



CAREINGTON DENTAL ♦ EYEMED VISION CARE ♦ MEDIMPACT
 Dental, Vision & Prescription Savings Plan

Agent: Max Dental | 888-606-5550 | jcrater@maxdental.com | http://maxdental.caredp.com/

DENTAL

Save on Preventive Procedures,
Including Exams, X-rays, and Cleanings

Save on Basic & Major Restorations.
Fillings, Crowns, Dentures available at deep savings

Save on Orthodontics,
Including Braces for both children and adults

Thousands of participating providers nationwide

Includes all specialties:

- Endodontics** **Pedodontics**
- Oral Surgery** **Periodontics**
- Orthodontics** **Prosthodontics**

All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.

Members may visit any participating dentist on the plan and change providers at any time.

Specialty care included where available.

PRESCRIPTION

- Discount Prescription card assures that members receive the lowest prices on most prescriptions at participating pharmacies.
- A **savings of 15% - 60%** on generic prescriptions and a **savings of 15% - 25%** on brand name prescriptions from the nation's leading pharmacies.
- Convenience of mail order pharmacy.

VISION

Members have access to over **50,000 providers** including optometrists, ophthalmologists, opticians, and leading optical retailers.

- Savings of 20% to 40%
- 20% off items not included
- Unlimited frequency
- Laser vision correction savings
- Choice of any available frame
- Replacement contact lens by mail

Mail completed application to:

Careington Dental Plan
2501 Parkview Dr, Suite 210
Fort Worth, TX 76102

Or FAX to: (817) 377-8826

† Please make Checks/Money Orders payable to Careington International.

| Only Six Steps! | | Please complete the following application. | | | | | |
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| 1. FILL OUT YOUR NAME 2. COMPLETE YOUR ADDRESS | | 3. LIST ADDITIONAL MEMBERS 4. SELECT PLAN | | | 5. CHOOSE PAYMENT METHOD 6. SIGN AND MAIL WITH PAYMENT | | |
| Name | | Birthday / / | | Email | | | |
| Home Address (Incl. Apt. #) | | City | | State | Zip | Home Phone (incl. AC) | |
| List of Additional Members to Include | 1. Name | Birthday / / | 2. Name | Birthday / / | 3. Name | Birthday / / | |
| | 4. Name | Birthday / / | 5. Name | Birthday / / | 6. Name | Birthday / / | |
| Select plan: <input type="checkbox"/> Careington Care 500 <input type="checkbox"/> Careington POS <input type="checkbox"/> Dental Access Plan (powered by the Aetna Dental Access network) | | | | | | | |
| <input type="checkbox"/> I want to pay by CHECK or MONEY ORDER payable to Careington International on a: <input type="checkbox"/> Quarterly Basis – enclose payment for 3 months with application. <input type="checkbox"/> Annual Basis – enclose payment for 12 months with application | | I would like to include: (check one) <input type="checkbox"/> Individual \$119.00 <input type="checkbox"/> Individual+1 \$169.00 <input type="checkbox"/> Family \$199.00 | | Amount to include with application, if you pay: | | | |
| | | | | Annually (Save 10%) <small>(includes one-time \$20 processing fee)</small> | | Quarterly <small>(includes one-time \$30 processing fee)</small> | Monthly <small>(includes one-time \$30 processing fee)</small> |
| <input type="checkbox"/> I want to pay MONTHLY by BANK DRAFT . I hereby authorize you to pay checks drawn on my account by Careington International, and payable to same, provided there are sufficient collected funds in said account to pay the same upon presentation. Enclose a voided check AND a check for first month's fee payable to Careington International | | Processing will be delayed without complete payment. | | * Monthly is available by bank draft and credit cards only | | | |
| | | | | <input type="checkbox"/> I want to pay by CREDIT CARD on a: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | | Account Number | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | | | | Name on Card | | Exp. Date | |
| Signature X | | Date | | Effective Date <small>Please select one of the following:</small> | | <input type="checkbox"/> This Month <input type="checkbox"/> Next Month | |
| <small>For Office Use Only</small> | | <small>Sales Summary Number</small> | | <small>Group Number</small> | | <small>WA</small> CRATEZ Office QUALBE | |

This is not insurance.

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 website 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.

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 this website. 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 800-372-7615.

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. This plan is not currently available in Washington. *Medicare statement applies to MD residents when pharmacy discounts are part of program.

This is not insurance.