FRIEND!

Refer someone for an AMCN
emergent membership at
amcnrep.com/refer-a-friend

Offer terms and conditions apply



REAL SURVIVORS REAL STORIES

Marina Cochran-Smith
& Oliver

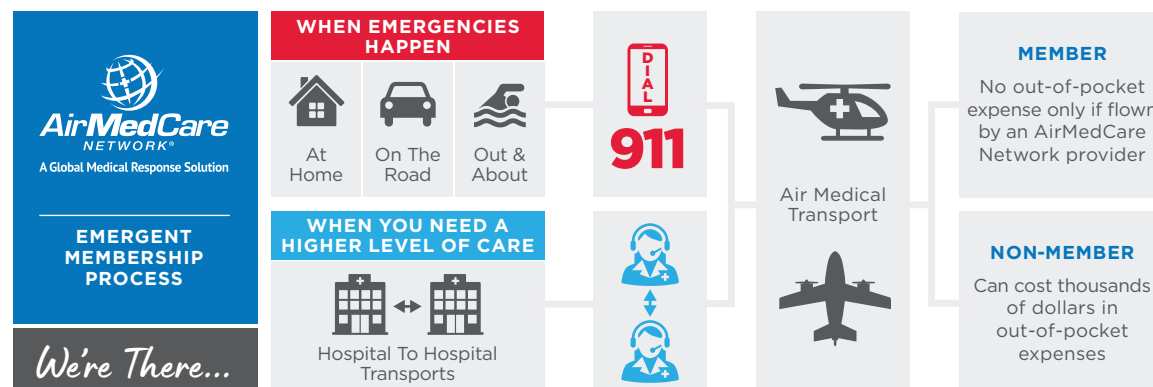
Marina Cochran-Smith and Chad Swimmer had just had their first child, Oliver, via home birth. Like countless newborns, Oliver developed jaundice.

A few days passed and Oliver still had symptoms, so the couple took him to the nearby hospital. Oliver's bilirubin numbers were the highest the doctor had ever seen, and he needed to be transferred immediately to a pediatric specialty hospital.



Soon, our AMCN provider pilot Jeff Barker touched down with flight nurses Kyla Betts and Jennifer Fennerl. Marina describes both nurses as "phenomenal and professional". When they arrived at the Pediatric ICU, Oliver started phototherapy.

"We were out of there in less than 48 hours," Chad reports. "Oliver had a fantastic recovery." Marina says, "One often hears the phrase, 'You saved my life!' used flippantly. Now we know its true meaning, and there are no words that can accurately express our gratitude."



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SAN BENITO COUNTY MEMBERSHIP APPLICATION

To enroll, contact your local Membership Sales Manager or **tear out this page** and mail in the completed application below to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**



ATTENTION CALIFORNIA RESIDENTS:

Signature required on back of this form for membership activation.

SEE IMPORTANT NOTICES ON THE
REVERSE SIDE PRIOR TO PURCHASE

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document)
FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.

Initials

Date

1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name		
Home Phone Number ()		Cell Phone Number ()		Date of Birth / /
E-mail Address			Current Member Household ID#	
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County
Were you referred by someone? Y / N	Name of person who referred you		Referral's Phone# or Household ID#	

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name		Secondary Member Last Name		Date of Birth / /
First Name		Last Name		Date of Birth / /
First Name		Last Name		Date of Birth / /
First Name		Last Name		Date of Birth / /

3. MEMBERSHIP PACKAGE

AMCN EMERGENT AIR + AMR EMERGENT GROUND MEMBERSHIP	STANDARD RATE
1 Year Membership	<input type="checkbox"/> \$154

* Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply. * Add-on pricing available for current AMCN members only.

Application continues on back side

4. PAYMENT OPTIONS (select one)

☐ Check or Money Order

Payable to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**

☐ Cash


☐ Automatic checking account transfer (attach a voided check)

Name on Bank Account

Routing Number


Account Number

☐ Credit Card

☐ 

☐ VISA

☐ DISCOVER

☐ 

Credit Card Number

Expires

3 digit code on back of card

STATEMENT OF AUTHORIZATION

I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).

X

Signature required for CC/EFT authorization

/

/

Date

YOUR LOCAL MEMBERSHIP SALES MANAGER:

BELOW CODES IMPORTANT FOR PHONE AND ONLINE ENROLLMENT

FOR OFFICE USE ONLY		
GET CODE	TRACK CODE	PLAN CODE
FUH PLAN CODE		GROUND PLAN CODE

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ATTENTION CALIFORNIA RESIDENTS

A WORD FROM THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

(A) BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by American Medical Response/REACH may duplicate the benefits provided by your HMO or other health insurance. If you have questions regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

(B) WARNING: American Medical Response/REACH is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when American Medical Response/REACH is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being called on another flight.

YOU MUST SIGN OR INITIAL THIS STATEMENT:

(C) COMPLAINTS: For complaints regarding American Medical Response/REACH, first attempt to call the plan at 800.793.0010. If American Medical Response/REACH fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 888.466.2219. The Department's website is www.healthhelp.ca.gov. You may obtain complaint forms and instructions online.

(D) OPERATING UNDER CONDITIONAL EXEMPTION: American Medical Response/REACH is operating pursuant to an exemption from the Knox Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq).

AIRMEDCARE NETWORK* TERMS AND CONDITIONS

AirMedCare Network ("AMCN") is an alliance of affiliated emergency air ambulance providers* (each a Provider). Your AMCN membership automatically enrolls you as a member in each Provider's membership program. Membership ensures that you will have no out-of-pocket flight expenses if flown by a Provider by providing prepaid protection against a Provider's air ambulance costs that are not covered by any insurance, benefits, or third-party responsibility available to you, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by the AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown. Emergent ground ambulance transport of a member by an AMCN Provider, in connection with an emergent air ambulance transport by a Provider, will be covered under these same terms and conditions.

2. AMCN Provider air ambulance services may not be available when requested due to factors beyond the Provider's control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews.

3. Members who have any insurance or other benefits available to them, or third party responsibility (or liability) claims, that cover in any way the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage or recovery. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or other third-party responsibility available to the member to have been fully prepaid. "Insurance" or "benefits" means any and all types of insurance or benefits without any limitation. By way of example only, such "insurance" or "benefits" include medical benefits available under health insurance, automobile insurance, homeowners insurance, workers compensation, and government insurance or benefits programs. Further, the terms "insurance" or "benefits" include any insurance or benefits that are owned by a member (or that are written or held in a member's name), as well as any insurance or benefits owned by someone else (or that are written or held in someone else's name) that provide coverage, to any extent, for the services provided by the AMCN Provider to a member. "Third-party responsibility" means any amounts that any third-party is required to pay to a member because of or related to the AMCN Provider's services rendered to the member. The AMCN Provider reserves the right to seek payment directly from any available insurance, benefits provider, or third party for services rendered to a member (to the same extent it could do so for any non-member patient), and members authorize all available insurers, benefits providers, and responsible third parties to pay any covered amounts directly to the AMCN Provider.

4. Members agree to remit to the AMCN Provider any payment received from any insurance, benefit providers, or any third party for any services provided by the AMCN Provider, not to exceed the amount charged by the AMCN Provider, including (but not limited to) instances in which payment for an AMCN Provider's services is made via settlement with any insurers, benefit providers, or third parties found responsible for a member's injury or condition leading to the air medical services provided by the AMCN Provider. Remitting such payments are not member out-of-pocket expenses because such payments originated from third parties only because of the air medical services provided to the member. Failure by a member to remit such payments constitutes a material breach of these terms and conditions and authorizes the Provider to seek full payment for its services from the member.

5. Neither the Providers nor AMCN is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. **Neither the Providers nor AMCN will be responsible for payment for services provided by another ambulance service.** 6. Membership starts 15 days after AMCN receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.

7. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Providers that they are not Medicaid beneficiaries. 8. **LIMITATION OF LIABILITY. THE LIABILITY OF AMCN AND THE PROVIDERS, AND THE DAMAGES AVAILABLE TO A MEMBER, FOR BREACH OF THESE TERMS AND CONDITIONS IS LIMITED TO ACTUAL DAMAGES IN AN AMOUNT NOT TO EXCEED (A) ANY AMOUNT ACTUALLY RECEIVED BY AMCN OR ANY PROVIDER IN VIOLATION OF THESE TERMS AND CONDITIONS AND (B) THE MEMBERSHIP FEE PAID BY THE MEMBER FOR THE APPLICABLE MEMBERSHIP TERM. IN NO EVENT SHALL AMCN OR ANY PROVIDER BE LIABLE TO A MEMBER UNDER THESE TERMS AND CONDITIONS PURSUANT TO ANY CONTRACT, NEGLIGENCE, STRICT LIABILITY, TORT, OR OTHER LEGAL OR EQUITABLE THEORY FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE WHATSOEVER, ARISING OUT OF OR IN CONNECTION WITH THE MEMBERSHIP PROGRAM OR THESE TERMS AND CONDITIONS, EVEN IF AMCN OR A PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE MEMBER ACKNOWLEDGES AND AGREES THAT THE LIMITATIONS OF LIABILITY SET FORTH IN THESE TERMS AND CONDITIONS REFLECT AN ALLOCATION OF RISK SET FORTH IN THESE TERMS AND CONDITIONS AND THAT, IN THE ABSENCE OF SUCH LIMITATIONS, THESE TERMS AND CONDITIONS WOULD BE SUBSTANTIALLY DIFFERENT.**

9. Any and all matters arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof shall be governed by, construed, and enforced in accordance with the laws of the United States of America (including without limitation, the Federal Arbitration Act) and, to the extent not preempted by Federal law, the laws of the State of Missouri without regard to conflicts or choice of law principles, regardless of the legal theory upon which such matter is asserted. Outside of these terms and conditions, Federal law preempts state and local laws, regulations, and other provisions, including common law duties that relate to rates, routes, or services of an air carrier. To the extent a state or political subdivision thereof makes the incorporation of common law duties or state law in contracts optional, the Providers and you agree that this contract does not incorporate any such common law duties or state laws.

10. **ARBITRATION AGREEMENT.** Any controversy or claim arising out of or relating to the AMCN membership program, these terms and conditions, and/or the subject matter hereof shall be resolved by binding arbitration by a single arbitrator pursuant to the Consumer Arbitration Rules of the American Arbitration Association ("Rules"), as modified by these terms and conditions. The place of arbitration will be St. Louis, Missouri. The judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof. **THERE SHALL BE NO RIGHT OR AUTHORITY FOR ANY CLAIMS TO BE ARBITRATED ON A CLASS ACTION, JOINT OR CONSOLIDATED BASIS OR ON BASES INVOLVING CLAIMS BROUGHT IN A PURPORTED REPRESENTATIVE CAPACITY ON BEHALF OF OTHER MEMBERS OR OTHER PERSONS. THE ARBITRATOR MAY AWARD RELIEF ONLY IN FAVOR OF THE INDIVIDUAL PARTY SEEKING RELIEF AND ONLY TO THE EXTENT NECESSARY TO PROVIDE RELIEF WARRANTED BY THAT INDIVIDUAL PARTY'S CLAIM. The arbitrator is not authorized to award attorney's fees and costs or equitable relief.** In the event the prohibition on class arbitration or any other provision in this arbitration agreement is deemed invalid or unenforceable, then the remaining provisions of these terms and conditions will remain in full force and effect. In the event of any dispute between the parties, you agree to first contact the Provider or AMCN and make a good faith effort to resolve the dispute before resorting to arbitration under these terms and conditions.

11. These terms and conditions supersede all previous terms and conditions between a member and the

Providers or AMCN, including any other writings, or verbal representations, relating to the terms and conditions of membership. These terms and conditions may be modified or amended only in writing signed by the President or a Vice President of AMCN or a Provider, and may not be modified or amended orally, by trade usage or by course of conduct or dealing.

*Air Evac EMS, Inc. / Guardian Flight, LLC / Med-Trans Corporation / REACH Air Medical Services, LLC -- These terms and conditions apply to all AMCN participating provider membership programs, regardless of which participating provider transports you. v.01_2021

AMERICAN MEDICAL RESPONSE EMERGENCY GROUND AMBULANCE MEMBERSHIP AGREEMENT
SERVICE AREA: SAN BENITO COUNTY, CA

MEMBERSHIP BENEFITS: American Medical Response (AMR) is the exclusive ground ambulance provider in San Benito County, CA. AMR membership benefits apply only to medically necessary, emergency ground ambulance transports conducted by AMR within San Benito County, CA (**Covered Transports**). For Covered Transports, AMR will waive any amounts (e.g., co-pays, deductibles and balance billing) owed by the Member to AMR after applying any amounts received from applicable insurance, other benefits and responsible third parties. Normal billing will apply to non-Covered Transports.

• Medically necessary, emergency transports involve the transport of a patient with a sudden, unforeseen medical condition with symptoms of sufficient severity such that the absence of immediate medical attention could result in placing the health of the patient in serious jeopardy. Emergency transports always result in taking the patient to the closest appropriate hospital emergency department. **Member benefits do NOT apply to non-emergency transports**, such as: repetitive transports for services such as dialysis, radiation therapy and chemotherapy, and transports to or from doctors' offices, dentists' offices, physical therapy centers, pharmacies, freestanding clinics or other facilities.

• **AMR is NOT responsible for payment for services provided by another ambulance service.** Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage.

• Membership begins the day after AMR receives the Member's complete Application and full payment and will expire the following year at midnight on the last day of the month payment is received (the "Membership Term").

HOUSEHOLD COVERAGE AND LIMITATIONS: Membership covers the designated primary Member and all persons listed in the Application who dwell in a shared living space with the primary Member. Household members may be added or deleted, and the household location may be changed, by written notice to AMR that is effective the day after receipt by AMR. Each household is limited to 2 transports per Membership term.

MEMBERSHIP APPLICATION AND FEE: The Member represents to AMR that all information in the Application is accurate and complete, and that the Member is not a Medicaid beneficiary. AMR reserves the right to request documentation demonstrating the accuracy of such information. Members who are Medicare beneficiaries and who have supplemental insurance may not need a Membership. The Member agrees to pay AMR the applicable non-refundable and non-transferable membership fee specified in the Application.

INSURANCE ASSIGNMENT: The Member is financially liable for the cost of Covered Services, except to the extent waived under this agreement. Within 30 days after Covered Services are rendered, the Member will provide to AMR any applicable insurance and third-party responsibility information, or will advise AMR that no such coverage exists. In addition, the Member will provide to any applicable insurance company or responsible third party any information necessary to facilitate payment of claims for Covered Services.

AMR reserves the right to bill directly any appropriate insurance, benefits provider or third party for Covered Services rendered, and the Member authorizes all insurers, benefits providers and responsible third parties to pay any covered amounts directly to AMR. The Member understands and acknowledges that AMR will file insurance claims for Covered Services and will be entitled to receive payment from all insurance and third party responsibility claims up to the amount of AMR's usual charges. The Member authorizes any insurance or benefits provider, or other responsible third party, to pay any amounts for Covered Services directly to AMR. The Member assigns to AMR all benefits from any insurance or third-party responsibility claim relating to Covered Services. **The Member agrees to remit immediately to AMR any insurance or other third-party payment received for Covered Services.**

CHOICE OF LAW. Any and all matters arising out of or relating to the membership program, these terms and conditions, and/or the subject matter hereof shall be governed by, construed, and enforced in accordance with the laws of the United States of America (including without limitation, the Federal Arbitration Act) and, to the extent not preempted by Federal law, the laws of the State of Alabama without regard to conflicts or choice of law principles, regardless of the legal theory upon which such matter is asserted. To the extent a state or political subdivision thereof makes the incorporation of common law duties or state law in contracts optional, AMR and you agree that this contract does not incorporate any such common law duties or state laws.

ARBITRATION AGREEMENT. Any controversy or claim arising out of or relating to the membership program, these terms and conditions, and/or the subject matter hereof shall be resolved by binding arbitration by a single arbitrator pursuant to the Consumer Arbitration Rules of the American Arbitration Association ("Rules"), as modified by these terms and conditions. The place of arbitration will be San Francisco, CA. The judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof. **THERE SHALL BE NO RIGHT OR AUTHORITY FOR ANY CLAIMS TO BE ARBITRATED ON A CLASS ACTION, JOINT OR CONSOLIDATED BASIS OR ON BASES INVOLVING CLAIMS BROUGHT IN A PURPORTED REPRESENTATIVE CAPACITY ON BEHALF OF OTHER MEMBERS OR OTHER PERSONS. THE ARBITRATOR MAY AWARD RELIEF ONLY IN FAVOR OF THE INDIVIDUAL PARTY SEEKING RELIEF AND ONLY TO THE EXTENT NECESSARY TO PROVIDE RELIEF WARRANTED BY THAT INDIVIDUAL PARTY'S CLAIM. The arbitrator is not authorized to award attorney's fees and costs or equitable relief.** In the event the prohibition on class arbitration or any other provision in this arbitration agreement is deemed invalid or unenforceable, then the remaining provisions of these terms and conditions will remain in full force and effect. In the event of any dispute between the parties, you agree to first contact AMR and make a good faith effort to resolve the dispute before resorting to arbitration under these terms and conditions.

AGREEMENT: Members must be natural persons. These terms and conditions supersede all previous terms and conditions between a Member and AMR, including any other writings or verbal representations relating to the terms and conditions of Membership. The Member accepts and agrees to these terms by manually or electronically signing the Application, by verbally accepting and agreeing to these terms and/or by remitting payment of the membership fee to AMR. If the Member violates or breaches any of these terms, then this Membership agreement will be immediately terminated and normal billing terms will apply.

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IMPORTANT INFORMATION

If our network provider in your area is not requested for your transport or if it is not available for any reason such as being committed on another patient flight or out of service for weather or maintenance-related issues, you may need to be transported by a ground ambulance or an out of network air ambulance provider. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.