



# CAREINGTON DENTAL ♦ EYEMED VISION CARE

## Dental & Vision Savings Plan

### DENTAL

**Save 20% to 60%** on Preventive Procedures, Including Exams, X-rays and Cleanings

**Save 30% to 40%** on Basic & major restorations Fillings, Crowns, Dentures available at deep saving

**Save 20%** on Orthodontics Including Braces for both children and adults

**Average annual savings of \$1,200 per family on dental work.**

**Over 62,000 participating providers nationwide**

- Includes all specialties:** All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.
- ✓ **Endodontics**
  - ✓ **Oral Surgery**
  - ✓ **Orthodontics**
  - ✓ **Pedodontics**
  - ✓ **Periodontics**
  - ✓ **Prosthodontics**

Members may visit any participating dentist on the plan and change providers at any time

**20% reduction** of normal fees for specialty care, where available.

**Includes Cosmetic dentistry** such as Bonding and Veneers

### VISION

Members have access to over **40,000 providers** including optometrists, ophthalmologists, opticians and leading optical retailers such as:



- ⇒ **Replacement contact lens by mail**
- ⇒ **Savings of 15-45%**
- ⇒ **Unlimited frequency**
- ⇒ **Choice of any available frame**
- ⇒ **20% off items not included**
- ⇒ **Laser vision correction savings**

**Laser Vision Correction: EyeMed and LCA-Vision** have arranged to provide this plan to all **EyeMed** members through one of the largest laser networks available, the US Laser Network. Members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount. Simply call 1-877-5LASER6 to begin the process.

**✂ 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)	
<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 \$5.95 <input type="checkbox"/> Me and one \$9.95 <input type="checkbox"/> My Family \$12.95							
<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>ZDEM</b>	WA	Office <b>QUALBE</b>	Effective Date		

1. Please note that **THIS IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.\***
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 Texas Consumers:** Regulated by the Texas Department of Licensing and Registration, P.O. Box 12157, Austin, TX 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.