



# CAREINGTON DENTAL ♦ EYEMED VISION CARE ♦ Caremark

Dental, Vision & Prescription 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 50,000 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.

**Save Up to 55%** discounts on generic prescriptions and Up to 15% discounts on brand name prescriptions from the nation's leading pharmacies.

**Our members save an Average of 24%**

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 15-45%
- 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:

FloridaHealthInsurance.com  
 John K Arnold  
 5415 Lake Howell Road, # 325  
 Winter Park, FL 32792

Contact us at:

(800)372-7615  
 Fax: (407)386-7053  
 jka.cidental.com

### **Only Six Steps!**

Please complete the following application.

| 1. FILL OUT YOUR NAME<br>2. COMPLETE YOUR ADDRESS  |         | 3. LIST ADDITIONAL MEMBERS<br>4. SELECT PLAN         |              |                                 | 5. CHOOSE PAYMENT METHOD<br>6. SIGN AND MAIL WITH PAYMENT                |                       |  |
|--|---------|--|--------------|---------------------------------|--|-----------------------|--|
| Name   |         | Birthdate<br>/ /                                     | Email        |                                 | Spouse's Name  |                       | Birthdate<br>/ /   |
| Home Address (Incl. Apt. #)  |         | City   |              | State                           | Zip  | Home Phone (incl. AC) |  |
| List of Members to Include   | 1. Name | Birthdate<br>/ /                                     | 2. Name      |                                 | Birthdate<br>/ /   | 3. Name               |  |
|  | 4. Name | Birthdate<br>/ /                                     | 5. Name      |                                 | Birthdate<br>/ /   | 6. Name               |  |
| <input type="checkbox"/> I want to pay by <b>CHECK</b> or <b>MONEY ORDER</b> payable to <b>CAREINGTON International</b> on a:<br><input type="checkbox"/> Quarterly Basis – enclose payment for <b>3 months</b> with application.<br><input type="checkbox"/> Annual Basis – enclose payment for <b>12 months</b> with application   |         | I would like to include: (check one)                 |              |                                 | Amount to include with application, if you pay:                          |                       |  |
|  |         |  | Monthly Rate | One time app fee                | Monthly *  | Quarterly             | Annually (Save 10%)  |
|  |         | <input type="checkbox"/> Individual                  | \$7.95       | \$20.00                         | \$27.95  | \$43.85               | \$105.86   |
| <input type="checkbox"/> I want to pay <b>MONTHLY</b> by <b>BANK DRAFT</b> . I hereby authorize you to pay checks drawn on my account by <b>CAREINGTON International</b> , and payable to same, provided there are sufficient collected funds in said account to pay the same upon presentation. <b>Enclose a voided check AND a check for first month's fee payable to CAREINGTON International</b> |         | <input type="checkbox"/> Individual+1                | \$12.95      | \$20.00                         | \$32.95  | \$58.85               | \$159.86   |
|  |         | <input type="checkbox"/> Family                      | \$16.95      | \$20.00                         | \$36.95  | \$70.85               | \$203.06   |
|  |         | Processing will be delayed without complete payment. |              |                                 | * Monthly is available by <b>bank draft</b> and <b>credit cards</b> only |                       |  |
| <input type="checkbox"/> I want to pay by <b>CREDIT CARD</b> 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<br>Please select one of the following:                    |                       | <input type="checkbox"/> This Month<br><input type="checkbox"/> Next Month |
| For Office Use Only  |         | Sales Summary Number<br><b>44199</b>                 |              | Group Number<br><b>EMXQBI-R</b> |  | WA<br><b>JARNOZ</b>   | Office<br><b>QUALBE</b>  |

## 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.