

Discount Medical Plan Application - Dental Vision

Member Information

First Name: _____ MI: _____

Last Name: _____ DOB: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Daytime Phone: _____

E-mail Address: _____

Membership Fee

(Family members include: member spouse and legal dependents)

Monthly \$14.95

Annual \$135.00

Application 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

You can mail your application to Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (877) 335-7811.

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 #: _____

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: _____

Agent Code	AADNY	Group Code	AADP
Location Code: BEACON			

TERMS & CONDITIONS
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 International 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 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 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 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.
Description of Services: Please see the enclosed materials for a specific description of the programs that you have purchased.
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 Careington 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.
Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. All complaints or grievances are documented in the monthly Quality Assurance log along with the date and content of the complaint or grievance. Members have the right to request an appeal of the complaint and grievance resolution. Appeals will be sent to the Committee and will be entitled to a second review with different individuals. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department. **TX Residents:** All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.



Family Dental & Vision Discount Plan



For only \$14.95/month
 get the look you want and save on dental, vision and LASIK for the entire family.

It's easy to save on health care expenses with All Access

Dental Care

- Plan includes your entire family
- 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.

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.

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.

Sample Savings Based on National Average*				
Code	Procedure Description	Regular Cost*	Plan Cost**	% Savings
0120	Periodic Oral Exam	\$66	\$25	62%
0274	Bitewings-Four Films	\$72	\$32	56%
1110	Adult Dental Cleaning	\$117	\$49	59%
1120	Child Dental Cleaning	\$81	\$35	56%
2160	Silver Filling/Restoration	\$258	\$101	61%
2750	Crown-Porcelain Fused to High Noble Metal	\$1,303	\$618	53%
3330	Root Canal-Molar (Excluding Final Restoration)	\$1,278	\$598	53%
4341	Periodontal Scaling and Root Planing	\$247	\$128	48%
5110	Complete Denture - Maxillary	\$1,652	\$819	50%
5120	Complete Denture - Mandibular	\$1,652	\$819	50%
7140	Extraction-Erupted Tooth or Exposed Root	\$236	\$84	64%
2952	Post and core in addition to crown	\$485	\$205	58%
2332	Resin-based composite - three services anterior	\$253	\$114	55%
6010	Surgical placement of implant body	\$2,760	20% Discount	20%
2962	Labial veneer (porcelain laminate)	\$1,156	20% Discount	20%

* Regular cost is based on the 80th percentile usual and customary dental rates for New York.

** These fees represent the All Access Dental fee in upstate New York locations. Prices subject to change at other locations.



How to join the plan

- Phone:** (866) 335-4747
between 8:30am and 5:30pm CST
Monday through Friday
Mention promo code "All Access" and your Location Code - **BEACON**
- Fax:** (877) 335-7811
- Mail:** Careington International Corporation
Attn: Member Services
7400 Gaylord Parkway
Frisco, TX 75034

The Advantages

- You can cancel in 30 days and receive a full refund, less your processing fee
- Everyone is accepted
- Unlimited plan usage
- No administrative forms to file
- Membership includes member plus family
- Member receives a membership kit with instructions and 2 ID cards

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.careington.com/co/AADP. 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.

Careington is a member of



Administered by:
Careington International Corporation