

Discount Medical Plan Application - Dental & Vision Plan

Fax applications to (972) 767-4470 or mail to Insubuy Inc., 4200 Mapleshade Ln., Suite 100, Plano, TX 75093

STEP ONE: CONTACT INFORMATION			
Last Name, First Name, Middle Initial			
Address	City, State, Zip		Home Phone
Work Phone	E-mail Address		Date of Birth
Spouse's Name (if included)		Date of Birth	
Children's Names (if included) / DOB	Children's Names (if included) / DOB	Children's Names (if included) / DOB	Children's Names (if included) / DOB

STEP TWO: CHECK BILLING CYCLE AND FEES. A ONE-TIME, NON-REFUNDABLE \$20.00 PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

MONTHLY FEE	MEMBER + FAMILY <input type="checkbox"/> \$11.95	ANNUAL FEE	MEMBER + FAMILY <input type="checkbox"/> \$108.00
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STEP THREE: BILLING INFORMATION—Processing will be delayed on applications received without a form of payment. I will pay by:

ACH/Draft*— Please mark one: Visa MasterCard American Express Discover
 *I authorize Careington to charge my account for initial and recurring membership fees.
 Account #: _____ Expiration Date: _____
 Name as it appears on card: _____

Automatic bank draft Option* — please include a voided check with application. Please mark one: Savings Checking
 *I authorize Careington to charge my account for initial and recurring membership fees.
 Name of account holder: _____ Bank Name: _____
 Routing #: _____ Account #: _____

Payroll Deduction: I authorize my employer to deduct fees from my payroll for the plan I have selected..
 Signature Required _____ Date _____

For office use only	Group Code DV-DC	Agent Code	Mkt Code	Eff Date
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FORM CIDV-DC Application ✂

Tear this off and keep for your records

DESCRIPTION OF SERVICES:

Vision, Vision correction surgery, Dental, Shopping

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

MONTHLY FEE	MEMBER + FAMILY <input type="checkbox"/> \$11.95	ANNUAL FEE	MEMBER + FAMILY <input type="checkbox"/> \$108.00
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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 a 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.

- Members save 20% to 40% off the retail price of eye wear 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.
- 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.
- 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.
- Shopping Discounts from **Careington Mall**: Members can save money on goods and services they use the most from over 300 leading national merchants, from clothing to computers, gifts to golf, or tickets to toys

The QualSight program is not an insured program.

- You 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.
- LasikPlus, the featured provider, offers a free LASIK exam (over \$100 value) and special member prices from \$695* to \$1,895 per eye.

**Nearsightedness better than -2, with astigmatism better than -1 and other restrictions may apply.*



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 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. 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.