



**new dental choice**  
you save  you smile

**Pacific Brokers**



**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 3\***

|   | Usual Fee** | NDC Fee | Savings       |
|---|-------------|---------|---------------|
| <b>PREVENTIVE CARE</b>                          |             |         |               |
| Adult Cleaning                                  | \$95        | \$70    | <b>\$25</b>   |
| Full Mouth X-rays                               | \$158       | \$82    | <b>\$76</b>   |
| Comprehensive Exam                              | \$87        | \$45    | <b>\$42</b>   |
| Sealants  | \$62        | \$34    | <b>\$28</b>   |
| <b>OTHER COMMON DENTAL PROCEDURES</b>           |             |         |               |
| White Filling (1 surface)                       | \$161       | \$98    | <b>\$63</b>   |
| Crown (Porcelain/Noble Metal)                   | \$1035      | \$772   | <b>\$263</b>  |
| Periodontal Scaling and Root Planing (Quadrant) | \$239       | \$154   | <b>\$85</b>   |
| Partial Denture (Removable)                     | \$1339      | \$564   | <b>\$775</b>  |
| Root Canal (Front Tooth)                        | \$726       | \$523   | <b>\$203</b>  |
| Extraction (Impacted Wisdom Tooth)              | \$446       | \$340   | <b>\$106</b>  |
| Dental Implant (Not Including Crown)            | \$2651      | \$1905  | <b>\$746</b>  |
| <b>ORTHODONTICS &amp; TEETH WHITENING</b>       |             |         |               |
| Full Orthodontic Case (Braces)                  | \$5500***   | \$4154  | <b>\$1346</b> |
| Professional Teeth Whitening (At Home Trays)    | \$740       | \$354   | <b>\$386</b>  |

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](http://www.newdentalchoice.com).

\* Region 3 includes: Alameda, Contra Costa, Marin, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, and Solana Counties.

\*\* 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 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 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.<sup>1</sup> 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

<sup>1</sup>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**