Nationwide Network

-

Unlimited Use

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No Age Limits

-

No Administrative Forms to File

-

Substantial Savings

Contact Us

Call **1-866-222-2558** between 8:30 a.m. and 5:30 p.m. CST, Monday through Friday, and one of our friendly and professional representatives will assist you, or you may visit our website at www.cmccare.com.

Quality Assurance

Our providers go through an extensive credentialing process to ensure that you are receiving the **highest quality** of care.

CHA
Consumer Health Alliance

CAREINGTON
international corporation

CAREINGTON
International Corporation
7400 Gaylord Parkway
Frisco, Texas 75034
1-866-222-2558
www.careington.com

CAREINGTON

DENTAL - VISION SAVINGS PLAN

www.careington.com

Dental Services

Dental Services with CAREINGTON *International* Discount Program

- 20% to 60% discount on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns
- Cosmetic dentistry included such as bleaching, bonding, and veneers
- All specialties included – Endodontics, Oral Surgery, Orthodontics, Pedodontics, Periodontics, and Prosthodontics - a 20% reduction on normal fees where available
- No limits on use, everyone is accepted
- No waiting or administrative forms to file
- Members may visit any participating provider on the plan and may change providers at any time with no penalty

DENTAL SAMPLE SAVINGS CHART*

Code	Description	Plan Cost**	Regular Cost**	Savings
0120	Periodic Oral Evaluation	$23	$47	51%
0274	Bitewings-Four Films	$29	$59	51%
1110	Prophylaxis-Adult (Light Cleaning)	$45	$86	48%
1120	Prophylaxis-Child	$32	$63	49%
2160	Amalgam-three Surfaces, Primary or Permanent	$95	$197	52%
2750	Crown-Procelain Fused to High Noble Metal	$577	$1032	44%
3330	Root Canal-Molar (Excluding Final Restoration	$558	$941	41%
4341	Periodontal Scaling and Root Planing	$119	$237	50%
7140	Extraction-Erupted Tooth or Exposed Root	$74	$156	53%
8080	Comprehensive Orthondontic Treatment of the Adolescent Dentition	20% Discount	$5,443	20%

*These fees represent the CI-5 fee schedule.Normal cost is based on the 80th percentile of the National Dental Advisory Service Comprehensive Fee Report for 2007.
**Prices subject to change

Disclosures:

1. **THIS PLAN 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: **CARE**INGTON *International* Corporation, 7400 Gaylord Parkway, Frisco, TX 75034, 1-800-441-0380.

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. This plan is not available in Vermont or Montana.

Vision Services

Value Added Vision Services with EYEMED Vision Care Discount Program

- Save 15% to 45% off retail price of eyewear
- 15% off conventional contact lenses
- $5 off routine exams and $10 off contact lens exam
- 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount
- Access over 40,000 providers nationwide including access to independent optometrists, ophthalmologists, and opticians at leading optical retailers such as Pearle Vision®, LensCrafters®, Sears Optical® and Target Optical®.

VISION SAMPLE SAVINGS CHART

Product/Service	Retail Price	Your Price	savings %
Any Frame	$120	$78	35%
Single Vision Lenses	$90	$50	44%
Bifocal Lenses	$115	$70	39%
Trifocal Lenses	$170	$105	38%
Tint (Solid & Gradient)	$20	$15	25%
Standard Scratch Resistant Coating	$20	$15	25%
Standard Anti-Reflective Coating	$55	$45	18%
Standard Polycarbonate	$65	$40	38%
Standard Progressive (add-on to bifocal)	$150	$65	56%
UV Coating	$20	$15	25%
Conventional Contact Lenses	Varies	Varies	15%

Your First Visit

Take time to familiarize yourself with the scheduling, payment, and emergency care procedures of your provider's office. Also, make sure to contact your doctor to verify that he or she is a participating provider on your plan and present your membership card at every visit.

Multi-lingual

CAREINGTON's language line makes it simple for members to communicate questions about their programs or to locate a provider with our Member Service representatives in over 200 languages.