

Your Key to Better Oral Health

Receive Thorough Quality Care

SmartSmilesm covers more than 200 dental procedures at low out-of-pocket costs when provided by your Quality Assured dentist.

Save Time & Money

There are no forms to fill out, no deductibles, and no annual maximums. An individual adult SmartSmilesm member pays only \$17.75 per month and saves 15-90% on dental procedures.

You Have an Advocate for Your Dental Health

Your care is between you and your dentist. If you ever have any questions, your friendly Member Service Specialist is glad to help you and can always be reached via our website or by phone.

Optimal Health Through Prevention

You have access to a wealth of educational materials to help you make preventive oral health measures part of your daily life - all at no additional cost to you!

Enroll
online
today!

It's easy!

www.SmartSmile.com

Become a valued
member today!

Contact us!

We'll make sure you
get your SmartSmilesm
today!



Dental Health Services

An employee-owned company

100 W. Harrison Street
Suite S-440, South Tower
Seattle, WA 98119

800-637-6453

Enrolling a group?

Contact us at 866-585-6464. Your Client Service Manager will be happy to help you.

SmartSmilesm

Prepaid Dental Plans
For Individuals and Families



Enroll
today!

Dental benefits provided by:
Dental Health Services

Here's where "no" means something good

No
Waiting
Period!

No
Deductible!



No
Annual
Maximum!



No
Pre-existing
Condition
Exclusions!

No
Age Limits!

Comprehensive Coverage

Enjoy full coverage immediately upon eligibility with covered services, including exams, cleanings, fillings, crowns, implants, periodontal treatment, root canals, orthodontia (braces), and dentures.

Braces are Covered

Enjoy orthodontia benefits (braces) with great savings when you receive care from a participating Dental Health Services orthodontist.

Simple Copayments

Copayments are easy to understand. You pay the listed copayment for any treatment you receive.

Choose Your Plan

Both SmartSmilesm and Super SmartSmilesm are designed to deliver excellent value. SmartSmilesm features a lower monthly premium, while Super SmartSmilesm saves you even more on preventive and basic procedures.

Affordable Premiums

You can get comprehensive dental coverage for less than the cost of two movie tickets.

About Dental Health Services

Dental Health Services has provided Washington state residents with great dental coverage for over 30 years. As employee-owners, we're proud to maximize the value you receive in your dental benefits. Low premiums, low copayments, great service and our Quality Assurancesm guarantee are what make SmartSmilesm shine.

What are you waiting for? Contact us today. You will be greeted by an employee-owner who will be happy to help you.

Member Approved

"I spent 8 hours online searching every dental site. This is the best plan in the U.S.!"

Wayne H.
Member Since 2008

SmartSmile	Monthly	Annually
Subscriber	\$17.75	\$213.00
Subscriber & 1 dependent	\$35.00	\$420.00
Subscriber & 2 dependents	\$47.75	\$573.00
Subscriber & 3+ dependents	\$62.00	\$744.00

Super SmartSmile	Monthly	Annually
Subscriber	\$24.25	\$291.00
Subscriber & 1 dependent	\$47.25	\$567.00
Subscriber & 2 dependents	\$62.50	\$750.00
Subscriber & 3+ dependents	\$80.75	\$969.00

Member Approved

"I have used Dental Health Services' plan for many years and am very pleased with their customer service. I would highly recommend Dental Health Services to anyone."

Maria F.
Member Since 2004

SmartSmilesm Enrollment Form

Step 1 >> **Your Information** (All fields are required)

You can also enroll at [www.smartsmile.com/\[producer#\]](http://www.smartsmile.com/[producer#])

Last Name	First Name	M.I.
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Gender	Marital/Domestic Partnership Status	Employer
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Preferred Spoken Language	Preferred Written Language	Ethnicity
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Address	City	State	Zip Code
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Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email	Birth Date
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Requested Effective Date

[dentist #]

Dentist Number

Listed next to your dentist's name in our Directory of Participating Dentists

Additional Members / Dependents

Last Name	First Name	M.I.	Gender	Birth Date	Relation to Subscriber
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Dependents include your spouse, domestic partner and/or children under 26 years of age. Children 26 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 but not more frequently than annually after the two-year period following the child's attainment of 26 years of age.

Step 2 >> **Choose Your SmartSmilesm Plan**

SmartSmile sm	Monthly	Annually	Super SmartSmile sm	Monthly	Annually
<input type="checkbox"/> You	\$17.75	\$213.00	<input type="checkbox"/> You	\$24.25	\$291.00
<input type="checkbox"/> You & 1 dependent	\$35.00	\$420.00	<input type="checkbox"/> You & 1 dependent	\$47.25	\$567.00
<input type="checkbox"/> You & 2 dependents	\$47.75	\$573.00	<input type="checkbox"/> You & 2 dependents	\$62.50	\$750.00
<input type="checkbox"/> You & 3+ dependents	\$62.00	\$744.00	<input type="checkbox"/> You & 3+ dependents	\$80.75	\$969.00

Step 3 >> **Choose Your Payment Method and Include Payment**

- ☐ Check or money order - annual payment
- ☐ Checking withdrawal - automatic monthly payments*
- ☐ Credit card - annual payment
- ☐ Credit card - automatic monthly payments*

☐ Visa ☐ MasterCard ☐ Discover

Checking Account Number

Routing Number

Credit Card Number

Expiration

Amount (Annual or 2 months' Premium)

3-Digit Code

You may be guilty of fraud and may be subject to civil or criminal penalties if you knowingly provide false, incomplete or misleading information to a limited healthcare service contractor for the purpose of defrauding the company.

*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 a monthly payment option, you hereby authorize Dental Health Services to withdraw the applicable monthly payment from your account. Monthly memberships renew automatically. Cancellation requests must be received in writing and must be signed by the primary subscriber. Cancellation requests received by the 15th of the current month will be effective the first of the following month.**

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 pro-rated refund, if applicable.**

Signature

Date

And Now You're Done - Congratulations!

OFFICE
USE
ONLY

A M

Eff. Date Cycle Group# Plan# P/S# I.A.# Producer Name [producer #]
Producer#