



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 \$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

Become a valued member today!

Contact us!

We'll make sure you get your SmartSmilesm today!

An employee-owned company

3780 Kilroy Airport Way Suite 750
Long Beach, CA 90806

(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.

IMPORTANTE: ¿Puede leer esta información? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta información escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 866-756-4259. Dental Health Services' también tiene una línea TTY 888-645-1257 para personas con dificultades de audición o de hablar.

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, 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 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	\$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



SmartSmilesm 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 SmartSmilesm Plan

SmartSmilesm	Monthly	Annually
<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
Super SmartSmilesm	Monthly	Annually
<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#