

Fee Comparisons with Card in Central and Western New York

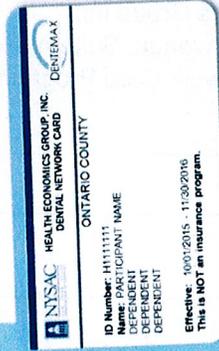
Dental Procedure	Average Area Fees	You Pay	You Save
Exam and Cleaning (Adult)	\$107	\$74	\$33
X-Rays, Complete Series	\$129	\$72	\$57
X-Rays, Four Bitewings	\$64	\$34	\$30
Filling, Two Surface Amalgam	\$130	\$86	\$44
Filling, Two Surface Composite	\$185	\$121	\$64
Crown, Porcelain, High Noble Metal	\$1,035	\$641	\$394
Root Canal, Molar	\$1,087	\$656	\$431
Extraction, Erupted Tooth	\$140	\$79	\$61



NYSAC
NEW YORK STATE
ASSOCIATION OF COUNTIES

Ontario County

Ontario County has partnered with Health Economics Group, Inc. (HEG), a dental benefits firm, to provide residents with a voluntary Dental Network Card. For only \$36.50 per year - or \$52.00 per year for an entire family - you can have access to a network of thousands of dentists



throughout the country who have agreed to accept low fees as payment in full.

Savings are as much as several hundred dollars for crowns and root canals, and \$30 to \$50 or more for dental exams and cleanings, fillings, and extractions. The program will make going to the dentist more affordable and easier for seniors and families in Ontario County. **You can make your money back in savings your first visit!***

The program is not insurance; instead, it provides a way to obtain dental services at more affordable fees - among the lowest in the area and throughout the United States.

For more information and to enroll in the program, please visit ontariocountypublichealth.com or call Health Economics Group, Inc. at 1-800-666-6690 x505.

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*Savings for first visit based off of the comparisons for an Exam and Cleaning (Adult) and X-Rays

Ontario County Dental Card Program



Ontario County Board of Supervisors



Dental Network Card Enrollment Form Please Print

Last Name:	First Name:	MI:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Date of Birth (MM/DD/YYYY):		Phone Number:	
Address:			
City:	State:	Zip Code:	
Email Address:			

Dependents

Name	Relationship	Gender	Date of Birth (MM/DD/YY)
	Spouse	<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	

Payment: \$36.50 (Individual Coverage for On Year) OR \$52.00 (Family Coverage for One Year)

Pay by Check

- Make check Payable to "Health Economics Group, Inc."
- Mail Payment and Enrollment form to: Health Economics Group Inc.
1050 University Avenue, Suite A, Rochester, NY 14607
Attn: Dental Network Card Program

Pay by Credit Card

- Mail Enrollment form to: Health Economics Group Inc.
1050 University Avenue, Suite A, Rochester, NY 14607
Attn: Dental Network Card Program
- OR
- Fax form to 585-241-9518

Credit Card Type: Visa Master Card Discover

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Credit Card: _____ Security Code: _____

I authorize Health Economics Group, Inc. to use the credit card information provided above as payment for the Dental Network Card.

Signature: _____ Date: _____

You will receive your Dental Network Card(s) in the mail once your enrollment is processed. Please allow 10-14 business days for processing. Your card(s) will be effective on the date your enrollment is processed. Your card(s) will expire on the last day of the month following 12 full months of eligibility. **Re-enrollment is not automatic.** You must contact us to re-enroll.

For the names and addresses of DenteMax network dentists in a particular geographic area and/or to see the schedule of fees accepted by most general dentists in the network, go to www.heginc.com/dental or call Health Economics Group, Inc. at 585-241-9500 x505 or 800-666-6690 x505. We will be pleased to help you.

This is not insurance. Health Economics Group, Inc. does not guarantee that a particular dentist will accept DenteMax fees as payment in full. Confirm DenteMax network participation and fees **before** receiving treatment. Please note that specialists and some general dentist may charge higher fees than what is shown on the schedule. We rely on the judgment of DenteMax as to the professional competency of dentists in their network. Our role is to make the DenteMax network available to members of this program. Our liability is limited to the amount paid for the card(s).

I have read and understand the above information and I want to enroll in the Dental Network Card Program.

Signature: _____ Date: _____