SmartSmile & Super SmartSmile

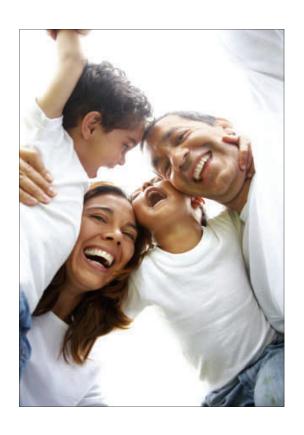
Your Personal Dental Plans

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

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Starting with a SmartSmile plan is simple!

- ı -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	\$24.25	\$291.00
Subscriber & 1 dependent	\$35.00	\$420.00	Subscriber & 1 dependent	\$47.25	\$567.00
Subscriber & 2 dependents	\$47.75	\$573.00	Subscriber & 2 dependents	\$62.50	\$750.00
Subscriber & 3+ dependents	\$62.00	\$744.00	Subscriber & 3+ dependents	\$80.75	\$969.00

Experience incredible value

Procedure	Regular Fee	SmartSmile	Super SmartSmile
Sealant - per tooth	\$46.00	\$5.00	\$5.00
Periodontal scaling and root planing	\$202.00	\$85.00	\$70.00
Full mouth x-rays - including bitewings	\$117.00	\$25.00	\$0.00
Anterior composite restoration - two surfaces	\$188.00	\$75.00	\$57.00
Teeth cleaning - with topical fluoride	\$108.00	\$25.00	\$12.00
Amalgam restoration - two surfaces	\$162.00	\$52.00	\$35.00
Surgical removal of an erupted tooth	\$265.00	\$134.00	\$135.00
Porcelain crown fused to high noble metal	\$1,028.00	\$475.00*	\$475.00*

^{*}Patients are responsible for upgrade charges which range from \$0 for standard porcelain up to \$175 for specialized porcelain.

Regular fees are based on the average of the usual and customary fees for each service, per a January 2011 survey of participating dentists.

SmartSmile & Super SmartSmile Enrollment Form

LAST NAME		FIRST NAME	M.	I.	SOCIAL SECURITY #			
ADDRESS		CITY	ST	ATE	ZIP CODE			
E-MAIL ADDRESS		HOME PHONE	W	ORK PHONE	BIRTHDATE			
REQUESTED EFFECTI	VE DATE		DENTIST #	CI	ENDER	MARITAL STATUS		
REQUESTED EFFECTI	VE DATE		↑ PLEASE NO	TE THE 3-DIGIT DE		ED NEXT TO YOUR DENTIST'S		
Dependents t	o be cove	red						
LAST NAME		FIRST NAME	M.I.	GENDER	BIRTHDATE	RELATION TO SUBSCRIBER		
while the child is and chiefly dependent upon	continues to be l on the subscriber	both 1) incapable of for support and m		by reason of developed of incapacity and	opmental disability or p d dependency is furnish	ohysical challenge, and 2) is hed to Dental Health Services		
Choose	Your Pl	an:	Cho	oose You	r Payment	Method:		
☐ SmartS	imile			1. Check or	money order - ann	ual payment		
□ Super S	SmartSmile			3. Credit car	withdrawal - autor rd - annual paymen rd - automatic mon			
SmartSmile	Monthly	Annually						
Subscriber	\$17.75	\$213.00	CREDIT CARD NU	JMBER		EXPIRATION DATE		
Subscriber & 1 dependent	\$35.00	\$420.00	\$ AMOUNT (annua	al or two months' prem	nium) 3-1	DIGIT SECURITY CODE		
Subscriber & 2 dependents	\$47.75	\$573.00						
Subscriber & 3+ dependents	\$62.00	\$744.00	SIGNATURE			DATE		
Super SmartSmile	Monthly	Annually		for the purpose of		eading information to a limited healthcare ny. Penalties include imprisonment, fines, and		
Subscriber	\$24.25	\$291.00						
Subscriber & 1 dependent	\$47.25	\$567.00	, , ,	*		the second month's premium held by Dental able due to insufficient funds.		
Subscriber & 2 dependents	\$62.50	\$750.00	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					
Subscriber & 3+ dependents	\$80.75	\$969.00	enrolled. <u>By selection</u> applicable monthle	ting payment option y payment from you	n 2 or 4, you hereby au ur account. The autho	e on or after the fifth of each month you are hthorize Dental Health Services to withdraw the rization remains in full force and effect for at		
OFFICE USE ONLY			least one year, and the annual term.	I renews automatica	ally unless written notic	te is received 60 days prior to the expiration of		
EFF. DATE CYCLE	GROUP#					y information regarding my patient history to esignated or approved entities for the purpose		
PLAN # P/S #	I.A. #		of certifying, purc effect until revoke	hasing, providing, e ed by me in writing.	evaluating, or administe I also certify that I an	ring benefits. The authorization remains in n over 18 years of age. I agree that if I cancel 50.00 cancellation fee and will receive a		