

Discount Medical Plan Application – Dental & Vision

This application, along with your fulfillment kit will serve as your entire membership agreement.

Member Information

First Name: _____ MI: _____

Last Name: _____ DOB: _____

Street Address: _____

Zip: _____

Daytime Phone: _____

E-mail Address: _____

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

Monthly \$12.95

Annual \$129.00

Application Fee

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

Family Members

45 Day Satisfaction Guarantee

Credit or Debit Card

Visa MasterCard Discover Amex

Name of Cardholder: _____

Card/Debit Card #: _____

Expiration _____ Date: _____

Checking Savings

Please include a voided check with this application

Name of Bank: _____

City and State of Bank: _____

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

_____|_____|_____|_____|_____|_____|_____|_____|_____|

Account #:

_____|_____|_____|_____|_____|_____|_____|_____|_____|

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 (877) 335-7811.

Agent Code: BRETHARD Group Code DVLL-09

Terms and Conditions

This program is not insurance or a health insurance policy. This program is a discount membership program offered by Careington. 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 medical 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 your appointment.

Renewal Conditions: By joining a plan, you are authorizing Careington to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Careington Corporation 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 on an annual basis, 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.

Cancellation Conditions: You have 45 days from the date you join the plan to use the plan risk-free. 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 and cancel program memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a valid cancellation notice. Please send a cancellation letter and a request for refund 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 by email: member@careington.com. If Careington is billing you quarterly, semi-annually or annually, Careington will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Careington. 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 medical 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 your appointment. 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 discounts contained herein 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 program. 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 is a participant in the plan. At any time Careington has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion. Careington cannot guarantee the continued participation of any provider. If he or she 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. Services and service providers may change or be discontinued at anytime with notice as required by law.

Careington Dental & Vision Discount



For only \$12.95/month or \$129/year, you and your family can access discounts on dental care, vision care, vision correction surgery and more!



Purchase this plan and get a FREE membership to LifeLock



It's easy to save on dental expenses with Careington



FREE with your purchase of the Dental Vision plan

Identity Theft Protection

LifeLock guarantees that if your identity is compromised, LifeLock will come to your aid and resolve the situation, spending up to \$1 million eRecon™, a regular patrol of the Internet, searches for your confidential information being illegally traded or sold online
 Fraud alerts on all of your credit reports, to help prevent anyone from opening an account in your name without your knowledge
 Reduction of pre-approved credit offers and dramatically reduced junk mail
 The identity theft protection is provided by LifeLock.

How to join the plan

Contact: Bret Harding (801) 372-2647

1. Phone: (800) 400-8789
between 8:30am and 5:30pm CST
Monday through Friday
2. Online: www.careington.com
3. Fax: (877) 335-7811
4. Mail: Careington International Corporation
Attn: Member Services
7400 Gaylord Parkway
Frisco, TX 75034

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

All plans include a 45-day satisfaction guarantee
 Everyone is accepted
 Unlimited plan usage, with no administrative forms to file

Offered by:
 Careington International Corporation
www.careington.com



LASIK Vision Correction Surgery

15% savings on standard prices, or 5% savings on promotional prices of LASIK vision correction surgery

Access to 570 locations nationwide

The LASIK vision correction surgery discounts are provided by LCA-Vision's National Lasik Network.

Medical Loan

Financing options available for inpatient or outpatient procedures at the hospital, cosmetic surgery, weight loss surgery, vision correction surgery or any other medical procedure
 Low monthly payments and no down payment required

Medical loans are provided by My Medical Loan.*

*Approval of an application may be required

Vision Care

15% to 35% savings on eye exams, eyeglasses and contact lenses

Access to over 34,000 participating providers nationwide

The vision care discounts are provided by VSP Choice AccessSM Plan.

VSP Choice AccessSM Plan Sample Savings*

Description	Average Cost <i>With</i> Plan	Average Cost <i>Without</i> Plan	Your Typical Savings
Eye Exam	\$80	\$137	\$57
Frame	\$150	\$200	\$50
Single Vision Lenses	\$45	\$83	\$38
Lenses that Transition	\$72	\$90	\$18
Anti-Reflective Coating	\$45	\$70	\$25

*These costs and savings are based on Fee Schedule #5. Please visit



Dental Care

5% to 60% savings on most dental procedures, including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns

5% to 20% savings on normal fees – where available – for specialties such as orthodontics, endodontics, oral surgery, pediatric dentistry, periodontics and prosthodontics

Access to over 65,000 participating dentists and specialists nationwide

The dental care discounts are provided by Careington International Corporation.

Sample Savings Based on National Average*

Code	Description	Plan Cost	Regular Cost	Savings
0120	Periodic Oral Exam	\$24	\$49	51%
0274	Four Individual X-ray Films	\$31	\$63	51%
1110	Adult Dental Cleaning	\$48	\$91	47%
1120	Child Dental Cleaning	\$34	\$67	49%
2160	Silver Filling/Restoration	\$99	\$210	53%

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

**Prices subject to change

Disclosures:

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*

This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. 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.searchforaprovider.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 program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. *Medicare statement applies to MD residents when pharmacy discounts are part of program.