

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.)

MONTHLY	MEMBER ONLY	MEMBER + ONE	MEMBER + FAMILY	
ANNUALLY	<input type="checkbox"/> \$9.95	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$17.95	
	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$179.00	*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 Number: 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: CIDV14135312CIC2353 Group Code: CIDV14

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 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.



Live Healthy

DENTAL • VISION

Health care savings made easy.

Get access to great savings on eye care and dental work with the Live Healthy Dental Vision Plan. 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.

HERE IS WHAT'S INCLUDED:

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.

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 CORRECTION SURGERY

Serving you with choice, quality and savings.

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 800 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*

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.*

Sample Dental Savings*

Procedure Description	Regular Cost *	Plan Cost**	\$ Savings	% Savings
Adult Cleaning	\$118	\$56	\$63	53%
Child Cleaning	\$83	\$41	\$42	50%
Routine Checkup	\$69	\$28	\$41	59%
Four Bitewing X-rays	\$80	\$37	\$43	53%
Composite (White) Filling	\$188	\$92	\$96	51%
Crown (porcelain fused to noble metal)	\$1332	\$721	\$611	46%
Complete Upper Denture	\$1911	\$935	\$976	51%
Molar Root Canal	\$1299	\$676	\$623	48%
Extraction (single tooth)	\$221	\$94	\$128	58%

* Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2014 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas.

** These fees represent the average of the assigned Maximum Care (DNTS) fees in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. Prices subject to change.

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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 range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.careington.com/ciplans. A written list of participating providers is available upon request. You may 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 residents 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 or Washington.

Pricing Options

Monthly

Starting at
\$9⁹⁵

OR

Annual

Starting at
\$99⁰⁰

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

Try the plan for 30 days!

How To Join The Plan!



PHONE: (800) 400-8789

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



WEBSITE:

www.careington.com/ciplans



FAX: (888) 335-7330



MAIL:

Careington International Corporation
7400 Gaylord Parkway, Frisco, TX 75034

Careington is a member of:

