

The CMC Total-Care Plan includes discount health and medical services from nearly 500,000 physicians, hospitals, clinics, dentists, optometrists and many other ancillary types of service providers.

**Plus, you and your entire family will receive:**

- Comprehensive Dental Care Savings
- Comprehensive Vision Care Savings including LASIK Surgery
- Comprehensive Prescription Drug Savings

**That's not all...**

The CMC Total-Care Plan offers additional savings averaging from 20 to 45% with service to millions of patients annually. There are over 350,000 medical doctors including:

- Family Practice • Internal Medicine • Cardiology • Radiology
- Neurology • Oncology • Orthopedic • Pediatric • OB/GYN • Allergy

**We're still not finished...there's more!**

CMC Total-Care Plan also provides:

- 24 hour toll-free nurse on call
- Chiropractic Care Savings
- Free Access to Medical Information Library on 1,200 subjects

**See how much you can save in one year!**

Service Product	Regular Cost	Your Sample Cost	Your Savings	Your Annual Savings
Doctor Visits	\$120	\$90	\$30 / visit	\$120
Prescriptions	\$100	\$80	\$20 / month	\$240
New Glasses	\$285	\$185	\$100 / pair	\$100
Dental Visits	\$110	\$55	\$55 / visit	\$110
Chiropractor	\$50	\$35	\$15 / month	\$180

Sample Annual Total-Care Savings per Person: \$750

**and remember...** With CMC Total-Care Plan you have...

- 45-day satisfaction guarantee
- Free customer support service

**✂ 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	
	4. Name	Birthday / /	5. Name		Birthday / /	6. Name	
Sponsoring Employer / Association:							
I would like to include (check one): <input type="checkbox"/> Myself only \$19.95 <input type="checkbox"/> Me and one \$24.95 <input type="checkbox"/> My Family \$29.95							
<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>ZTOT</b>	WA <b>NOORLZ</b>	Office <b>QUALBE</b>	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; phone (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](http://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.