



**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 saving

**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**
  - ✓ **Oral Surgery**
  - ✓ **Orthodontics**
  - ✓ **Pedodontics**
  - ✓ **Periodontics**
  - ✓ **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 contacts by mail

**Laser Vision Correction:** 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 at US Laser Network.

**✂ 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)		
List of Members to Include	1. Name		Birthday / /		2. Name		Birthday / /		3. Name		Birthday / /
	4. Name		Birthday / /		5. Name		Birthday / /		6. Name		Birthday / /
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 \$13.95											
I want to pay <b>MONTHLY</b> by <b>PAYROLL DEDUCTION</b> . 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 <b>ZEMX</b>		WA <b>NOORLZ</b>		Office <b>QUALBE</b>		Effective Date	

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.