



## Your Key to Better Oral Health

### Receive Thorough Quality Care

SmartSmile<sup>sm</sup> 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 SmartSmile<sup>sm</sup> member pays only \$6.95 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](http://www.SmartSmile.com)

Become a valued member today!

**Contact us!**

We'll make sure you get your SmartSmile<sup>sm</sup> today!

*An employee-owned company*

3833 Atlantic Avenue  
Long Beach, CA 90807

**(800) 637-6453**

**Enrolling a group?**

Contact us at (877) 222-2735.

**IMPORTANT:** If English is your secondary language, you may obtain this information written in your language. For free help, please call 866-756-4259. Dental Health Services has a toll free TTY line 888-645-1257 for the hearing and speech impaired.

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# SmartSmile<sup>sm</sup>

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 SmartSmile<sup>sm</sup> and Super SmartSmile<sup>sm</sup> are designed to deliver excellent value. SmartSmile<sup>sm</sup> features a lower monthly premium, while Super SmartSmile<sup>sm</sup> saves you even more on preventive and basic procedures, and offers specialty coverage.

## 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 California residents with great dental coverage for over 40 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<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.

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	\$6.95	\$79.00
Subscriber & 1 dependent	\$12.95	\$139.00
Subscriber & 2 dependents	\$16.95	\$179.00
Super SmartSmile	Monthly	Annually
Subscriber	\$14.30	\$171.60
Subscriber & 1 dependent	\$26.45	\$317.40
Subscriber & 2 dependents	\$37.90	\$454.80

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

# SmartSmile<sup>sm</sup> Enrollment Form

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

Last Name	First Name	M.I.	Gender	Marital/Domestic Partnership Status
Preferred Spoken Language	Preferred Written Language		Ethnicity	
Address	City	State	Zip Code	Employer
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email	Birth Date	Requested Effective Date	Dentist Number <small>Listed next to your dentist's name in our Directory of Participating Dentists</small>

## ADDITIONAL MEMBERS / DEPENDENTS

Last Name	First Name	M.I.	Gender	Birth Date	Relation to Subscriber

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.

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

<input type="checkbox"/>	<b>SmartSmile<sup>sm</sup></b>	<b>Monthly</b>	<b>Annually</b>
<input type="checkbox"/>	You	\$6.95	\$79.00
<input type="checkbox"/>	You & 1 dependent	\$12.95	\$139.00
<input type="checkbox"/>	You & 2+ dependents	\$16.95	\$179.00
<input type="checkbox"/>	<b>Super SmartSmile<sup>sm</sup></b>	<b>Monthly</b>	<b>Annually</b>
<input type="checkbox"/>	You	\$14.30	\$171.60
<input type="checkbox"/>	You & 1 dependent	\$26.45	\$317.40
<input type="checkbox"/>	You & 2+ dependents	\$37.90	\$454.80

\* 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. 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.**

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 \$35.00 cancellation fee and will receive a pro-rated refund, if applicable.**

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.

## 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

## Now You're Done!

Checking Account Number	Routing Number
Credit Card Number	Expiration
Amount (Annual or 2 months' Premium)	3-Digit Code
Signature	Date

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



# SmartSmile<sup>sm</sup> Copayment Comparison Sheet

The following is a list of the most commonly utilized covered dental procedures and their copayments on the SmartSmile<sup>sm</sup> and Super SmartSmile<sup>sm</sup> plans. This comparison sheet is designed to help you decide which plan is right for you.

Visit us online at [www.dentalhealthservices.com](http://www.dentalhealthservices.com) to view the more than 300 procedures covered by your SmartSmile<sup>sm</sup> plan. If you would like a printed version of your copayment schedule, contact our Member Services team by phone at 800-637-6453 or by email at [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com). Our employee-owners will be happy to help you!

Dental Code	Procedure	SmartSmile <sup>sm</sup>	Super SmartSmile <sup>sm</sup>	
			Dentist	Specialist
<b>DIAGNOSTIC</b>				
D9543	Office Visit	\$4.00	\$4.00	\$0.00
D0150	Comprehensive oral evaluation (new or established patient)	\$0.00	\$0.00	\$45.00
D0120	Periodic oral evaluation (established patient)	\$0.00	\$0.00	\$45.00
D0210	Complete radiographic images (x-rays)	\$0.00	\$0.00	\$65.00
<b>PREVENTIVE</b>				
D1110	Adult prophylaxis (teeth cleaning)	\$15.00	\$0.00	\$30.00
D1120	Child prophylaxis (teeth cleaning)	\$15.00	\$0.00	\$40.00
D1208	Topical application of fluoride	\$15.00	\$0.00	\$26.00
D1351	Sealant (per tooth)	\$10.00	\$5.00	\$35.00
<b>RESTORATIONS</b>				
D2331	Anterior composite restoration (filling), two surfaces	\$60.00	\$33.00	\$100.00
D2392	Posterior composite restoration (filling), two surfaces	\$80.00	\$120.00	\$115.00
<b>CROWNS</b>				
D2740	Crown, porcelain/ceramic substrate	\$340.00	\$240.00	NC
D2750 *	Crown, porcelain fused to high noble metal	\$340.00	\$240.00	\$380.00
D2751	Crown, porcelain fused to base metal	\$340.00	\$240.00	\$470.00
<b>ENDODONTICS</b>				
D3310	Endodontic (root canal) therapy, anterior tooth	\$200.00	\$100.00	\$450.00
D3320	Endodontic (root canal) therapy, bicuspid tooth	\$250.00	\$175.00	\$525.00
D3330	Endodontic (root canal) therapy, molar	\$310.00	\$300.00	\$645.00
<b>PERIODONTICS</b>				
D4341	Periodontal scaling and root planing, per quadrant	\$60.00	\$45.00	\$110.00
D4910	Periodontal maintenance	\$60.00	\$45.00	\$80.00
<b>DENTURES</b>				
D5110	Complete denture, maxillary (upper)	\$440.00	\$310.00	NC
D5120	Complete denture, mandibular (lower)	\$440.00	\$310.00	NC
D5410	Adjust complete denture - maxillary	\$20.00	\$0.00	NC
<b>ORAL SURGERY</b>				
D7220	Removal of impacted tooth, soft tissue	\$85.00	\$50.00	\$150.00
D7230	Removal of impacted tooth, partially bony	\$160.00	\$75.00	\$215.00
<b>ORTHODONTICS</b>				
	Full banded - child, up to age 19	\$1,975.00	NC	\$1,975.00
	Full banded - adult	\$2,175.00	NC	\$2,175.00
<b>OTHER SERVICES</b>				
D9110	Palliative (emergency) treatment of dental pain	\$25.00	\$10.00	\$100.00

NC indicates the procedure is not covered

\*Additional charges of \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molars, \$50 for porcelain butt margin, \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc.

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