

Join today. It's easy!

Becoming a SmartSmile or Super SmartSmile plan member is as simple as one, two, three!

1. Select a dentist from our Directory of Participating Dentists, and indicate your choice on the attached enrollment form.
2. Complete the attached enrollment form.
3. Select one of the four payment methods listed on the enrollment form, and include either a check or money order, or note your credit card number.

You also have the option of enrolling online. Just log on to www.smartsmile.com and sign up in minutes!

If you have questions, simply contact your Member Service Specialist at 800.637.6453.



SmartSmileSM

YOUR PERSONAL DENTAL PLAN



Improve your life with SmartSmileSM

Save time and money

You'll **save up to 100%** on more than 200 general dental procedures. Both plans have **no deductibles** and require no pre-authorizations.

Enjoy great coverage

A broad range of general dental procedures are covered, from exams, to x-rays, cleanings, sealants, amalgam & composite restorations, crowns, bridges, dentures, and extractions. **Enjoy lower copayments and specialty coverage with the Super SmartSmile plan.**

Go to a great dentist

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



Get prompt treatment

You'll be able to get the help you need, with **no waiting periods, no annual benefit maximums, no pre-existing condition exclusions**, and easy appointment scheduling.

Enhance your smile

Our SmartSmile and Super SmartSmile plans both feature **affordable orthodontic benefits for children and adults.**

Work with employee-owners

Independently operated for more than 30 years, **Dental Health Services is unique as an employee-owned dental plan.** When you work with us, you'll have your questions answered quickly and easily by your helpful Member Service Specialist.



3833 Atlantic Avenue • Long Beach, CA 90807
800.637.6453 • www.dentalhealthservices.com

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Enjoy affordable rates

SmartSmile

	MONTHLY	ANNUALLY
Subscriber	\$6.95	\$79.00
Subscriber & 1 dependant	\$12.95	\$139.00
Subscriber & 2+ dependants	\$16.95	\$179.00

Super SmartSmile

	MONTHLY	ANNUALLY
Subscriber	\$14.30	\$171.60
Subscriber & 1 dependant	\$26.45	\$317.40
Subscriber & 2+ dependants	\$37.90	\$454.80

If your complete enrollment form and payment are received by the 10th of the current month, you will be eligible on the 1st of next month. If received after the 10th, you will be eligible on the 1st of the month after next.

Monthly payment is available by pre-authorizing withdrawals* from your checking account or credit card. Monthly payments require an initial payment of two months' premium. This authorization may be made on the attached enrollment form.

*Automatic checking withdrawals or monthly credit charges will begin the month following your eligibility date and will continue on or after the fifth of each month you are enrolled on the plan.



Experience incredible savings with SmartSmileSM!

You'll enjoy considerable savings over what you'd pay without coverage. Note the cost savings associated with some of the **200+ procedures covered on SmartSmile and Super SmartSmile.**

PROCEDURE	REGULAR FEE	SMARTSMILE SM	SUPER SMARTSMILE SM
Sealant - per tooth	\$36.00	\$10.00	\$5.00
Comprehensive oral examination	\$44.00	\$0.00	\$0.00
Teeth cleaning - with topical fluoride	\$64.00	\$25.00	\$0.00
Full mouth x-rays - including bitewings	\$88.00	\$0.00	\$0.00
Amalgam restoration - two surfaces	\$103.00	\$42.00	\$0.00
Anterior composite restoration - two surfaces	\$127.00	\$60.00	\$33.00
Periodontal scaling and root planing	\$152.00	\$60.00	\$45.00
Surgical removal of an erupted tooth	\$169.00	\$70.00	\$30.00
Porcelain crown fused to high noble metal	\$837.00	\$420.00*	\$240.00*

Regular fees are based on the average of the usual and customary cost for each service, per an October 2006 survey of Southern California dental fees
**Patients are responsible for the cost of upgraded metals and porcelain*

"I've already recommended Dental Health Services to at least 20 people. No exaggeration! I am very pleased with my Dental Health Services SmartSmile plan!"

Linda Johnson — satisfied plan member

"When I called Member Services, [my Member Service Specialist] was so pleasant. She was very helpful and informative; she got me the help that I needed. It's nice to have a great experience and to be treated so well. Everyone involved in helping me has been so nice."

Wendell Rush — satisfied plan member

"I am a satisfied member of Dental Health Services' SmartSmile plan, and I am very satisfied with my dental office. I get my money's worth and more!"

Beulah Blakesley — satisfied plan member

"I'm happy that Dental Health Services has great dentists on their approved list. My dentist and his entire staff are to be commended for their excellent work. I sent all my friends and relatives an e-mail about my delightful visit to my Dental Health Services dentist. I was just totally satisfied!"

Betty Dodrill — satisfied plan member

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									
DEPENDANTS TO BE COVERED												
LAST NAME	FIRST NAME	M.I.	GENDER									
			BIRTHDATE									
			RELATION TO SUBSCRIBER									
Dependants include your spouse, domestic partner, and/or unmarried children 23 years of age or under. Children 24 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.												
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I hereby authorize you to charge to my account checks or credit card debits payable to Dental Health Services. I understand and agree to the terms of enrollment and agree on behalf of my eligible dependants. I understand that I am applying for enrollment in this dental plan and that dues are non-refundable if I request termination prior to annual renewal. Authorization is granted for my dentist to release any information regarding my patient history to Dental Health Services, consulting professionals, or other entities designated or approved by Dental Health Services for the purpose of certifying, providing, evaluating and administering benefits. I certify that I am over 18 years of age. It is understood that any dispute with Dental Health Services, including but not limited to, dental malpractice, as to whether any dental services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration. By entering into this contract, the parties are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.												
WHY ARE YOU ENROLLING? <ul style="list-style-type: none"> <input type="checkbox"/> I need immediate care <input type="checkbox"/> It's a great value <input type="checkbox"/> I'm self-employed <input type="checkbox"/> I don't have employer benefits <input type="checkbox"/> I'm retired <input type="checkbox"/> Other _____ 												
HOW DID YOU FIND US? <ul style="list-style-type: none"> <input type="checkbox"/> A friend or relative <input type="checkbox"/> My dentist <input type="checkbox"/> My broker or agent <input type="checkbox"/> The DMHC <input type="checkbox"/> The phone book <input type="checkbox"/> Other _____ 												
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Select one option & include payment

- 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
 - MasterCard
 - Discover

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

* 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.