

DISCOUNT MEDICAL PLAN APPLICATION / DENTAL • VISION

MEMBER INFORMATION

First Name: _____ MI: _____ Last Name: _____ DOB: _____
Street Address: _____ City: _____ ST: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
E-mail Address: _____

FAMILY MEMBERS (DATE OF BIRTH REQUIRED TO ADD SPOUSE AND LEGAL DEPENDENTS.)

First Name _____ MI _____ Last Name _____ DOB: _____

MEMBERSHIP FEE (FAMILY MEMBERS INCLUDE: MEMBER, SPOUSE, LEGAL DEPENDENTS.)

	MEMBER ONLY	MEMBER + ONE	MEMBER + FAMILY	
MONTHLY	<input type="checkbox"/> \$6.95	<input type="checkbox"/> \$11.95	<input type="checkbox"/> \$15.95	
ANNUALLY	<input type="checkbox"/> \$75.06	<input type="checkbox"/> \$129.06	<input type="checkbox"/> \$172.26	*Plus a one-time, non-refundable \$20 processing fee.

CREDIT OR DEBIT CARD

Visa MasterCard Discover American Express
Name of Card Holder: _____
Card/Debit Card #: _____ Exp. Date: _____

OR

BANK DRAFT

Name of Account Holder: _____
 Checking Savings *Please include a voided check with this application.*
Name of Bank: _____ State of Bank: _____
Routing Number (9 numbers at the bottom of the check): _____
Account Number: _____

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. 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, TX 75034-9929 or fax it to: (888) 335-7330.

Agent code:

Group Code: CLEFDV14

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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.

Vivir  Saludable
DENTAL • VISION



 **Careington** LATINO
Vivir una vida saludable

Health care savings made easy.

Get access to great savings on eye care and dental work with Vivir Saludable Dental Vision. Members will enjoy discounts on services such as routine dental exams, cleanings and eye exams. Skip those lines at the dentist's office, too! Through this plan, 24/7 help from a dental professional is just a click away, and a free smart phone app is available for those on the go. This isn't insurance, so you can use it right away with unlimited usage. Just become a member and show your member ID to any participating health care professional near you to receive your discount. It's that easy!

ADVANTAGES

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

PRICING OPTIONS

MONTHLY RATES ANNUAL RATES

Starting at
\$6.95

OR

Starting at
\$75.06

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

THE PLAN

DENTAL

Save **5% to 60%** on most dental procedures including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns through one of the largest dental networks nationally with a focus on neighborhood dentists.

About Careington: Careington International Corporation is a Discount Medical Plan Organization and PPO Dental Network Administrator that provides access to quality dental, health care and lifestyle services at reduced rates. The company provides a range of membership programs that deliver significant savings to more than eight million members nationwide.

About DenteMax: DenteMax was founded in 1985 in Michigan and eventually expanded into Ohio and California, and gradually throughout the entire United States to become the nation's largest leasable dental PPO network.

DENTAL INFORMATION

eDocAmerica (Dental Only) offers members free and unlimited email access to dentists who will answer questions related to:

- » General Dentistry
- » Dentistry Drug Interactions
- » Children and Dentists
- » Cosmetic Dentistry

Members can get questions answered, make better decisions and live healthier with eDocAmerica.

**This product is not available in MA.*

VISION

Members are able to save **15% to 35%** off exceptional eye care with the VSP Choice Access® Plan. Members are eligible for savings on eye exams and eyeglasses at over 50,000 participating providers nationwide. This plan is not insurance.

Product not available in MT, VT and WA.

VISION CORRECTION SURGERY

Members will receive savings of **40% to 50%** off the overall national average cost for Traditional LASIK surgery through QualSight. Members can receive significant savings on newer procedures like Custom Bladeless (all laser) LASIK. QualSight has more than 750 locations, so members can choose the provider and the LASIK procedure that meets their vision care needs.

The QualSight program is not an insured program. Product not available in MT.



Try the plan free for 30 days!



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Careington is a member of:



DISCLOSURE: 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.careingtonlatino.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, AR and TN resident will be refunded processing fee). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont. This plan is not currently available in Washington. *Medicare statement applies to MD residents when pharmacy discounts are part of plan.

HOW TO JOIN THE PLAN!

PHONE:
(877) 376-8959

7:00 a.m. to 7:00 p.m. CST
Monday - Friday

WEBSITE:
www.careingtonlatino.com

FAX:
(888) 335-7330

MAIL:
Careington International Corporation
7400 Gaylord Parkway, Frisco, TX 75034