

**OVER 62,000
DENTAL
PROVIDERS
NATIONWIDE**



Careington Dental POS

- **Average annual savings of \$1,200 per family on dental work.**
- **Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns.**
- **Orthodontics included for both children and adults at a 20% savings.**
- Cosmetic Dentistry such as bonding and veneers also included.
- All specialties included- Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics - a 20% reduction on normal fees where available.
- All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.

DISCLOSURES:

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*

This plan does not meet the minimum creditable coverage requirements under M.G.L.c. 111M and 956 CMR 5.00. 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.searchforaprovider.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 program and its administrators have no liability for providing and guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. *Medicare statement applies to MD residents when pharmacy discounts are part of the program.

CAREINGTON *International*
Enrollment Application

Last Name _____ **First Name** _____ **MI** _____

Mailing Address _____

City _____ **State** _____ **ZIP** _____ **Phone ()** _____

E-Mail Address _____

Date of Birth ____/____/____ **Student ID#:** _____
Month Day Year

School Attending _____

Spouse _____ **DOB** _____

Other _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Annual Fee per Member **\$20.00**

Please send this application to the address below along with your check or money order payable to: **Maksin Management Corp**

Maksin Management Corp
PO BOX 2857
Camden, NJ 08101-2857

Enrollment Questions? Call: 1-877-775-5430

I understand the terms and conditions of the plan and hereby adopt the plan for a minimum of one year.

Subscriber Signature _____ Date _____