



# CAREINGTON CMC TOTAL-CARE

## Solving Your Health Care Puzzle

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

<b>✂ Please complete and detach the following application:</b>						
Name		Birthday / /		Email		Spouse's Name
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 \$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	

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.