

**DENTAL**

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

**Save 20% to 60%** on Basic & Major Restorations  
Fillings, Crowns, Dentures available at deep saving

**Save 20%** on Orthodontics, including braces for children and adults

**Average annual savings of \$1,200 per family.**

**Over 62,000 participating providers nationwide**

- |                                  |                         |
|----------------------------------|-------------------------|
| <b>Includes all specialties:</b> | All dentists must meet  |
| ✓ <b>Endodontics</b>             | highly selective        |
| ✓ <b>Oral Surgery</b>            | credentialing standards |
| ✓ <b>Orthodontics</b>            | based on education,     |
| ✓ <b>Pedodontics</b>             | background, license     |
| ✓ <b>Periodontics</b>            | standing and other      |
| ✓ <b>Prosthodontics</b>          | requirements.           |

Members may visit any participating dentist on the plan  
**20% reduction** of normal fees for specialty care, where available.

**Includes Cosmetic dentistry** such as Bonding and Veneers

**VISION**

Members have access to over **40,000 providers** including optometrists, ophthalmologists, opticians and leading optical retailers such as:



- ⇒ **Replacement contact lens by mail**
- ⇒ **Savings of 20% to 40%**
- ⇒ **Unlimited frequency**
- ⇒ **Choice of any available frame**
- ⇒ **20% off items not included**
- ⇒ **Laser vision correction savings**

**Laser Vision Correction:** EyeMed and LCA-Vision have arranged to provide this plan 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.

**✂ Please complete and detach the following application:**

Name		Birthdate / /	Email		Spouse's Name		Birthdate / /
Home Address (Incl. Apt. #)			City	State	Zip	Home Phone (incl. AC)	
<b>List of Members to Include</b>	1. Name	Birthdate / /	2. Name	Birthdate / /	3. Name	Birthdate / /	
	4. Name	Birthdate / /	5. Name	Birthdate / /	6. Name	Birthdate / /	
Sponsoring Employer / Association:							
I would like to include (check one): <input type="checkbox"/> Myself only \$6.95 <input type="checkbox"/> Me and one \$10.95 <input type="checkbox"/> My Family \$14.95							
<b>I want to pay MONTHLY by PAYROLL DEDUCTION.</b> I authorize my employer to deduct from my earnings the necessary contribution, if required of me.							
Signature <b>X</b>				Date			
For Office Use Only	Sales Summary Number	Group Number <b>ZDEM</b>	WA <b>BDGRP</b>	Office <b>QUALBE</b>	Effective Date		

- 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 CareingtonProviders.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.
- Discount Medical Plan Organization and administrator: **Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; ph (800)372-7615.**

**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 website: [www.license.state.tx.us/complaints](http://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 Maryland residents when pharmacy discounts are part of program. This program is not available in Vermont and Montana.