

## Your Key to Better Oral Health

### Receive Thorough Quality Care

SmartSmile-EC<sup>sm</sup> plans cover more than 300 dental procedures at low out-of-pocket costs when provided by your participating, Quality Assured dentist.

### Save Time & Money

There are no forms to fill out, no deductibles and no annual maximums. Enjoy savings of up to 100% on some dental procedures.\* Please see the plan Schedule of Covered Services and Copayments for complete benefit information.

### Your Advocate for Your Dental Health

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

### Select the Plan that Best Fits Your Needs

All SmartSmile-EC<sup>sm</sup> plans are Qualified Dental Plans, certified by HealthCare.gov. Choose from a wide range of dental plan options that will meet every need and fit any budget. Whether you need a dental plan for yourself or a family member, Dental Health Services has you covered!

*\* Based on a comparison to the 90th percentile of the usual and customary fees for each service, per the January 2018 FAIRDATA information for the 97202 zip code.*

Enroll  
online  
today!

It's easy!

[www.dentalhealthservices.com](http://www.dentalhealthservices.com)

Become a valued  
member today!

Contact us!

We'll make sure  
you get your best  
smile today!



Dental Health Services

An employee-owned company

205 SE Spokane St.  
Suite 334  
Portland, OR 97202  
(800) 637-6453

SmartSmile-EC<sup>sm</sup>

Prepaid Dental Plans  
For Individuals and Families

Enroll  
today!

Qualified Dental Plans provided by:  
Dental Health Services, Your Dental Plan

Proudly serving the following counties:  
Benton, Clackamas, Columbia, Douglas, Hood  
River, Josephine, Lane, Linn, Marion, Multnomah,  
Polk, Wasco, Washington, and Yamhill

A Great Reason to Smile<sup>sm</sup>

# Here's where "no" means something good



No  
Waiting  
Period!



No  
Annual  
Maximum!



No  
Pre-existing  
Condition  
Exclusions!



## Comprehensive Coverage

As Qualified Dental Plans certified by HealthCare.gov, all SmartSmile-EC<sup>sm</sup> plans have a pediatric annual out-of-pocket maximum of \$350 per child and \$700 per family. Enjoy full coverage as soon as you become eligible for services including exams, cleanings, fillings, crowns, implants, periodontal treatment, root canals, orthodontia (braces), and dentures.

## Braces are Covered

Braces are covered! Enjoy orthodontia benefit (braces) when pre-authorized by your Quality Assured Orthodontist.

## Choose Your Plan

All SmartSmile-EC<sup>sm</sup> plans are designed to deliver excellent value. SmartSmile-EC<sup>sm</sup> features a lower monthly premium, while Super SmartSmile-EC<sup>sm</sup> and SmartSmile Plus-EC<sup>sm</sup> save you more on preventive and basic procedures.

## Simple Copayments

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

## Your Choice.

## Your Plan. Your Savings.

<u>SmartSmile-EC</u>	<u>Monthly</u>
Adult	\$18.00
Young Adult (19-25 years old)	\$16.25
Pediatric Child* (18 years old & under)	\$24.50

<u>Super SmartSmile-EC</u>	<u>Monthly</u>
Adult	\$26.50
Young Adult (19-25 years old)	\$23.75
Pediatric Child* (18 years old & under)	\$24.50

<u>SmartSmile Plus-EC</u>	<u>Monthly</u>
Adult	\$26.50
Young Adult (19-25 years old)	\$24.75
Pediatric Child* (18 years old & under)	\$29.75

\*Maximum of three pediatric children will be charged

## About Dental Health Services

Dental Health Services has provided Pacific Northwest 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 Assurance<sup>sm</sup> guarantee are what make SmartSmile-EC<sup>sm</sup> shine.

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

Dental Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, disability, or sex.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Dental Health Services, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-756-4259.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Dental Health Services, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-756-4259.

From Their Own Mouth

*"I have enjoyed having a close collaboration with Dental Health Services. Whenever there are questions that I need answered, I can pick up the phone and have the question answered or situation resolved.*

*Additionally, having plans that are easily accessible for the needs of my clients is another reason that Dental Health Services is at the top of the list of dental providers that will meet the immediate needs of those that I work with. I look forward to continue a close relationship with Dental Health Services." - Gladys B., Oregon Producer*

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From Their Own Mouth

*"Our Office became a provider with Dental Health Services right as it started providing coverage in Oregon. It has been a pleasure working with Dental Health Services and we have found that the customer service with this insurance company is by far the easiest to work with!"*

Daina C., Participating Dental Office Manager

# Your Dental Plan Enrollment Form

You can also enroll online at [www.dentalhealthservices.com](http://www.dentalhealthservices.com)

You're only a few steps away from a healthier and smarter smile! Simply compare plans, select which plan is right for you and/or your family, fill out the form, complete your payment information, and that's it! It really is that simple.

## Step 1: Complete Your Information (All fields are required)

### Subscriber

(a person whose relationship as the primary enrollee is the basis for coverage under this agreement)

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Gender	Marital/Domestic Partnership Status
_____	_____	_____	_____	_____
Preferred Spoken Language	Preferred Written Language	Ethnicity		
_____	_____	_____	_____	_____
Address	Apt. #	City	State	Zip Code
_____	_____	_____	_____	_____
Primary Phone	Cell Phone	Employer	Email	
_____	_____	_____	_____	_____
Birth Date (mm/dd/yyyy)	Requested Effective Date* (mm/dd/yyyy)			Dentist Number
	* enrollment will occur the 1st of the following month unless future month is stated			Listed next to your dentist's name in our Directory of Participating Dentists.

### Enrollees to be Covered

Include Subscriber if coverage is also needed

(please include additional enrollees on a separate sheet of paper, if needed)

Last Name	First Name	MI	Gender	Birth Date (mm/dd/yyyy)	Relationship to Subscriber	Language	Use Disability Codes Below
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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.

### Disability Codes:

- A. Physical impairment      B. Mental impairment      C. Blindness or low vision      D. Deafness

## Step 2: Choose Your SmartSmile-EC<sup>sm</sup> Plan

INDIVIDUAL COVERAGE	SmartSmile-EC <sup>sm</sup>		Super SmartSmile-EC <sup>sm</sup>		SmartSmile Plus-EC <sup>sm</sup>	
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL
	Premium	Premium	Premium	Premium	Premium	Premium
Pediatric Child* (18 years old & under)	\$24.50	\$294.00	\$24.50	\$294.00	\$29.75	\$357.00
Young Adult (19-25 years old)	\$16.25	\$195.00	\$23.75	\$285.00	\$24.75	\$297.00
Adult (26 years old & over)	\$18.00	\$216.00	\$26.50	\$318.00	\$26.50	\$318.00
<b>TOTAL (Premiums x no. of enrollees)</b>						

\*Maximum of three pediatric children will be charged

## Step 3: Provide Your Payment Information

- Check or money order - annual payment
- Checking withdrawal - automatic monthly payments
- Credit card - annual payment
- Credit card - automatic monthly payments
  - Visa
  - MasterCard
  - Discover

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Amount \_\_\_\_\_ Expiration (mm/yy) \_\_\_\_\_

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.

If you choose to pay monthly, an initial payment in the amount of your monthly premium is required and will be charged when your application is processed. Your coverage will begin the first day of the month following your enrollment. By selecting a monthly payment option, you hereby authorize Dental Health Services to withdraw the applicable monthly invoice balance from your account. The account information on your enclosed check or listed credit card number will be the account from which your premium payment will be withdrawn monthly. Your monthly charge for subsequent months will be deducted between the 23rd and 28th day of the month prior to that month of service. For example, if you owe premium for February, your payment would be taken between the 23rd and 28th day of January. Monthly memberships renew automatically.

Termination requests must be received in writing and signed by the subscriber. Termination requests received by the 15th of the 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 terminate my membership within the first year I will be subject to a \$50 cancellation fee and will receive a pro-rated refund, if applicable.

- I authorize Dental Health Services to send me text message notifications.

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

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tiene preguntas acerca de Dental Health Services, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-756-4259.

**English:** If you, or anyone who is helping you has questions about Dental Health Services, you have the right to obtain information in your own language without any cost to you. To speak with an interpreter, call 1-866-756-4259.

**Vietnamese:** Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Dental Health Services, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-756-4259.

**Spanish:** Si usted, o alguien a quien usted está ayudando,

OFFICE USE ONLY | Eff. Date Cycle | Group# | Plan# | P/S# | I.A.# | Producer Name | Producer#