

The **CMC Total-Care Plan** includes discount health and medical services from nearly 500,000 physicians, hospitals, clinics, dentists, optometrists and many other ancillary types of service providers.

Plus, you and your entire family will receive:

- Comprehensive Dental Care Savings
- Comprehensive Vision Care Savings including LASIK Surgery
- Comprehensive Prescription Drug Savings

That's not all...

The CMC Total-Care Plan offers additional savings averaging from 20% to 45% with service to millions of patients annually. There are over 350,000 medical doctors including:

- Family Practice • Internal Medicine • Cardiology • Radiology
- Neurology • Oncology • Orthopedic • Pediatric • OB/GYN • Allergy

We're still not finished...there's more!


CMC Total-Care Plan also provides:

- 24 hour toll-free nurse on call
- Chiropractic Care Savings
- Free Access to Medical Information Library on 1,200 subjects

Mail completed application to:
1Dental.com
Careington / QBI
1203 Lake Street, Suite 210
Fort Worth, TX 76102

Contact us at:
(800)372-7615
Fax: (817)377-8826
help@1Dental.com
1Dental.com

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

Only Six Steps!						 <i>Please complete the following application.</i>						
1. FILL OUT YOUR NAME			3. LIST ADDITIONAL MEMBERS			5. CHOOSE PAYMENT METHOD						
2. COMPLETE YOUR ADDRESS			4. SELECT PLAN			6. SIGN AND MAIL WITH PAYMENT						
Name			Birthday / /		Email			Spouse's Name		Birthday / /		
Home Address (Incl. Apt. #)				City		State		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:				Amount to include with application, if you pay:								
<input type="checkbox"/> Annual Basis – enclose payment for 12 months with application					Monthly Rate	non-refundable app fee	Monthly *		Annual (save 25%)			
<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				Total-Care	\$29.95	\$20.00	\$49.95		\$289.00	* Monthly is available by <u>bank draft</u> and <u>credit cards</u> only		
<input type="checkbox"/> I want to pay by CREDIT CARD on a: <input type="checkbox"/> Monthly <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		
Signature X					Date			Effective Date Please select one of the following:		<input type="checkbox"/> This Month <input type="checkbox"/> Next Month		
For Office Use Only			Sales Summary Number 80176			Group Number CHOICETOT			WA 1DENTZ		Office QUALBE	

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 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. 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.

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. *Medicare statement applies to MD residents when pharmacy discounts are part of program.