

Start Your DENTAL & VISION CARE Savings Today...

Are you concerned about... the rising cost of dental benefits?



- ◆ 45 day Money Back Guarantee
- ◆ Individual & Family Plans
- ◆ Low prices on Dental Services
- ◆ Nation-wide network access
- ◆ Nominate your own provider
- ◆ Includes the EyeMed Vision Plan

Access is to over 20,000
Dental Care Professionals who
offer quality products and services.
This makes it possible for you
and your family to receive

GUARANTEED MEMBER SAVINGS

45 Day Money Back Guarantee!

**With Savings of up to 70%
on OVER 250 Dental Care
procedures and up to 45%
on Vision Care...**

Since the CAREINGTON Dental
Vision Plan is **NOT** Insurance,
there are No Deductibles, Maximums
or Exclusions.

FREE Rx Plan Included!

Enroll Online at:

www.Dental-Insurance-Benefits.com



Long Term Consumer Care, Inc.

N27 W23960 Paul Road - Suite 101
Pewaukee, WI 53072-6218

Phone: 800.544.9505 Fax: 262.523.1910
Internet: www.ConsumerBenefits.net

Member Better Business Bureau



Careington Dental Plans Starting at Only \$7.95 Per Month ...

CAREINGTON International Dental Plans

Save up to 70% on most dental procedures including routine oral exams, unlimited cleanings and major work such as dentures, root canals, crowns and orthodontics at over 20,000 Dentists who are providers in the CAREINGTON Dental Network.

According to the American Dental Association, approximately 50% of the American public does not have any form of dental insurance. These individuals rely on their own personal income to pay for needed dental care.

The CAREINGTON dental program is designed to lessen the burden to uninsured individuals for the cost of dental care by making dental care more affordable. CAREINGTON members and their dependents can save on all dental care expenses through one of the largest networks of dental care providers nationwide.

For individuals with dental insurance, our dental program can lessen the out of pocket cost. Many dental insurance plans pay less than 100% of the cost of care, and the CAREINGTON preferred pricing schedule reduces the member's cost. CAREINGTON Dental is not insurance, so there are no claim forms, no maximums and no deductibles.

The CAREINGTON dental program will provide cost savings not only on routine and preventive care, but on 250 procedures such as fillings, crowns, root canals, dentures, bridges, oral surgery, and orthodontics. With CAREINGTON Dental, members can expect to save an average of 60% on dental care expenses. Actual costs will vary per region. Fee Schedules are available on-line.

Dental Procedure	Our Cost	Usual Cost	Savings
Periodic Exam	\$12	\$35	66%
Adult Cleaning	\$25	\$67	63%
Complete Intraoral X-rays	\$35	\$93	62%
Fillings (Sedative)	\$30	\$79	62%
Root Canal (Anterior)	\$236	\$489	52%

The EyeMed Vision Plan included with the our Dental Plan provides you and your family with significant vision care savings on eye exams, corrective eyewear, contact lenses, sunglasses, surgical procedures including LASIK where available and more. The Vision Plan entitles eligible participants to receive valuable savings of up to 45% from the first day of enrollment. The Vision Care plan includes over 18,000 EyeMed vision network providers.

Search for Providers at www.ConsumerBenefits.net

CAREINGTON 500 DENTAL – EYEMED VISION – PLAN ENROLLMENT APPLICATION

Yes! Please start my dental and vision plan immediately. I understand I'll have 45 days to use my plan absolutely risk free.

Mail applications to Long Term Consumer Care, Inc., N27 W23960 Paul Road, Suite 101, Pewaukee, WI 53072.

To enroll by phone, call (800)544-9505, by Fax (262)523-1910. You may also enroll online at www.temp-plans.com

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY, STATE, ZIP	WORK PHONE
HOME PHONE	SOCIAL SECURITY #	DATE OF BIRTH
SPOUSE'S NAME (IF COVERED)	DATE OF BIRTH	
CHILDREN'S NAMES (IF COVERED) 1. 2. 3.	DATE OF BIRTH	E-MAIL ADDRESS

Please circle the desired coverage level:

Please circle Monthly or Annual Payment Mode:

Member Only	\$8.95 monthly + One Time \$10.00 Application Fee.	\$89.95 annually + One Time \$10.00 Application Fee.
Member Plus Family	\$11.95 monthly + One Time \$10.00 Application Fee.	\$109.95 annually + One Time \$10.00 Application Fee.
Effective Date - Circle one: <i>First of This Month</i> or <i>First of Next Month</i>		

Choose Billing Option:

A. **Bill my credit card.** (Circle One)

Visa
 American Express
 Mastercard
 Discover
 Account # _____ Expiration Date _____ Name on card _____

B. **Bill my checking account.**

Bank/institution name: _____

Name of account holder: _____

Routing number: _____ Account number: _____

Please remember to enclose a check for the appropriate amount. Checks payable to Careington.

C. **Use the enclosed check as payment. This option is not available for payment on a monthly basis.**

Please make checks payable to Careington.

I authorize CAREINGTON International to bill my credit card or checking account for the plan I have selected plus a one time non-refundable application processing fee. This charge shall remain in force until I notify CAREINGTON International Corporation in writing of its cancellation. I understand the terms and conditions of the plan, and I hereby adopt the plan for a minimum of one year.

X _____ Signature required

For office use only	Member #	GRP LTCC3-DV	AGENT LTCC	SSUM# 9755	MKT CODE	ALT CODE	EFF DATE
---------------------	----------	-----------------	---------------	---------------	----------	----------	----------

CAREINGTON DENTAL – EYEMED VISION – PLAN ENROLLMENT APPLICATION

Yes! Please start my dental and vision plan immediately. I understand I'll have 45 days to use my plan absolutely risk free.

Mail applications to Long Term Consumer Care, Inc., N27 W23960 Paul Road, Suite 101, Pewaukee, WI 53072.

To enroll by phone, call (800)544-9505, by Fax (262)523-1910. You may also enroll online at www.temp-plans.com

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY, STATE, ZIP	WORK PHONE
HOME PHONE	SOCIAL SECURITY #	DATE OF BIRTH
SPOUSE'S NAME (IF COVERED)	DATE OF BIRTH	
CHILDREN'S NAMES (IF COVERED) 1. 2. 3.	DATE OF BIRTH	E-MAIL ADDRESS

Please circle the desired coverage level:

Please circle Monthly or Annual Payment Mode:

Member Only	\$7.95 monthly + One Time \$10.00 Application Fee.	\$79.95 annually + One Time \$10.00 Application Fee.
Member Plus Family	\$9.95 monthly + One Time \$10.00 Application Fee.	\$99.95 annually + One Time \$10.00 Application Fee.
Effective Date - Circle one: <i>First of This Month</i> or <i>First of Next Month</i>		

Choose Billing Option:

A. **Bill my credit card.** (Circle One)

Visa
 American Express
 MasterCard
 Discover
 Account # _____ Expiration Date _____ Name on card _____

B. **Bill my checking account.**

Bank/institution name: _____

Name of account holder: _____

Routing number: _____ Account number: _____

Please remember to enclose a check for the appropriate amount. Checks payable to Careington.

C. **Use the enclosed check as payment. This option is not available for payment on a monthly basis.**

Please make checks payable to Careington.

I authorize CAREINGTON International to bill my credit card or checking account for the plan I have selected plus a one time non-refundable application processing fee. This charge shall remain in force until I notify CAREINGTON International Corporation in writing of its cancellation. I understand the terms and conditions of the plan, and I hereby adopt the plan for a minimum of one year.

X _____ Signature required

For office use only	Member #	GRP LTCC2-DV	AGENT LTCC	SSUM# 6913	MKT CODE	ALT CODE	EFF DATE
---------------------	----------	-----------------	---------------	---------------	----------	----------	----------