

## About Our Dental Savings Plan

The Way Dental Assistance Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Way Dental, 2424 Main St., Evanston, IL.

With your Way Dental Assistance Savings Plan there are:

- No yearly maximums
- No deductibles
- No claim forms
- No pre-authorization requirements
- No pre-existing condition limitations
- Immediate eligibility (no waiting periods)
- Free consultations

This program is a discount plan, not a dental insurance plan, and is secondary to any other dental plan. It cannot be used:

- In conjunction with another dental plan
- For services for injuries covered under workman's compensation
- For treatment which, in sole opinion of the treating dentist or doctor, lies outside the realm of their capability
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which is covered under automobile medical

THIS PLAN IS NOT INSURANCE and is not intended to replace your health insurance.

## About Way Dental

Dr. Amarante and the Way Dental team would like to welcome you. Our team is excited to meet you and help you achieve and maintain a vibrant, healthy smile. We know our patients value safe, efficient, and affordable care, so we strive to offer our patients the best technology and procedures available to the dental industry.

Way Dental is here to help you every step of the way. We will walk you through treatment options and provide you with the facts about any procedure you may need. With proper dental care, we believe everyone can achieve a beautiful smile that will last a lifetime.



2424 Main St.  
Evanston, IL 60202

224-999-1224  
[contactus@waydental.com](mailto:contactus@waydental.com)

[www.WayDental.com](http://www.WayDental.com)



2424 Main St.  
Evanston, IL 60202  
224-999-1224

## Dental Assistance Savings Plan



## Benefit Premium

Plan	Total Annual Cost
Single	\$350.00
Dual*	\$650.00
Children**	\$250.00
Any additional member of the family***	\$300.00

\* The Dual Plan is for Parent/Child or Married Couple only

\*\* Children up to the age of 12 only

\*\*\* The Family Plan includes family members and children who are enrolled full-time in college until the age of 23, or children who are not enrolled full-time in college until the age of 18



Your family's healthy smile is our #1 priority.

## Coverage

### Diagnostic & X-rays

Comprehensive Exam (new patients, initial visit) 100%

Periodic Exam (1 per year) (child under age of 18 - 2 per year) 100%

Limited Oral Exam problem focused (1 per year) 100%

Complete Series or Panorex (1 every 3 years) 50%

Periapical, First Film 100%

Periapical, Additional Film 100%

Bitewings (1 time per year) 100%

### Preventive

Child Prophylaxis (cleaning) (2 per year) 100%

Adult Prophylaxis (cleaning) (2 per year) 100%

Additional Cleanings per year 15%

Fluoride (2 per year, no age limit, no copay) 100%

Sealants 15%

### All Other Procedures

Whitening (does not include whitening trays) 15%

Fillings and Build-ups 15%

Crowns 15%

Veneers 15%

Periodontics 15%

Dentures and Partial 15%

Oral Surgery 15%

Root Canals 15%

Implants 15%

Orthodontics (Clear Braces Only)\*\*\* \$500 off

Periodontal (Deep) Cleanings 15%

Specialty Services 15%

\*\*\* For Orthodontics, member must remain a plan member for the duration of treatment to retain discount treatment benefits.

## Program Guidelines

- There will be a \$50 reinstatement fee if your plan lapses
- Cannot be used in conjunction with another dental plan
- NON-REFUNDABLE
- No refunds or premiums will be issued at any time if the participant decides not to utilize the dental plan
- Patient's portion of any bill is due on the same day as service
- There is a 5% auto-renewal discount
- The plan is in effect once the premiums have been paid
- Cannot be combined with any other promotion, insurance, or any other plan

## How to Sign Up

Please ask one of our friendly front desk team members for an application.



Bringing you better care through greater options.



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## Our Savings Plan Coverage Table

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## Way Dental Membership

This agreement is by and between Way Dental and \_\_\_\_\_ ('Patient') constituting our agreement in its entirety. No other warranties, whether written or implied shall apply.

### Terms and Conditions

This agreement is to attain active enrollment in the Membership program. This discount program is NOT a health insurance policy and does not make payments directly to dental service providers.

Members are obligated to pay for all dental services but may receive discounts on dental services from participating providers.

Membership discounts may not be applicable with other discounts or discounted fee schedules. The program does not meet the minimum creditable coverage requirements under any law and is not a Qualified Health Plan under the Affordable Care Act. If you cancel within the first 30 days after activation you will receive a full refund, except for the \$10 processing/enrollment fee where permitted by law.

Members who cancel after receiving benefits may be liable for the difference between the Membership fee and the provider's normal and customary fee for treatment, payable to the provider. Members may change providers or add additional family members by providing a written request and paying any additional membership fees. Changes will be effective immediately from acceptance and the receipt of written requests. The Membership does not guarantee the quality or success of any services and/or products offered by individual providers.

The payment due from The Patient is due on the day of active of enrollment. Enrollment shall remain active for a period of one year from the date of enrollment and may be renewed during subsequent years. In subsequent years there may be an increase or decrease of Membership cost and discounts at the discretion of Way Dental. The payment amount to be collected will be in the amount of \$350 for primary enrolling member, \$650 for member and spouse, \$250 for children up to the age of 12 only, and \$300 for any additional member of the family.

This agreement will be valid for one year. Any changes to membership status must be authorized by both The Patient and Way Dental. Membership payments are subject to increase in future years, any changes will be given with prior notice to The Patient. Discount rates Way Dental.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Discount Plan Members \_\_\_\_\_

Plan Payment Received by \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_