

You are invited to join the thousands of smiling NDC members

New Dental Choice is a product created by practicing dentists who see on a daily basis how the current dental care system could be improved. Their collaboration resulted in New Dental Choice, a dental savings plan designed for individuals, families and groups of all sizes.

You have the power to decide with New Dental Choice when to visit a qualified dentist and how often. There are no limitations on visits and how much money you can save. For as little as \$8 per month, your membership fee entitles you to savings on everything from routine checkups to major treatments. And because New Dental Choice is not insurance, you're not paying monthly premiums for services you may or may not use.

Who's eligible for New Dental Choice?

You are. Once you pay for your membership - either a monthly payment or the yearly amount - you're in. It is that easy. We've eliminated the bureaucracy so you have no waiting periods, no annual maximums and your dental history is not a factor.

INDIVIDUAL RATE

FAMILY RATE

PER MONTH¹

\$8

OR

PER YEAR²

\$96

PER MONTH¹

\$10

OR

PER YEAR²

\$120

¹A one-time \$25 non-refundable activation fee will be applied to monthly payment option

²A one-time \$10 non-refundable activation fee will be applied to yearly payment option

Feel confident. You have one of the largest credentialed networks at your service

New Dental Choice contracts with thousands of general dentists and specialists, so it's likely your current dentist may already be participating in our network. If not, you can choose to nominate your dentist or find a new participating dentist near you. We've made every effort to make going to the dentist easy and affordable - the way it should be.

The path to membership is short and easy

- 1** Click, call or mail to enroll
- 2** Your membership is effective as soon as you receive your card
- 3** Visit any participating dentist and start saving

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

2010 SAMPLE SAVINGS¹

[INDIVIDUAL WITH PREVENTION IN MIND]		
	USUAL FEE ²	NDC FEE
Comprehensive Annual Exam	\$110	\$46
Full Mouth X-Rays	\$177	\$84
Two Adult Cleanings	\$230	\$156
TOTAL	\$517	\$286
NDC SAVINGS = \$231		

[OTHER COMMON DENTAL PROCEDURES]			
	USUAL FEE ²	NDC FEE	AVG SAVINGS
White Filling <i>(1 Surface)</i>	\$184	\$108	\$76
Crown <i>(Porcelain/Noble Metal)</i>	\$1,200	\$852	\$348
Periodontal Scaling & Root Planing <i>(4+/Quad)</i>	\$273	\$170	\$103
Root Canal <i>(Front Tooth)</i>	\$835	\$576	\$259
Extraction <i>(Impacted Wisdom)</i>	\$611	\$483	\$128
Dental Implant <i>(Not incl Crown)</i>	\$3,089	\$1,962	\$1,127

[ORTHODONTICS & TEETH WHITENING]			
Full Orthodontic Case <i>(Braces)</i>	\$5,500 ³	\$4,580	\$920
Professional Teeth Whitening <i>(per arch)</i>	\$397	\$182	\$215

Call (866) 710-7645 or go online to get a complete list of plan fees in your region

¹ Region 3 Includes: Alameda, Contra Costa, Marin, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, and Solano Counties

² Usual fee is the average 80th percentile of the 2010 "Medicode" fee schedule - a national profiling service

³ Fee determined by First Dental Health claim review data. Savings may vary by region



Enroll today by completing the form below. To expedite your enrollment go online to NewDentalChoice.com or call (866) 710-7645

NAME	DATE OF BIRTH	SEX	HOME PHONE
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	(<input type="text"/>) <input type="text"/>
ADDRESS (Mailing)	Apt/Unit#	CITY/STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	ALTERNATE or MOBILE PHONE		
<input type="text"/>	(<input type="text"/>) <input type="text"/>		

DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F
DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F
DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SEX
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

EMPLOYER NAME

REFERRAL SOURCE / AGENT NAME

PLAN PAYMENT OPTIONS

Please select a plan and payment option:

- INDIVIDUAL PLAN**
- Pay Yearly \$96 + \$10 activation fee*
- Pay Monthly \$8 + \$25 activation fee* (Credit Card ONLY)
- FAMILY PLAN**
- Pay Yearly \$120 + \$10 activation fee*
- Pay Monthly \$10 + \$25 activation fee* (Credit Card ONLY)

* The activation fee is a one-time fee and is non-refundable

Even our fine print is revolutionary, you can read it!

New Dental Choice is not insurance - it is a discount dental plan provided by First Dental Health. Specialists may not be available in all areas and fees vary by region. First Dental Health solely arranges for access to discounts from independent third party service providers, does not warrant or guarantee the suitability and/or quality of any service provided and is not the provider of services under this program. A member's participation in this program is governed by the terms of the "Membership Agreement" and "Description of Services". Dental Care services in progress or provided before the effective date of the member's enrollment in New Dental Choice, are excluded.

METHOD OF PAYMENT CHOOSE FROM OPTION A OR B

- A BILL MY CREDIT CARD (CHECK ONE)** VISA MASTERCARD AMERICAN EXPRESS
- I agree that you will bill my credit card account to automatically renew my membership each year.

NAME ON CREDIT CARD	ACCOUNT NUMBER	EXPIRATION
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>

CREDIT CARD BILLING ADDRESS SAME BILLING INFORMATION AS SUBSCRIBER

- B CHECK IS ENCLOSED FOR THE YEARLY RATE + ACTIVATION FEE**
- CHECK PAYABLE TO: NEW DENTAL CHOICE SEND TO: P.O. BOX 919029 SAN DIEGO, CA 92191

SIGNATURE AUTHORIZATION REQUIRED

I understand the Plan Description of Services and Membership Agreement¹ and understand I may cancel my membership within 30 days and receive a full refund (less the activation fee). After this period I am committing to a 1 year non-refundable membership.

SIGNATURE

¹Prior to enrollment New Dental Choice is required to provide the "Individual and Family Membership Agreement and Description of Services" -to receive this information visit newdentalchoice.com or call (866) 710-7645