

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 \$11.95 <input type="checkbox"/> My Family \$15.95							
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 LHQCZ	Office QUALBE	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. 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.