

## 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.

We strive to make dental care available to everyone.

## 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

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



We love to see your family smile!



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

## Dental Assistance Savings Plan



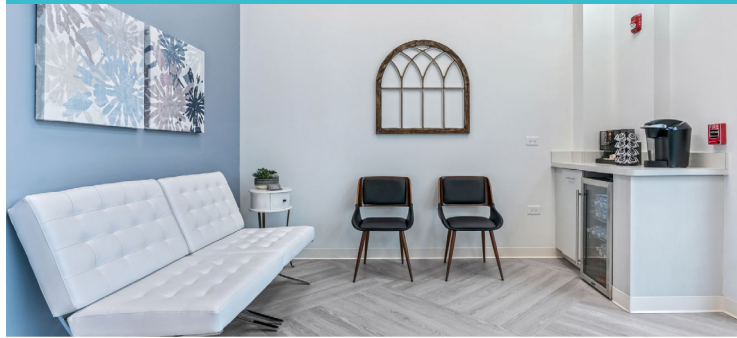
## Benefit Premium

Plan	Total Annual Cost
Single	\$395.00
Dual*	\$740.00
Children**	\$295.00
Any additional member of the family***	\$370.00

\* 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 (2 per year)	100%
Limited Oral Exam problem focused (1 per year)	100%
Complete Series or Panorex (1 every 3 years)	100%
Periapical, First Film	100%
Periapical, Additional Film	100%
Bitewings (2 time per year)	100%

### Preventive

Child Prophylaxis (cleaning) (2 per year)	100%
Adult Prophylaxis (cleaning) (2 per year)	100%
Additional Cleanings per year	10%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants	10%

### All Other Procedures

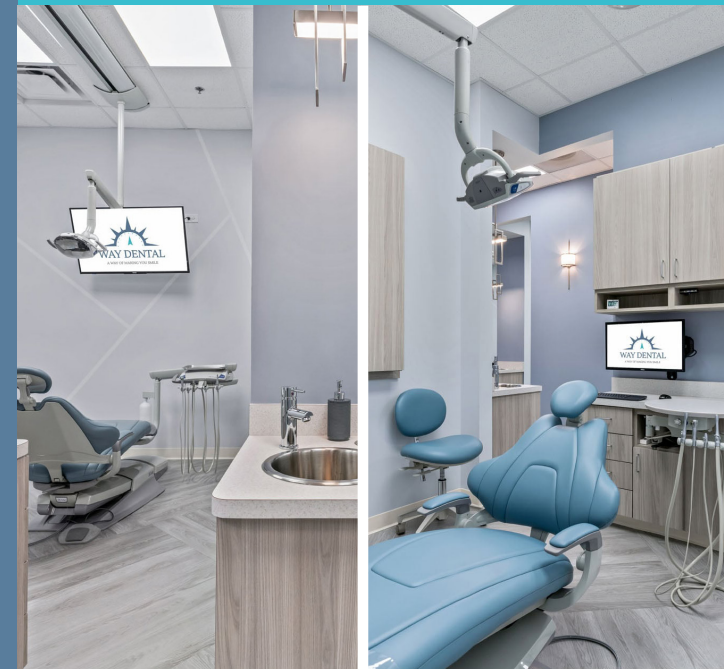
Fillings and Build-ups	10%
Crowns	10%
Veneers	10%
Periodontics	10%
Dentures and Partials	10%
Oral Surgery	10%
Root Canals	10%
Implants	10%
Periodontal (Deep) Cleanings	10%
Whitening and Orthodontics*** (special discount applies, not applicable with any financial plan)	

## Program Guidelines

- 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
- 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 Saving Plan Coverage Table

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Whitening and Orthodontics\*\*\*  
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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 \$375 for primary enrolling member, \$700 for member and spouse, \$275 for children up to the age of 12 only, and \$325 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 \_\_\_\_\_



# Savings Plan Application Form

## Your Profile

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Driver License Number & State of Issue \_\_\_\_\_

## Your Spouse's Profile

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Driver License Number & State of Issue \_\_\_\_\_

## Your Children

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Please mail this completed application with the appropriate payment (check or credit card) to:

Way Dental  
ATTN: Dental Assistance Savings Plan Coordinator  
2424 Main Street  
Evanston, IL 60202

Make checks payable to Way Dental.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_  Visa  MasterCard

I, \_\_\_\_\_, authorize Way Dental to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. Way Dental will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify Way Dental one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read and understand the plan details and limitations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of plan holder)

\* Annual fee is required at enrollment and cannot be financed. Way Dental reserves the right to modify, change or discontinue the Way Dental Savings Plan, fees, terms and services at the company's discretion upon written notice from Way Dental prior to your anniversary renewal date.