



**CAREINGTON DENTAL ♦ EYEMED VISION CARE ♦ MEDIMPACT**  
 Dental, Vision & Prescription Savings Plan

**DENTAL**

**Save** on Preventive Procedures, Including Exams, X-rays and Cleanings

**Save** on Basic & Major Restorations

Fillings, Crowns, Dentures available at deep saving

**Save** on Orthodontics, including braces for children and adults

**Over 70,000 participating providers nationwide**

**Includes all specialties:**

- ✓ **Endodontics**
- ✓ **Oral Surgery**
- ✓ **Orthodontics**
- ✓ **Pedodontics**
- ✓ **Periodontics**
- ✓ **Prosthodontics**

All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.

Members may visit any participating dentist on the plan  
 Specialty care included where available. (see website for details)

**PRESCRIPTION**

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

An **average 15% - 60% savings** on generic and **15% - 25% savings** on brand name prescriptions from the nation's leading pharmacies.

Convenience of our mail-in order pharmacy.

**VISION**

Access to **over 40,000 providers** from 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 contacts by mail

**✂ Please complete and detach the following application:**

Name		Birthday / /	Email		Spouse's Name		Birthday / /
Home Address (Incl. Apt. #)		City		State	Zip	Home Phone (incl. AC)	
<b>List of Members to Include</b>	1. Name	Birthday / /	2. Name		Birthday / /	3. Name	
	4. Name	Birthday / /	5. Name		Birthday / /	6. Name	
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							
<b>I want to pay MONTHLY by PAYROLL DEDUCTION.</b> I authorize my employer to deduct from my earnings the necessary contribution, if required of me.							
Signature <b>X</b>				Date			
For Office Use Only	Sales Summary Number	Group Number <b>ZEMX</b>	WA <b>LIBIBZ</b>	Office <b>QUALBE</b>	Effective Date		

**Disclosures:**

**THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.\***

This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. 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. You may access a list of participating health care providers at this website. 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 (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: **Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-372-7615.**

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. \*Medicare statement applies to MD residents when pharmacy discounts are part of program.