

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

- | | |
|----------------------------------|-------------------------|
| Includes all specialties: | All dentists must meet |
| ✓ Endodontics | highly selective |
| ✓ Oral Surgery | credentialing standards |
| ✓ Orthodontics | based on education, |
| ✓ Pedodontics | background, license |
| ✓ Periodontics | standing and other |
| ✓ Prosthodontics | 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)	
List of Members to Include	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							
I want to pay MONTHLY by PAYROLL DEDUCTION. I authorize my employer to deduct from my earnings the necessary contribution, if required of me.							
Signature X				Date			
For Office Use Only	Sales Summary Number	Group Number ZDEM	WA LEFINZ	Office QUALBE	Effective Date		

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; 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. 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.