

# Discount Medical Plan Application - Dental & Vision Plus Discount Plan - TeleHealth

## Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Membership Fee (Family members include: member, spouse and legal dependents.)

	Monthly	Annually
Member Only	<input type="checkbox"/> \$12.95	<input type="checkbox"/> \$129.00
Member + One	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$149.00
Member + Family	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$159.00

## Processing Fee

\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

## Family Members (Date of birth required to add spouse and legal dependents.)

First	Last	MI	DOB
_____	_____	_____	_____
_____	_____	_____	_____

You can cancel in 30 days and receive a full refund, less your processing fee.

## Credit or Debit Card

Visa  MasterCard  Discover  Amex

Name of Cardholder: \_\_\_\_\_

Card/Debit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Bank Draft

Name of Account Holder: \_\_\_\_\_

Checking  Savings

Please include a voided check with this application.

Name of Bank: \_\_\_\_\_

State of Bank: \_\_\_\_\_

Routing # (9 #'s at bottom of check): \_\_\_\_\_

Account #: \_\_\_\_\_

## Payment Authorization Membership Terms and Conditions

I authorize Careington International to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "Careington International" on your monthly statement. This application, along with your welcome kit, with all product details, will serve as your membership agreement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can mail your application to Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (888) 335-7330.

Agent Code XXXXXX Group Code CI-DVPLTLH

## TERMS & CONDITIONS

**Renewal Conditions:** By joining a plan, you are authorizing Careington International Corp. ("Careington") to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify Careington in writing of its cancellation. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term, and your credit card or bank account will be automatically charged or drafted for the appropriate amount. **Termination Conditions:** Careington reserves the right to terminate plan members from its plan for any reason, including non-payment. If Careington terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees. **Cancellation Conditions:** You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. FL Residents: You have the right to cancel within the first 30 days after effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Careington will accept cancellation requests at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Send a cancellation request with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation requests by email: member@careington.com. When you cancel, you will continue to have access to the plan for the remainder of the period for which you have paid; your membership will terminate at the end of that period. The preceding sentence does not apply to quarterly, semi-annual, or annual memberships in ND and OK, where you will receive pro-rata cancellation whenever you cancel. **Description of Services:** See the enclosed materials for a specific description of the plan that you have purchased. **Limitations, Exclusions & Exceptions:** This plan is a discount membership program. Careington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time Careington may substitute a provider network at its sole discretion. Careington cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters. **Complaint Procedure:** If you would like to file a complaint regarding your plan membership, you must submit your complaint in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

# Careington Dental & Vision Plus Discount Plan - TeleHealth



Take 30 days to try the plan!

Starting at...  
**\$12.95\*** Month

(\*Plus a one-time, \$20.00 non-refundable processing fee.)

Scan to learn more about Careington



Get the free mobile app for your phone  
<http://gettag.mobi>

**Careington**  
Promoting Health and Well-Being

# It's easy to save on dental & vision expenses with Careington

## Dental Care

- Members may take advantage of savings offered by an industry leader in dental care. Careington International Corporation is one of the most recognized professional dental networks in the nation and boasts a provider network of over 197,000 dental access points.

## Vision Discounts

- Members save 20% to 40% off the retail price of eyewear with the EyeMed Vision Care Access Plan D discount program through the Access network. Members are eligible for discounts on exams, eyeglasses and contact lenses from more than 65,000 providers nationwide.

## Prescription

- Prescription Discounts from MedImpact: An average savings of 15% to 60% off generic drugs and an average savings of 15% to 25% off brand name prescriptions at over 60,000 participating pharmacies nationwide

## Vision Correction Surgery

- Members will receive savings of 40% to 50% off the overall national average cost for Traditional LASIK surgery through QualSight. Members can receive significant savings on newer procedures like Custom Bladeless (all laser) LASIK.
- QualSight has more than 800 locations, so members can choose the provider and the LASIK procedure that meets their vision care needs. The QualSight program is not an insured program.

## Telemedicine

- Medical Information from Teladoc: As a member of Teladoc, you have 24/7/365 access to telephone consultations with state-licensed physicians to diagnose conditions, recommend treatment and write short-term non-DEA prescriptions when appropriate.

*Terms and Conditions: Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week. Consultations are not available in Oklahoma or Massachusetts. Video Consultations are not available in Idaho, Iowa, Louisiana, Oklahoma, Massachusetts or Texas. © 2012 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission.*

## Sample Savings Chart

Description	* Regular Cost	** Plan Cost	Savings
Adult Cleaning	\$109	\$51	53%
Child Cleaning	\$75	\$37	51%
Routine Checkup	\$62	\$25	60%
Four Bitewing X-rays	\$71	\$34	52%
Composite (White) Filling	\$260	\$129	50%
Crown (porcelain fused to noble metal)	\$1,172	\$620	47%
Complete Upper Denture	\$1,718	\$883	49%
Molar Root Canal	\$1,257	\$612	51%
Extraction (single tooth)	\$204	\$86	58%

\* Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2012 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City areas.

\*\* These fees represent the average of Careington's PDNS Maximum Access Series fee schedule in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. Prices subject to change



## How to Join the Plan

Careington is a leading provider of health care and lifestyle discount plans in the industry.

- Everyone is accepted
- Unlimited plan usage, with no administrative forms to file
- Membership can include family members
- You can cancel in 30 days and receive a full refund, less your processing fee

**For additional information, please contact:**

**Mark Blocker**  
**mark@nationalaffinity.net**  
**(312) 275-7768**

park city™

CHAMBER OF COMMERCE | CONVENTION & VISITORS BUREAU

**THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.** This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. 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. You may access a list of participating health care providers at [www.careington.com](http://www.careington.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 (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

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

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