

# DISCOUNT MEDICAL PLAN APPLICATION/DENTAL • VISION PLUS TELEMEDICINE

## 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"/> \$12.95  | <input type="checkbox"/> \$14.95  | <input type="checkbox"/> \$16.95  |   |
| ANNUALLY | <input type="checkbox"/> \$129.00 | <input type="checkbox"/> \$149.00 | <input type="checkbox"/> \$159.00 | *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:

Group Code: CIDVT14

FORMCIDVT14| BROCHURE-0515

## 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 PLUS TELEMEDICINE

 **Careington**  
Promoting Health and Well-Being

# Saving made simple with Careington.

Take advantage of discounts and services through **Live Healthy Dental Vision with Telemedicine**. Through this plan, members save on both generic and name brand prescriptions at participating pharmacies nationwide. This plan is also great for people on the go, as members can call in prescriptions or speak with a medical professional at any time of day instead of wasting time in a waiting room. 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!**

## 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.

**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.

### 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.*

**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](http://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.

## 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



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

### 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 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*

### TELEMEDICINE

Teladoc is a national network of U.S. board-certified, and state-licensed physicians who use electronic health records, telephonic consultations and online video consultations to diagnose conditions, recommend treatment and write short-term, non-DEA controlled prescriptions when medically appropriate. Physicians are available 24 hours a day, 365 days a year, allowing you and your family convenient access to quality care from home, work or on-the-go.

**Cost of Consultation: Free!**

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### PRESCRIPTION DISCOUNTS

Members will save between **15% to 60%** on generic drugs and **15% to 25%** on brand name drugs at over 60,000 participating pharmacies nationwide including Safeway, CVS, Duane Reade, Wal-Mart, Target, Walgreens and Rite Aid.

### MEDICAL INFORMATION

eDocAmerica is an online health and wellness service that provides unlimited access to physicians, psychologists, pharmacists, dentists, dietitians and fitness trainers for routine medical questions and information.

*This product is not available in MA.*

Don't forget to like us on Facebook and follow us on Twitter for more information, updates and industry news!

 [facebook.com/Careington](https://facebook.com/Careington)  [@careington](https://twitter.com/careington)

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](http://www.careington.com/ciplans)



**FAX:** (888) 335-7330



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

Careington is a member of:

