

# DISCOUNT DENTAL PLAN APPLICATION/PREMIER SMILE PLAN

## MEMBER INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## FAMILY MEMBERS (DATE OF BIRTH REQUIRED TO ADD SPOUSE AND LEGAL DEPENDENTS)

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

## MEMBERSHIP FEE (FAMILY MEMBERS INCLUDE: MEMBER, SPOUSE, LEGAL DEPENDENTS)

	MEMBER ONLY	MEMBER + FAMILY	
MONTHLY	<input type="checkbox"/> \$15.95*	<input type="checkbox"/> \$24.95*	*Plus a one-time, non-refundable \$20.00 processing fee.
ANNUALLY	<input type="checkbox"/> \$159.95*	<input type="checkbox"/> \$249.95*	

## CREDIT OR DEBIT CARD

Visa  MasterCard  Discover  American Express

Name of Card Holder: \_\_\_\_\_  
Credit/Debit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## OR

## BANK DRAFT

Name of Account Holder: \_\_\_\_\_  
 Checking  Savings  Please include a voided check with this application.  
Name of Bank: \_\_\_\_\_ State of Bank: \_\_\_\_\_  
Routing Number (9 numbers at the bottom of the check): \_\_\_\_\_  
Account Number: \_\_\_\_\_

## PAYMENT AUTHORIZATION/MEMBERSHIP TERMS AND CONDITIONS

I authorize Careington International Corporation 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. 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, TX 75034-9929 or fax it to: (888) 335-7330.

Agent Code:

Group Code: BRKWYPREMR

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## TERMS & CONDITIONS

**Renewal Conditions:** By joining a plan, you are authorizing Careington International Corporation (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.*

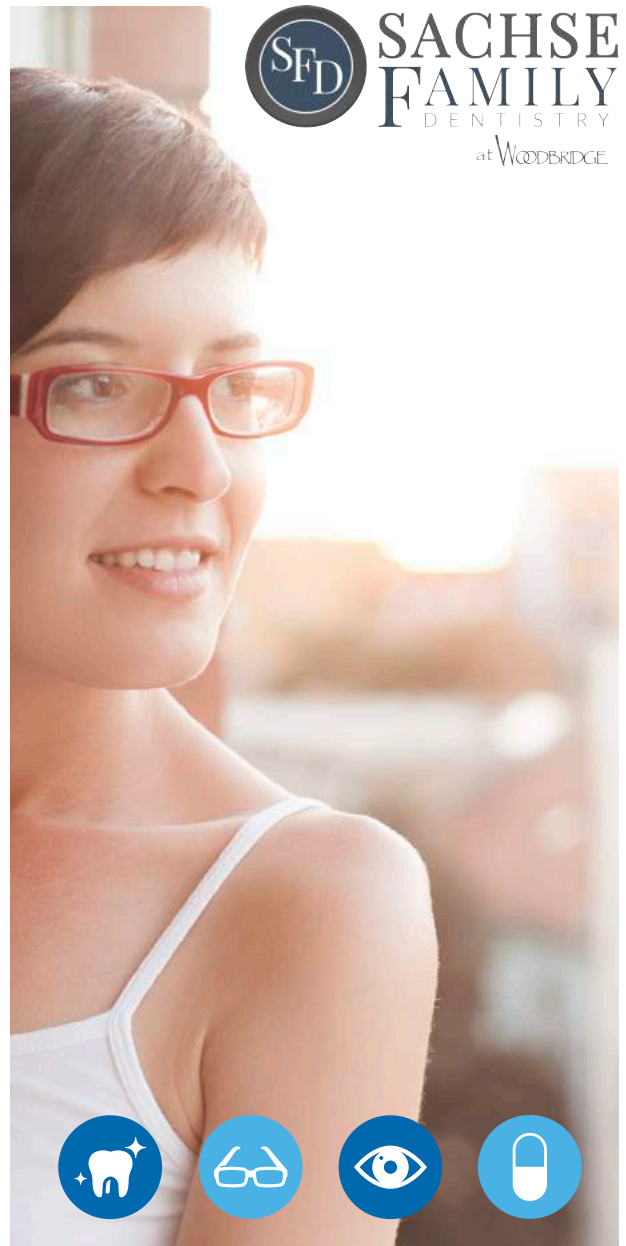
**Termination Conditions:** Careington reserves the right to terminate plan members from its plan for any reason, including non-payment. If Careington terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees.

**Cancellation Conditions:** You have the right to cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less the processing fee, if applicable. 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. Please send a cancellation letter and a request for refund with your name and member ID 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 FL, ND and OK, where you will receive a pro-rata refund whenever you cancel.

**Description of Services:** Please see the enclosed materials for a specific description of the programs included in your plan.

**Limitations, Exclusions & Exceptions:** This plan is a discount membership program offered by Careington. 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 health care 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.



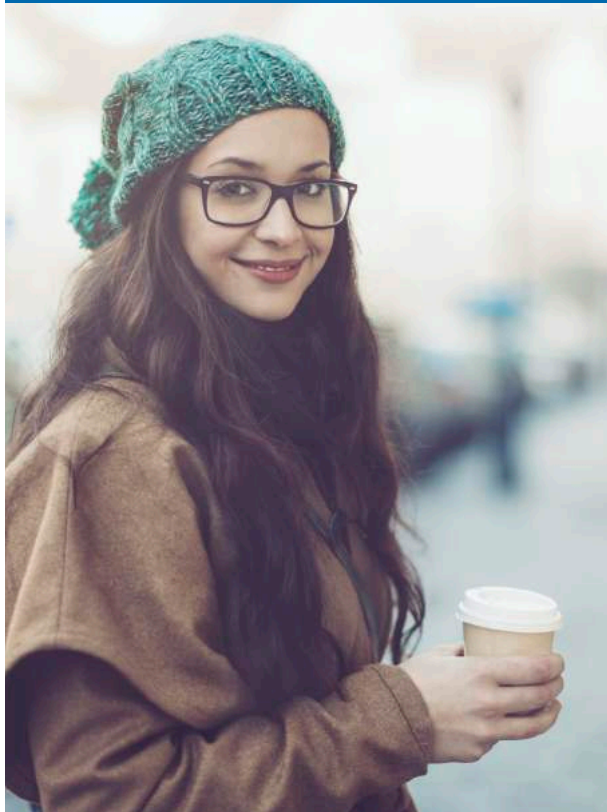
 Premier Smile Plan

# Premier Smile Plan

Administered by Careington International Corporation

Would you like to save money on routine dental care like exams, cleanings and x-rays? What about specialty care, such as braces, root canals and cosmetic dentistry? If your answer is yes, become a member of the Premier Smile Plan today and save on all your dental needs. You can even receive discounts on vision and prescription costs.

Once you become a member and receive your membership ID card, simply go to any participating provider in our large national network, show your card and pay a discounted rate at the time of service. It's that easy!



## HERE'S WHAT'S INCLUDED:

### Dental Discounts

- Save 20% on most dental procedures including cleanings, checkups, crowns, root canals and more.
- Includes routine, major and specialty dentistry.

### 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.

### Vision Correction Surgery

Members will receive discounts on LASIK that are available at approximately 600 locations nationwide\*. All in-network providers extend discounts of 15% off standard prices or 5% off promotional prices. All surgeons must also meet strict credentialing standards in order to be in-network.

*\*Product not available in MT*

Members receive discounts *exclusively* available through **LasikPlus**, the featured provider:

- 15% off standard prices or 5% off promotional prices or special member prices
- Free exam (over \$100 value)
- Free enhancements for life on most procedures

**Disclosures: 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 range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. A written list of participating providers is available upon request. You may 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, AR and TN residents will be refunded processing fee). Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont or Washington.

## 20% Savings On Dental Care!



## Prescription Discounts

Members will have access to savings between 15% to 60% off the retail price of generic drugs and 10% to 25% off the retail price of brand name drugs at over 68,000 participating pharmacies nationwide including Safeway, CVS, Duane Reade, Wal-Mart, Target, Walgreens, Rite Aid and many more.

Even if members have prescription benefits through a Health Insurance carrier, a comparison of costs between the two programs should be performed to determine the most savings.



## Pricing Options

<p>Monthly</p> <p>Starting at</p> <p><b>\$15.95*</b></p>	OR	<p>Annually</p> <p>Starting at</p> <p><b>\$159.95*</b></p>
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*(\*Plus a one-time, non-refundable \$20.00 processing fee.)*

## How To Join The Plan:



### PHONE:

(844) 433-5608  
7 a.m. to 7 p.m. CT

Agent Code:



### WEBSITE:

Search for participating providers at:



### MAIL:

Careington International Corporation  
P.O. Box 2568, Frisco, TX 75034

Careington is a member of:



Administered by Careington International Corporation