



CAREINGTON DENTAL ♦ EYEMED VISION CARE

Dental & Vision Savings Plan

DENTAL

Save 20% to 60% on Preventive Procedures, Including Exams, X-rays and Cleanings

Save 30% to 40% on Basic & major restorations Fillings, Crowns, Dentures available at deep savings

Save 20% on Orthodontics Including Braces for both children and adults

Average annual savings of \$1,200 per family on dental work.

Over 24,000 participating providers nationwide

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

Endodontics Pedodontics
Oral Surgery Periodontics
Orthodontics Prosthodontics

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

20% reduction on usual and customary fees on specialty care where available.

Includes Cosmetic dentistry such as Bonding and Veneers

VISION

Members have access to over **30,000 providers** including optometrists, ophthalmologists, opticians and leading optical retailers such as:



- ⇒ Replacement contact lens by mail
- ⇒ Savings up to 35% off
- ⇒ Unlimited frequency
- ⇒ Choice of any available frame
- ⇒ 20% off items not covered
- ⇒ Laser vision correction savings
- ⇒ Replacement contact lens by mail

Laser Vision Correction: EyeMed and LCA-Vision have arranged to provide this benefit to all EyeMed members through one of the largest laser networks available, the US Laser Network. 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. Simply call 1-877-5LASER6 to begin the process.

Mail completed application to:
 Benefits.com, Inc.
 225 Wireless Blvd
 Hauppauge, NY 11788

Contact us at:
 (631)951-9200
 Fax (631)951-9623

Only Six Steps!		Please complete the following application.					
1. FILL OUT YOUR NAME		2. COMPLETE YOUR ADDRESS			3. LIST INCLUDED MEMBERS		
4. SELECT PLAN		5. CHOOSE PAYMENT METHOD			6. SIGN AND MAIL WITH PAYMENT		
Name		Social Security Number			Spouse's Name		
Home Address (Incl. Apt. #)		City	St	Zip	Home Phone (incl. AC)		
List of Members to Include	1. Name	Birthday (/ /)	2. Name	Birthday (/ /)	3. Name	Birthday (/ /)	
	4. Name	Birthday (/ /)	5. Name	Birthday (/ /)	6. Name	Birthday (/ /)	
<input type="checkbox"/> I want to pay by CHECK or MONEY ORDER payable to CAREINGTON International on a: <input type="checkbox"/> Quarterly Basis – enclose payments for 3 months with application. <input type="checkbox"/> Annual Basis – enclose payments for 12 month with application		<input type="checkbox"/> I would like to include: (check one)		Amount to include with application, if you pay:			
			Monthly Rate	One time Processing fee	Monthly *	Quarterly	Annual (save 10%)
		<input type="checkbox"/> Individual	\$6.95	\$20.00	\$26.95	\$ 40.85	\$75.00
		<input type="checkbox"/> Individual +1	\$11.95	\$20.00	\$31.95	\$ 55.85	\$129.00
		<input type="checkbox"/> Family	\$15.95	\$20.00	\$35.95	\$67.85	\$192.26
		<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"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	Account Number		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Name on Card			Exp. Date		
Subscriber's Signature X				Date			
For QBI Use Only	Group No. DEMQBI-R	Ssum#	GA BENEFZ	Agent	Effective Date		

Please note that this is not health insurance and we do not make payments directly to medical services providers. It is a discount program, and you are obligated to pay for all health care services. You will receive discounts for medical services at certain health care providers who have contracted with the plan. This plan is administered by **CAREINGTON International Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034. The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered. Note to Utah residents: this contract is not protected by the Utah Life and Health Guaranty Association.

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 are agreeing to the terms and conditions of the plan and adopting it for a minimum of one year. 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 International** 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 to use the plan risk-free. If for some reason within 45 days you are dissatisfied with the plan and wish to cancel and obtain a refund of any membership fees paid, please send a cancellation letter and a request for refund with your name and member number to Member Services, **CAREINGTON International** at 7400 Gaylord Parkway, Frisco, Texas 75034. If **CAREINGTON International** is billing you quarterly, semi-annually or annually, **CAREINGTON International** 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 International** Corporation. **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 International** 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 without notice.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Member Services, **CAREINGTON International** at 7400 Gaylord Parkway, Frisco, Texas 75034.

Disclosure:

- 1) This plan is not a health insurance policy.
- 2) This plan provides discounts at certain healthcare providers for medical services.
- 3) This plan does not make payments directly to providers of medical services.
- 4) The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount medical plan organization.

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