

# Discount Medical Plan Application/Direct Access Premier 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-DN14P

## Group Code: DAP-DN14P

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 Premier 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 Premier Plus Discount Plan.

Reduce your overall health care costs by taking advantage of the Direct Access Premier 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:**

## Dental Care Discounts

- Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns at over 200,000 dental access points through Careington and DenteMax.
- Members are able to take advantage of savings offered by leaders in the dental care industry.
- About Careington: Careington International Corporation is a Discount Medical Plan Organization and PPO Dental Network Administrator that provides access to quality dental, health care and lifestyle services at reduced rates. The company provides a range of membership programs that deliver significant savings to more than eight million members nationwide.
- About DenteMax: DenteMax was founded in 1985 in Michigan and eventually expanded into Ohio and California, and gradually throughout the entire United States to become the nation's largest leasable dental PPO network.

## 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.

## Hearing Discounts

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

### 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/directaccessDN14P](http://www.careington.com/co/directaccessDN14P). 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.



## Sample Dental Savings\*

Procedure Description	Regular Cost *	Plan Cost**	\$ Savings	% Savings
Adult Cleaning	\$122	\$56	\$66	54%
Child Cleaning	\$84	\$41	\$43	52%
Routine Checkup	\$73	\$29	\$44	61%
Four Bitewing X-rays	\$80	\$37	\$43	54%
Composite (White) Filling Code	\$182	\$89	\$93	51%
Crown (porcelain fused to noble metal)	\$1,317	\$710	\$607	46%
Complete Upper Denture	\$1,832	\$897	\$935	51%
Molar Root Canal	\$1,312	\$696	\$616	47%
Extraction (single tooth)	\$222	\$93	\$129	58%
Average Savings:				53%

\* 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 Series & DenteMax 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**