

Discount Medical Plan Application/Direct Access Value Plus

MEMBER INFORMATION

First Name: _____ MI: _____ Last Name: _____ DOB: _____
Street Address: _____ City: _____ ST: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
E-mail _____
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 AND LEGAL DEPENDENTS.)

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

<u>Monthly*</u> <input type="checkbox"/>	Member Only: \$9.25	<input type="checkbox"/>	Member + One: \$13.25	<input type="checkbox"/>	Member + Family: \$17.25
<u>Annually*</u> <input type="checkbox"/>	Member Only: \$99.90	<input type="checkbox"/>	Member + One: \$143.10	<input type="checkbox"/>	Member + Family: \$186.30

CREDIT OR DEBIT CARD

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Name of Card Holder: _____
Card/Debit Card #: _____ 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 Direct Access 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 "Direct Access" 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: Direct Access, 75 South 500 West, Suite 200, Bountiful, UT 84010 or fax it to: 801-299-8365.

Agent code:

CICDAP-C500P

Group Code: DAP-C500P

BROCHURE|0614

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Direct Access to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Direct Access of request to cancel. 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 on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount. **Termination Conditions:** Direct Access and Careington International Corporation (Careington) reserves the right to terminate plan members from its plan for any reason, including non-payment. **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 30 days after the 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. Direct Access will accept and cancel plan memberships at any time during the membership period and will cease 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 number to: Direct Access 75 South 500 West, Suite 200 Bountiful, UT 84010 or fax to: 801-299-8365. You may also submit cancellation by email: customerservice@usdentistdirect.com. If Direct Access is billing you quarterly, semi-annually or annually, Direct Access will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member. **Description of Services:** Please see the enclosed materials for a specific description of the programs that you have purchased. **Limitations, Exclusions & Exceptions:** This program 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 medical services or items to individuals. You will receive discounts for medical 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 your appointment. 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 discounts contained herein 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 program. 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 is a participant 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 or grievance regarding your plan membership, you must submit your grievance in writing to: Direct Access 75 South 500 West, Suite 200 Bountiful, UT 84010. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department.

Direct Access Value Plus Discount Plan

Starting at \$9.25* per month

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



..... Try it for 30 days!



ADMINISTERED BY
CAREINGTON INTERNATIONAL CORPORATION

Save on health care costs with the Direct Access Value Plus Discount Plan.

Reduce your overall health care costs by taking advantage of the Direct Access Value Plus Discount Plan. Save on dental, vision, prescription medicine and hearing! This isn't insurance, so you can use it right away and the program has unlimited usage. Simply become a member, show your member ID card to a participating healthcare professional in your area and receive the discount off the regular-priced fee at the time of service. It is that easy! **Here is what you get:**

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 Discounts

Members are entitled to prescription savings from 15% to 60% off generic drugs and from 15% to 25% off brand-name drugs at over 60,000 participating pharmacies nationwide.

Dental Discounts

Save 20% to 60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns at over 170,000 participating dental access points.

Hearing Discounts

- Save 40% on diagnostic services, including hearing exams.
- Save 20% on audiologist-selected hearing health products. Visit www.audiobyhearpo.com and use promo code CARTN20 (case sensitive).



Sample Dental Savings

Procedure Description	Regular Cost *	Plan Cost**	\$ Savings	% Savings
Adult Cleaning	\$122	\$39	\$83	68%
Child Cleaning	\$84	\$31	\$53	63%
Routine Checkup	\$73	\$19	\$54	74%
Four Bitewing X-rays	\$80	\$26	\$54	68%
Composite (White) Filling Code	\$182	\$67	\$115	63%
Crown (porcelain fused to noble metal)	\$1,317	\$589	\$728	55%
Complete Upper Denture	\$1,832	\$747	\$1,085	59%
Molar Root Canal	\$1,312	\$508	\$804	61%
Extraction (single tooth)	\$222	\$67	\$155	70%
Average Savings:				65%

* Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2013 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas.

** These fees represent the average of the assigned Careington Care 500 Series fees in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. Prices subject to change.

How to Join

It is easy to join the plan. Here are your options:

- 1 Call (877) 966-1010 between 8:00 AM and 5:00 PM MST, Monday – Friday
- 2 Complete the application and mail it to:
Direct Access
75 South 500 West, Suite 200
Bountiful, UT 84010
- 3 Fax the application to: (801) 299-8365

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/co/directaccess500P. 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, AR and TN resident will be refunded processing fee). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. 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.