### **Membership Agreement Part One - Dental Vision**

Member Information	Credit or Debit Card			
First Name: MI:  Last Name: DOB:	☐ Visa ☐ MasterCard ☐ Discover ☐ Amex			
Street Address:	Card/Debit Card #:			
City: St: Zip:	Expiration Date:			
Daytime Phone:	Bank Draft			
	Name of Account Holder:			
Evening Phone:	☐ Checking ☐ Savings			
E-mail Address:	Please include a voided check with this application			
Membership Fee (Immediate family members included-member spouse and legal dependents)	Name of Bank:			
☐ Monthly \$11.95	Routing # (9 #'s at bottom of check):			
☐ Annual \$119.00				
Application Fee	Account #:			
\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION	Payment Authorization Membership Terms and Conditions			
Family Members (Date of birth required to add spouse and legal dependents)  First Last MI DOB	I authorize <b>Care</b> ington International to bill my credit/debic 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 " <b>Care</b> ington International" on you monthly statement. This application, along with you welcome kit, with all product details, will serve as you membership agreement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.			
	Signature: Date:			
45 Day Satisfaction Guarantee	You can mail your application to Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (972) 335-3986.			

Agent Code

Group Code GHM-DV

**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

<u>Termination Conditions</u>: <u>Careington</u> 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 a nominal processing fee. Receipt of membership materials will be deemed to have occurred 15 days after member's effective date. Residents of Arkansas and Tennessee are entitled to refund of processing fees if cancelled within the first 30 days. 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. You may also submit cancellation by e-mail: member@careington.com. If Careington is billing you quarterly, semiannually 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.

<u>Limitations, Exclusions & Exceptions</u>: Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Pléase 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.

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. TX Residents: All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

GHM-DV:: 083109

Careington

Promoting Health and Well-Being

Dental & Vision

Discount Plan

Discount



For only \$11.95/month or \$119/year, you and your family can access discounts on dental cleanings, x-rays, root canals, eye glasses, contacts and vision surgery!

Administered by:

Careington

Promoting Health and Well-Being

www.careington.com

# It's easy to save on your dental and vision needs!

#### **Dental Services**

Now you can take advantage of substantial discounts on dental care from **Care**ington International Corporation, one of the most recognized professional dental networks in the nation. Your dentist has met highly selective credentialing standards based on education, background, license standing and other requirements.

- Average annual savings of \$1,200 per family on dental work
- Savings of 20%-50% on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns
- Savings of 20% on orthodontics for both children and adults
- Savings of 20% on normal fees for all specialties including endodontics, oral surgery, orthodontics, pediatric dentistry, periodontics and prosthodontics – where available

The dental care discounts are provided by **Care**ington International Corporation.

Sample Savings Based on National Average*				
Code	Description	Plan Cost	Regular Cost	Savings
0120	Periodic Oral Evaluation	\$23	\$49	53%
0274	Bitewings-Four Films	\$29	\$63	54%
1110	Prophylaxis-Adult (light)	\$45	\$91	51%
1120	Prophylaxis-Child	\$32	\$67	52%
2160	Amalgam-Three Surface, Primary or Permanent	\$95	\$210	55%
2750	Crown-Porcelain Fused to High Noble Metal	\$577	\$1,070	46%

<sup>\*</sup>These fees represent the CI-5 fee schedule. Normal cost is based on the 80th percentile of the National Dental Advisory Service Comprehensive Fee Report for 2008.

<sup>\*\*</sup>Prices subject to change



Disclosures:
THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.\*
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. Before purchase, 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, Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco. TX 75034; phone (800) 441-0380.

Note to Texas Consumers: Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711; telephone (800) 803-9202 or (512) 463-6599 Web site: www.license.state.tx.us/complaints. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. \*Medicare statement applies to MD residents when pharmacy discounts are part of program. This program is not available in Montana and Vermont.



#### **Vision Discounts**

- Members save 20% to 40% off the retail price of evewear
- Receive discounts on exams and contact lenses
- Members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount
- More than 40,000 providers nationwide including independent optometrists, ophthalmologists, opticians, and leading optical retailers such as LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical, and most Pearle Vision® locations

The vision discounts are provided by EyeMed Vision Care Access Plan D.

## The Careington Advantage

**Care**ington is the leading provider of health care and lifestyle discounts in the industry.

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

#### How to use the plan

- Visit www.careington.com or contact our member services dept at (800) 290-0523 to locate a participating provider.
- After you locate a provider in your area, schedule an appointment and confirm the provider's continued participation in the Careington plan.
- Present your membership card during your visit.
- You will receive the discount and are responsible for paying the entire discounted fee at the time the service is provided.

#### How to sign up

- Call: (866) 222-2558 & Mention code "GHM"
- **Website**: www.careington.com/co/ghm
- Mail: 7400 Gaylord Pkwy, Frisco TX 75034
- Fax: (877) 335-7811

Administered by: Careington International Corporation