



CAREINGTON CMC TOTAL-CARE

Solving Your Health Care Puzzle

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

See how much you can save in one year!

| Service Product | Regular Cost | Your Sample Cost | Your Savings | Your Annual Savings |
|-----------------|--------------|------------------|--------------|---------------------|
| Doctor Visits | \$120 | \$90 | \$30 / visit | \$120 |
| Prescriptions | \$100 | \$80 | \$20 / month | \$240 |
| New Glasses | \$285 | \$185 | \$100 / pair | \$100 |
| Dental Visits | \$110 | \$55 | \$55 / visit | \$110 |
| Chiropractor | \$50 | \$35 | \$15 / month | \$180 |

Sample Annual Total-Care Savings per Person: \$750

and remember... With CMC Total-Care Plan you have...

- 45-day satisfaction guarantee
- Free customer support service

Mail completed application to:

Eisenberg Associates
 Richard Eisenberg
 1340 Centre Street, Suite 203
 Newton, MA 02459

Contact us at:

(800)777-5765
 Fax: (617)964-7164
 EisenbergAssociates.cidental.com

Only Six Steps!

Please complete the following application.

| 1. FILL OUT YOUR NAME 2. COMPLETE YOUR ADDRESS | | 3. LIST ADDITIONAL MEMBERS 4. SELECT PLAN | | | | 5. CHOOSE PAYMENT METHOD 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 | One time 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 |
| 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"/> 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 52553 | | Group Number CHOICETOT | | WA EISENZ | | 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. Please note that **THIS IS NOT INSURANCE**.
2. The plan provides discounts at certain health care providers for medical services.
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 healthcare providers who have contracted with the discount medical plan organization.
5. Discount Medical Plan Organization and administrator: CAREINGTON *International* Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-372-7615.

Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.