## Terms and Conditions:

Purchase and Renewal Conditions: By joining a plan, for yourself or on behalf of a minor child for whom you are a parent or legal guardian, you confirm that you are at least 18 years old and you authorize AVS Dental Plan to charge your credit card or checking account for the plan you have selected. By joining, you indicate you have read and agree to the terms and conditions of the plan.

This charge will automatically renew at the end of your membership term, and your credit card or checking account will be automatically charged for the appropriate amount, until you notify AVS Dental Plan that you wish to cancel the plan.

Termination Conditions: AVS Dental Plan and Careington International Corporation (Careington) reserve the right to terminate plan members from its plan for any reason, including non-payment. If AVS Dental 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 effective date or receipt of membership materials (whichever is later) and receive a full refund, less the processing fee, if applicable. If for any reason you wish to cancel, submit a cancellation request with your name and member ID by mail to AVS Dental Plan, 424 Rosevale Avenue email or by phone. AVS Dental Plan will stop collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation request. When you cancel, you will continue to have access to the plan for the remainder of 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 FL and OK, where you will receive a pro-rata refund whenever you cancel.

Description of Services: Please see the enclosed materials for a specific description of the programs included in your plan.

Limitations, Exclusions & Exceptions: This is a discount plan offered by Careington. Careington is not a licensed insurer, health maintenance organization or other underwriter of health care services. This plan is not insurance. 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 health care 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.

## How Does It Work?

1. To find a participating dental care professional, visit our website www.avsdental.com or call our client services department at 800-287-5586
2. Make an appointment directly with the participating dental provider and make sure to mention that you are a member of AVS Dental Plan featuring the Aetna Dental Access Network.
3. At your dental appointment, simply show your membership card and you'll receive an instant discount off the cost of services. Just pay the total discounted fee at the time you receive service.

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 when 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 your 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. Contact information for your state insurance department is available upon request.

SCAN ME

Featuring the Aetna Dental Access Network™

AVS Dental Plan
424 Rosevale Avenue
Ronkonkoma, NY, 11779
P: 800.287.5586
F: 631.272.5231
info@avsdental.com
www.avsdental.com

# AVS Dental Plan

Affordable **Value** Savings

# $149 /year

**plus one time $19 processing fee**

## Save On Dental Costs Today!

800-287-5586

info@avsdental.com
www.avsdental.com

This is NOT Insurance

**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. 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. The list of participating providers is at [AVSDental.com]. A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less a nominal processing fee (nominal fee for MD residents is $5, AR residents will be refunded the processing fee). Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

This plan is not available in Vermont or Washington.

**This is NOT INSURANCE**.

Participants must pay healthcare providers directly.

Actual discounts will vary based on the geographic location of the dental provider and the services provided.

Careington International Corporation provides access to the Aetna Dental Access® network, which is administered by Aetna Life Insurance Company (ALIC). ALIC does not offer or administer the Careington discount program, and is not an affiliate, agent or principal of Careington. Dental providers are independent contractors and not employees or agents of ALIC. ALIC does not provide dental care and is not responsible for outcomes.

*Dental locations as of October 2019, Aetna Enterprise Database.

## What our members are saying:

"I went to my dentist to get a crown and I found out that I could join AVS immediately in order to save money."
Jeanne: Charlotte, NC

"We saved over $1,000 on my daughter's braces using AVS Dental Plan."
Debra: Greenlawn, NY

"I was able to save over 25% on my dental bill for oral surgery. That savings covered my yearly membership fee plus much more! Thanks AVS."
Laura: Phoenix, AZ

## Sample List of Approximate Savings

| Procedure | Average Cost ** | Average Cost with Plan*** | Member Savings |
|---|---|---|---|
| Periodic Oral Exam | $64 | $38 | $26 |
| Comprehensive Oral Exam | $104 | $62 | $42 |
| X-Ray, Bitewings<br>Four Films | $76 | $46 | $30 |
| Cleaning (Prophylaxis)<br>Adult | $111 | $67 | $44 |
| Sealant Per Tooth | $67 | $40 | $27 |
| Filling Surface Resin<br>(White) Filling, Front (Anterior) Tooth | $191 | $115 | $76 |
| Complete Upper Denture<br>Maxillary | $1616 | $970 | $646 |
| Root Canal Molar<br>Excluding Final Restoration | $1350 | $810 | $540 |
| Cleaning (Prophylaxis)<br>Child | $86 | $52 | $34 |

***Actual costs and savings may vary by provider. service and geographic location.

The average cost with Vital Savings by Aetna is the average of the negotiated fees for the cities referenced above.

I authorize AVS Dental to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "EDP Dental & Vision Plan" on your bank statement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

☐ By checking this box, I consent to the automatic renewal of my plan membership at the amount and frequency listed above until I notify AVS Dental Plan to cancel the plan at least 10 days before renewal. Refer to the Terms and Conditions for detail of how to cancel.

☐ I have read and agreed to the plan's Terms and Conditions.

Signature: _____

Date:_____

Plan is not available in VT and WA.

## Discount Dental Plan Application

Mail or call 800 287-5586 to join

AVS Dental Plan
424 Rosevale Avenue
Ronkonkoma, NY 11779

First Name: _____ DOB: _____

Last Name: _____

Address: _____

City: _____ State:____ Zip:_____

Home# _____ Cell# _____

Email: _____

How did you hear about AVS Dental Plan?

_____

### Additional Household Family Members:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

### Select Type of Membership:

| Plan | Single | Couple | Family |
|---|---|---|---|
| 1 Year | ☐ $149 | ☐ $199 | ☐ $249 |

***All plans have a $19 non-refundable processing fee.**

Total $: _____

Payment Type: **(Please make all checks out to E.D. Plan Inc)**

☐ Visa ☐ Mastercard ☐ Discover ☐ Amex ☐ Check

Card No: _____

Expiration:_____ CCV code_____

Signature: _____

AVS-FL14

As of 3/26