



new dental choice
you save  you smile

HR Benefits Resource LLC

it's not insurance. it's better.

New Dental Choice is a membership-based program that lets you decide when to visit a qualified dentist and how often. Your membership entitles you to realize savings on everything from cleanings and fillings to orthodontics and dental implants. All this for a low monthly or annual membership fee. And because New Dental Choice is not insurance, you're not paying monthly premiums for services you may or may not use.

**new dental choice lets you
"say yes to the no's"**

- no age limits
- no waiting period
- no deductibles
- no annual maximums
- no limitations
- NO SURPRISES!

One of California's largest networks.

The New Dental Choice network of dentist locations is more than 13,000 strong in California. And every dentist in our network is credentialed. You may already have a dentist you're comfortable with, in which case, it's likely your dentist is part of our network. If not, finding one is easy. Take a look at what New Dental Choice has to offer. We've made every effort to make going to the dentist easy and affordable - the way it should be.



more than 300 procedures are discounted to fixed fees at participating general dentists and specialists.

sample comparison chart for Region 2*

| | Usual Fee** | NDC Fee | Savings |
|---|-------------|---------|---------|
| PREVENTIVE CARE | | | |
| Adult Cleaning | \$89 | \$61 | \$28 |
| Full Mouth X-rays | \$143 | \$66 | \$77 |
| Comprehensive Exam | \$83 | \$35 | \$48 |
| Sealants | \$54 | \$25 | \$29 |
| OTHER COMMON DENTAL PROCEDURES | | | |
| White Filling (1 surface) | \$147 | \$84 | \$63 |
| Crown (Porcelain/Noble Metal) | \$965 | \$659 | \$306 |
| Periodontal Scaling and Root Planing (Quadrant) | \$222 | \$120 | \$102 |
| Partial Denture (Removable) | \$1201 | \$406 | \$795 |
| Root Canal (Front Tooth) | \$670 | \$412 | \$258 |
| Extraction (Impacted Wisdom Tooth) | \$400 | \$235 | \$165 |
| Dental Implant (Not Including Crown) | \$2378 | \$1500 | \$878 |
| ORTHODONTICS & TEETH WHITENING | | | |
| Full Orthodontic Case (Braces) | \$5000*** | \$3604 | \$1396 |
| Professional Teeth Whitening (At Home Trays) | \$724 | \$286 | \$438 |

For a complete list of all discounted fees included in this Plan, Members may call 1.888.632.3676 or visit the New Dental Choice website; www.newdentalchoice.com.

* Region 2 includes: Imperial, Riverside, San Bernardino, and San Diegocounties.

** Usual fee is an average based on the 80th percentile of the 2006 "Medicode" fee schedule, a national fee profiling service. Member may review pertinent fee information by contacting New Dental Choice. New Dental Choice fees may vary slightly by geographic region.

*** Fee determined by First Dental Health claims review data. Actual savings may vary by dental office.

\$8 per month per individual*

\$10 per month per family*

*\$15 non-refundable enrollment fee will be applied to monthly option or \$96 annually per individual and \$120 annually per family

enroll today by completing the form on the next page.



The path to membership is short and easy.

- 1 Fill out the simple application
- 2 Start using your membership the instant you receive your card
- 3 Visit your network dentist of choice and start saving



NAME DATE OF BIRTH SEX M F

ADDRESS HOME PHONE

CITY STATE ZIP CODE

EMPLOYER NAME

EMAIL WORK PHONE

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH SEX M F

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH SEX M F

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH SEX M F

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH SEX M F

REFERRAL SOURCE / AGENT NAME

PAYMENT OPTIONS

Please check one option: INDIVIDUAL (monthly) \$8* FAMILY (monthly) \$10*
 INDIVIDUAL (annual) \$96 FAMILY (annual) \$120

***one time \$15 non-refundable enrollment fee will be applied to
 For Monthly Payments, the amount will be automatically deducted from your credit card.**

METHOD OF PAYMENT **CHOOSE FROM OPTION A OR B**

A. BILL MY CREDIT CARD (CHECK ONE) VISA MASTERCARD AMERICAN EXPRESS

NAME ON CREDIT CARD

ACCOUNT NUMBER EXPIRATION DATE

B. CHECK IS ENCLOSED FOR THE ANNUAL RATE

PLEASE MAKE CHECK PAYABLE TO **NEW DENTAL CHOICE** SEND TO: **P.O. BOX 919029
 SAN DIEGO, CA 92191**

AUTHORIZATION

"I understand the Plan Description of Services and Membership Agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account to automatically renew my membership each year. I understand that I may cancel my membership at any time."

SIGNATURE

*New Dental Choice is required to provide prospective Members a copy of the Individual and Family Combined Membership Agreement and Description of Services Disclosure Form prior to enrollment. Members can receive this Plan information by calling **1.888.632.3676** or visiting the New Dental Choice website: **NewDentalChoice.com**