

SmartSmilesm & Super SmartSmilesm

Your Personal Dental Plans

Save time and money

You'll keep your money in your pocket, with big savings on more than 150 dental procedures - **no pre-authorizations** and **no deductibles**.

Receive quality care

You'll receive **excellent care** because all of our local participating dental offices are independently owned and adhere to our 107-point Quality Assurance program.



Be covered

A wide range of general dental procedures are **covered**, from exams, x-rays, cleanings, sealants, amalgam & composite restorations, to crowns, bridges, dentures, extractions, periodontics, and orthodontics.

Get prompt treatment

You'll be able to get the help you need, with easy appointment scheduling.

SmartSmile plans have:

No waiting periods

No annual benefit maximums

No preexisting condition exclusions

Starting with a SmartSmile plan is simple!

- 1 -

Select a Dentist

Go to www.dentalhealthservices.com or call 800.637.6453. Every dentist in our network must exceed our rigorous Quality Assurance standards.

- 2 -

Complete the Form

Fill out the enclosed enrollment form with your information and payment method, either with a check or money order, or with your credit card.

- 3 -

Start your Treatment

You'll receive a membership package in the mail, including your member card. If you sign up by the 20th, your coverage will start the first of the following month.

Enjoy affordable rates

SmartSmile	Monthly	Annually	Super SmartSmile	Monthly	Annually
Subscriber	\$17.75	\$213.00	Subscriber	\$23.50	\$282.00
Subscriber & 1 dependent	\$33.75	\$405.00	Subscriber & 1 dependent	\$45.75	\$549.00
Subscriber & 2 dependents	\$43.50	\$522.00	Subscriber & 2 dependents	\$60.75	\$729.00
Subscriber & 3+ dependents	\$53.25	\$639.00	Subscriber & 3+ dependents	\$78.25	\$939.00

Experience incredible value

Procedure	Regular Fee	SmartSmile	Super SmartSmile
Sealant - per tooth	\$44.00	\$5.00	\$5.00
Periodontal scaling and root planing	\$205.00	\$85.00	\$70.00
Full mouth x-rays - including bitewings	\$120.00	\$25.00	\$0.00
Anterior composite restoration - two surfaces	\$182.00	\$76.00	\$57.00
Teeth cleaning - with topical fluoride	\$107.00	\$25.00	\$12.00
Amalgam restoration - two surfaces	\$158.00	\$52.00	\$35.00
Surgical removal of an erupted tooth	\$260.00	\$134.00	\$135.00
Porcelain crown fused to high noble metal	\$965.00	\$400.00*	\$400.00*

*Patients are responsible for the cost of applicable laboratory fees.
Regular fees are based on the average of the usual and customary fees for each service, per a June 2009 survey of participating dentists.

SmartSmile & Super SmartSmile Enrollment Form

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	HOME PHONE	WORK PHONE	BIRTHDATE
REQUESTED EFFECTIVE DATE	DENTIST #	GENDER	MARITAL STATUS

 PLEASE NOTE THE 3-DIGIT DENTIST NUMBER LISTED NEXT TO YOUR DENTIST'S NAME IN OUR DIRECTORY OF PARTICIPATING DENTISTS

Dependents to be covered

LAST NAME	FIRST NAME	M.I.	GENDER	BIRTHDATE	RELATION TO SUBSCRIBER

Dependents include your spouse, domestic partner, and/or unmarried children under 25 years of age. Children 25 years of age and over are eligible only while the child is and continues to be both 1) incapable of sustaining employment by reason of developmental disability or physical challenge, and 2) is chiefly dependent upon the subscriber for support and maintenance, provided proof of incapacity and dependency is furnished to Dental Health Services within 31 days of such a request.

Choose Your Plan:

- SmartSmile
- Super SmartSmile

Choose Your Payment Method:

- 1. Check or money order - annual payment
- 2. Checking withdrawal - automatic monthly payments*
- 3. Credit card - annual payment
- 4. Credit card - automatic monthly payments*
 - Visa Master Card Discover

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Subscriber & 3+ dependents	\$53.25	\$639.00

Super SmartSmile	Monthly	Annually
Subscriber	\$23.50	\$282.00
Subscriber & 1 dependent	\$45.75	\$549.00
Subscriber & 2 dependents	\$60.75	\$729.00
Subscriber & 3+ dependents	\$78.25	\$939.00

CREDIT CARD NUMBER	EXPIRATION DATE
\$ AMOUNT (annual or two months' premium)	3-DIGIT SECURITY CODE
SIGNATURE	DATE

It is a crime to knowingly provide false, incomplete, or misleading information to a limited healthcare service contractor for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.

Monthly payments require an initial 2-month payment, with the second month's premium held by Dental Health Services, and used if automatic withdrawal is unavailable due to insufficient funds.

The account information on the enclosed check or listed credit card number is the account from which your premium payment will be withdrawn. Automatic checking withdrawal or monthly credit card charges begin the month following your eligibility date, and continue on or after the fifth of each month you are enrolled. By selecting payment option 2 or 4, you hereby authorize Dental Health Services to withdraw the applicable monthly payment from your account. The authorization remains in full force and effect for at least one year, and renews automatically unless written notice is received 60 days prior to the expiration of the annual term.

OFFICE USE ONLY		
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EFF. DATE	CYCLE	GROUP #
PLAN #	P/S #	I.A. #
David Maddock	W919	
AGENT NAME	AGENT NUMBER	

By submitting this form I authorize my dentist to release any information regarding my patient history to Dental Health Services, consulting professionals, or other designated or approved entities for the purpose of certifying, purchasing, providing, evaluating, or administering benefits. The authorization remains in effect until revoked by me in writing. I also certify that I am over 18 years of age. I agree that if I cancel my membership within the first year I will be subject to a \$50.00 cancellation fee and will receive a prorated refund, if applicable.