

# truly helpful. truly affordable.

Two truly great discount plan options.



## **True Savings Choice Plan**

### **True Savings Reach Plan**

#### Experience the **best savings**.

- Save 20% to 60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns
- Choose from one of the largest dental networks nationally with a focus on neighborhood dentists

Starting at \$89.99 Annually

#### Access to the **largest network**.

- Careington International Corporation is one of the most recognized professional dental networks in the nation and boasts one of the largest dental networks nationally with a focus on neighborhood dentists
- Careington networks are a leader in member-transparent pricing with robust fee schedules
- Save 20 to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns

Starting at \$79.99 Annually

### Along with savings and network access, both plans offer:

#### **Additional Dental Discounts**

- 20% off orthodontics including braces and retainers for children and adults
- 20% off a specialist's normal fees for services including Endodontics,
   Oral Surgery, Pediatric Dentistry, Periodontics and Prosthodontics, where available
- Includes cosmetic dentistry such as bonding and veneers

#### **Vision Discounts**

Discounts based on the EyeMed Vision Care Access Plan D discount program through the Access network

- Save 20% to 40% off the retail price of eyewear
- Enjoy discounts on exams, eyeglasses and contact lenses from over 65,000
   EyeMed providers nationwide

#### **Vision Correction Surgery**

- Receive discounts on LASIK at approximately 600 in-network locations nationwide\*
- Save 15% off standard prices or 5% off promotional prices through in-network providers
- Get a free LASIK exam (over \$100 value) and special member prices from \$695 to \$1,895 per eye\*\* from featured provider LasikPlus

#### **Hearing Care**

- Save 40% off diagnostic services, including hearing exams
- Hearing aid low price guarantee: If you find the same product at a lower price,
   Careington will not only match it, we'll beat it by 5%
- Choose from over 3.800 provider locations nationwide

#### **Prescription Discounts**

Discounts through MedImpact

- Enjoy average savings of 15% to 60% off generic drugs and 15% to 25% off brand name prescriptions
- Choose from over 62,000 participating pharmacies nationwide

## Alternative Health and Wellness ChooseHealthy® Program

- Get access to more than 31,000 credentialed specialty health care practitioners, including more than 23,000 contracted chiropractors
- Receive a 25% discount off normal service fees
- Includes services from chiropractors, massage therapists, acupuncturists and registered dietitians

Seek care with confidence. Dental care discounts are provided by Careington International Corporation. Participating dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.

Please note that this is a discount program; it is not insurance. You should check any insurance benefits you have before using this discount program, as those benefits may result in lower costs to you than using this discount program. The discount program provides for discount program; as those benefits you have before using this discount program. The discount program are not liability for providing or guaranteeing service and assumes no liability for the quality of service rendered.

### **How to Join**

It is easy to join in either of our two plan options. Call, go online or mail in your application. 1

**Call (888) 559-0782** between 7:00 AM and 7:00 PM CST, Monday – Friday

2

Visit: www.truassure.com

3

Complete the attached application and either:

#### Mail to:

TrueAssure c/o
Careington Int'l Corp.
Attn: Member Services
7400 Gaylord Parkway
Frisco, TX 75034

Fax to:

888) 335-7330

\*Product not available in MT. \*\*Nearsightedness better than -2, with a stigmatism better than -1 and other restrictions may apply.

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 range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers is at truassure.com. A written list of participating providers is available upon request. You may 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 residents will be refunded processing fee). Discount Medical Plan Organization and administrator. Careinoton International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not a vailable in Vermont or Washington.

## **Discount Medical Plan Application**

#### **MEMBER INFORMATION**

First Name:			MI:							
Last Name:			DOB:							
Street Address:										
City:		ST:	ZIP:							
Daytime Phone:										
Evening Phone:										
E-mail Address:										
MEMBERSHIP FEE (Family members include: member, spouse and legal dependents.)										
True Savings Choice I	Plan									
					Annually					
Member Only					\$89.99					
Member + Family					\$129.99					
True Savings Reach P	lan									
					Annually					
Member Only					\$79.99					
Member + Family					\$99.99					
PROCESSING FEE										
\$15.00 – A ONE-TIME REQUIRED WITH EAC	E, NON-REFUNDABLE PROCESSI H APPLICATION.	NG FEE IS								
	FAMILY N (Date of birth required to add s	IEMBERS spouse and le	egal depender	nts.)						
First	Last	ı	ΛI		DOB					

## **Choose How to Pay**

#### OPTION 1: CREDIT OR DEBIT CARD

OPTION 1: CREDIT OR DEBIT CARD															
	Visa			MasterC	ard			Disc	over				Ame	•	
Name	e of Cardholder	:													
Stree	t Address:														
			(If different than applicant.)												
City:					ST: ZIP:										
Credi	t/Debit Card #:														
Expiration Date:															
OPTION 2: BANK DRAFT															
Name	of Account Ho	older:		_											
	Checking			Savings											
Please include a voided check with this application.															
Name of the bank:															
State of the banks:															
Routing # (9 #'s at bottom of check):															
Accou	unt #:							_							
Payment Authorization Membership Terms and Conditions I authorize Careington International, on behalf of TruAssure Insurance Company, 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 "Careington International" 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 TruAssure Insurance Company c/o Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (888) 335-7330.															
Agen	t Code:					Grou	p Code	:							

#### **TERMS & CONDITIONS:**

Renewal Conditions: By joining a plan, you are authorizing Careington International Corp. ("Careington"), on behalf of TruAssure Insurance Company, to bill your credit card or checking account for the plan you have selected. This charge shall renew until you notify Careington in writing of its cancellation. 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, and your credit card or bank account will be automatically charged or drafted for the appropriate amount. Termination Conditions: Careington reserves the right to terminate plan members from its plan for any reason, including non-payment. If Careington terminates the plan or your membership for a reason other than non-payment, you will receive a pro-rata refund of your membership fees. 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 the first 30 days after 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. Careington will accept cancellation requests at any time and will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Send a cancellation request with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation requests by email: member@truassure.com. When you cancel, you will continue to have access to the plan for the remainder of a the period for which you have paid; your membership will terminate at the end of that period. The preceding sentence does not apply to quarterly, semi-annual, or annual memberships in ND and OK, where you will receive pro-rata cancellation whenever you cancel. Description of Services: See the enclosed materials for a specific description of the plan that you have purchased. Limitations, Exclusions & Exceptions: This plan is a discount membership program. 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 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 service. 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 plan's discounts 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 plan. 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 participates 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 regarding your plan membership, you must submit your complaint in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

