

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 savings

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

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

Over 62,000 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 of normal fees for specialty care where available.

Includes Cosmetic dentistry such as Bonding and Veneers

PRESCRIPTION

Discount Prescription card assures that members receive the lowest prices on most prescriptions at participating pharmacies.

An **average savings of 31%** on generic prescriptions and an **average savings of 13%** on brand name prescriptions from the nation's leading pharmacies.

Over 57,000 pharmacy locations nationwide. Plus, the convenience of our Internet and Mail Order Pharmacy.

VISION

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



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

Mail completed application to:

The Benefits Group, Inc.
David Bommarito
2550 S Rochester Road
Rochester Hills, MI 48307

Contact us at:

(800)472-5005
Fax: (248)299-4747
edental.cidental.com

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

Only Six Steps!

Please complete the following application.

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: <input type="checkbox"/> Quarterly Basis – enclose payment for 3 months with application. <input type="checkbox"/> Annual Basis – enclose payment for 12 months with application		<input type="checkbox"/> Individual <input type="checkbox"/> Individual+1 <input type="checkbox"/> Family			I would like to include: (check one) <table border="1"> <thead> <tr> <th></th> <th>Monthly Rate</th> <th>One time app fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Individual</td> <td>\$7.95</td> <td>\$20.00</td> </tr> <tr> <td><input type="checkbox"/> Individual+1</td> <td>\$12.95</td> <td>\$20.00</td> </tr> <tr> <td><input type="checkbox"/> Family</td> <td>\$16.95</td> <td>\$20.00</td> </tr> </tbody> </table>			Monthly Rate	One time app fee	<input type="checkbox"/> Individual	\$7.95	\$20.00	<input type="checkbox"/> Individual+1	\$12.95	\$20.00	<input type="checkbox"/> Family	\$16.95	\$20.00	Amount to include with application, if you pay: <table border="1"> <thead> <tr> <th>Monthly *</th> <th>Quarterly</th> <th>Annually (Save 10%)</th> </tr> </thead> <tbody> <tr> <td>\$27.95</td> <td>\$43.85</td> <td>\$105.86</td> </tr> <tr> <td>\$32.95</td> <td>\$58.85</td> <td>\$159.86</td> </tr> <tr> <td>\$36.95</td> <td>\$70.85</td> <td>\$203.06</td> </tr> </tbody> </table>		Monthly *	Quarterly	Annually (Save 10%)	\$27.95	\$43.85	\$105.86	\$32.95	\$58.85	\$159.86	\$36.95	\$70.85	\$203.06
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<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																										
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 43046		Group Number EMXQBI-R		WA BOMMAZ	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 that you have read the terms and conditions of the plan and adopting it for 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 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: Member Services, **Careington International** at 7400 Gaylord Parkway, Frisco, Texas 75034.

Disclosures:

1. **THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.***
2. 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.
3. The plan does not make payments directly to the providers of medical services.
4. 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.
5. 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.
6. 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.
7. Discount Medical Plan Organization and administrator: **Careington International Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034; phone (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. 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.