



it's not insurance. it's smarter.[®]

New Dental Choice is a membership-based dental discount plan that lets you decide when to go to a dentist, how often, and without limits on how much you can save. New Dental Choice is not insurance nor a Dental HMO. For a low monthly fee your membership entitles you to save on all procedures from cleanings and fillings to orthodontics and dental implants.

new dental choice allows

YOU to take control

- immediate **access** to dental care
- discounts on **all** dental procedures
- unlimited **savings** - all the time

it's that simple

one of California's **largest networks**

- 15,000 credentialed California dentist locations
- General dentists & specialists
- Convenient access in your community

new dental choice meets the highest consumer protection standards in the country. We are proud to be the first discount plan licensed by the California Department of Managed Health Care.

Low Monthly Rates
\$8 per individual
\$10 per couples/family

2009 sample savings chart for
Arizona*

Individual with prevention in mind

	Usual Fee**	NDC Fee
Comprehensive annual exam	\$80	\$35
Full mouth x-rays	\$125	\$66
Two adult cleanings	\$170	\$138
TOTAL	\$375	\$239
NDC Savings = \$136		

Other common dental procedures

PROCEDURE	Usual Fee**	NDC Fees	Average Savings
White Filling (1 surface)	\$140	\$90	\$50
Porcelain Crown	\$1009	\$705	\$743
Periodontal Scaling & Root Planing (Quadrant)	\$128	\$93	\$35
Root Canal (Front Tooth)	\$702	\$428	\$274
Extraction (Impacted Wisdom)	\$467	\$323	\$144
Dental Implant (Not incl Crown)	\$2516	\$1545	\$971
ORTHODONTICS & TEETH WHITENING			
Full Orthodontic Case (Braces)	\$5500***	\$3778	\$1722
Professional Teeth Whitening (Per arch)	\$362	\$150	\$212

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

*Arizona

** Usual fee is an average based on the 80th percentile of the 2008 "Medicode" feeschedule, a national fee profiling service. 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.

For more information call 888.632.8181
www.NewDentalChoice.com



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 <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		CITY/STATE	ZIP
HOME PHONE	EMAIL		
EMPLOYER NAME	WORK PHONE		
DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F

***For additional dependents please attach information on a separate sheet**

REFERRAL SOURCE / AGENT NAME

PAYMENT OPTIONS

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

*one time \$15 non-refundable enrollment fee will be applied to monthly option
 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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

BILLING ADDRESS SAME BILLING INFORMATION AS SUBSCRIBER CITY / STATE / ZIP

B. CHECK IS ENCLOSED FOR THE ANNUAL RATE
 PLEASE MAKE CHECK PAYABLE TO: **NEW DENTAL CHOICE** | MAIL TO: **P.O. BOX 919029** | **SAN DIEGO, CA 92191** | **OR** FAX TO: **858.444.2689**

AUTHORIZATION

"I understand the Plan Description of Services and Membership Agreement will be provided prior to enrollment upon request. ¹ 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

¹ 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 by visiting the New Dental Choice website www.NewDentalChoice.com