

Discount Medical Plan Application - Dental & Vision Plus

Member Information

First Name: _____ MI: _____

Last Name: _____ DOB: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Credit or Debit Card

Visa MasterCard Discover Amex

Name of Cardholder: _____

Card/Debit Card #: _____

Expiration Date: _____

Bank Draft

Name of Account Holder: _____

Checking Savings

Please include a voided check with this application.

Name of Bank: _____

State of Bank: _____

Routing # (9 #'s at bottom of check): _____

Account #: _____

Membership Fee
(Family members include: member, spouse and legal dependents.)

	Monthly	Annually
Member Only	<input type="checkbox"/> \$6.95	<input type="checkbox"/> \$75.06
Member + One	<input type="checkbox"/> \$11.95	<input type="checkbox"/> \$129.06
Member + Family	<input type="checkbox"/> \$15.95	<input type="checkbox"/> \$172.26

Processing Fee

\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

Family Members
(Date of birth required to add spouse and legal dependents.)

First	Last	MI	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You can cancel in 30 days and receive a full refund, less your processing fee.

Payment Authorization
Membership Terms and Conditions

I authorize Careington International to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "Careington International" on your monthly statement. This application, along with your welcome kit, with all product details, will serve as your membership agreement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

Signature: _____ Date: _____

You can mail your application to
Careington International Corporation, P.O. Box 2568,
Frisco, Texas 75034-9929 or fax it to (888) 335-7330.

Agent Code _____ Group Code DVPLOA3

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Careington International Corp. ("Careington") to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify Careington in writing of its cancellation. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term, and your credit card or bank account will be automatically charged or drafted for the appropriate amount. **Termination Conditions:** Careington reserves the right to terminate plan members from its plan for any reason, including non-payment. If Careington terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees. **Cancellation Conditions:** You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. FL Residents: You have the right to cancel within the first 30 days after effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Careington will accept cancellation requests at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Send a cancellation request with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation requests by email: member@careington.com. When you cancel, you will continue to have access to the plan for the remainder of a the period for which you have paid; your membership will terminate at the end of that period. The preceding sentence does not apply to quarterly, semi-annual, or annual memberships in ND and OK, where you will receive pro-rata cancellation whenever you cancel. **Description of Services:** See the enclosed materials for a specific description of the plan that you have purchased. **Limitations, Exclusions & Exceptions:** This plan is a discount membership program. Careington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time Careington may substitute a provider network at its sole discretion. Careington cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters. **Complaint Procedure:** If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

Careington Dental & Vision Plus Discount Plan



Take 30 days to try the plan!

Starting at:

\$6.95* Month

(*Plus a one-time \$20.00 non-refundable processing fee.)



It's easy to save on dental expenses with Careington

Dental Care

- Over 102,000 participating dentists
- Save 20% to 60% on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns
- Orthodontics included for both children and adults at a 20% savings
- Members may visit any participating dentist on the plan

The dental care discounts are provided by Careington International Corporation.

Hearing Care

- Save 30% off diagnostic services, including hearing exams and significant discounts on the price of hearing aid(s) at over 2,700 provider locations nationwide.
- 1 year of free batteries (80 cell per hearing aid).
- Lowest Price Guarantee*: If you should find a lower price at another local provider, we'll gladly beat that price by 5%.

The hearing care program is provided by HearPO.

*Competitor coupon required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local Provider quotes only will be matched.

Prescription Discounts

- Discounts are available at over 60,000 participating pharmacies nationwide
- Average savings of 15% to 60% off generic drugs and an average savings of 15% to 25% off brand name prescriptions
- Convenient ordering online, by phone, or mail

The prescription discounts are provided by MedImpact.

Disclosures:

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. **THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*** The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are 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. You may access a list of participating health care providers at www.careington.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Montana and Vermont. This plan is not currently available in Washington.*Medicare statement applies to MD residents when pharmacy discounts are part of plan.

Sample Savings*

Description	Regular Cost	Plan Cost	Savings
Routine Checkup	\$49	\$24	51%
Four Bitewing X-Rays	\$63	\$31	51%
Adult Cleaning	\$91	\$48	47%
Child Cleaning	\$67	\$34	49%
Alloy Metal Filling	\$210	\$99	53%
Crown (porcelain fused to high noble metal)	\$1,070	\$600	44%
Molar Root Canal	\$1,000	\$580	42%
Deep Cleaning (four or more teeth per quadrant)	\$248	\$124	50%
Extraction (single tooth)	\$167	\$81	51%
Adolescent Braces	\$5,581	20% Discount	20%

*These fees represent the C1-5 fee schedule. Normal cost is based on industry usual and customary dental data

**Prices subject to change

Vision Correction Surgery

Members will receive discounts on LASIK that are available at approximately 600 locations nationwide. All in-network providers extend discounts of 15% off standard prices or 5% off promotional prices. All surgeons must also meet strict credentialing standards in order to in-network.

Members receive discounts exclusively available through LasikPlus, the featured provider:

- 15% off standard prices or 5% off promotional prices or special member prices
- Free exam (over \$100 value)
- Free enhancements for life on most procedures

Vision Discounts

- VSP is the nation's largest eye care provider
- Save 15% to 35% off eye exams and eyeglasses
- Over 44,000 participating points of care in retail and medical locations

This plan is not insurance. The vision discounts are provided by VSP Choice Access® Plan.

Product not available in MT, VT and WA.

Life Insurance Quotes Referral

- Members access free quotes, expert advice from licensed insurance reps and the option to purchase up to \$500,000 of term life insurance without a medical exam, just by answering a few health questions via Web site
 - Quickly compare top-rated carriers
 - Compare quotes and purchase life insurance
- Life insurance quotes referral are provided by Efinancial Services.



How to Join the Plan

Careington is a leading provider of health care and lifestyle discount plans in the industry.

- Everyone is accepted
- Unlimited plan usage, with no administrative forms to file
- Membership can include family members
- You can cancel in 30 days and receive a full refund, less your processing fee

For additional information, please contact:

XXXXXX
(XXX)-XXX-XXXX
XXX@XXXX.com

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