



# DENTAL ASSISTANCE SAVINGS PLAN

Giving you greater access to quality dental care.



# WELCOME TO AHOYT FAMILY DENTAL

At Ahoyt Family Dental, we use the most up-to-date dental technology and techniques to better serve our patients. Our intraoral cameras, digital X-rays, Isolite System®, iTero® Element Scanner, and 3D imaging help us provide you with efficient, comfortable dental care.

Additionally, our staff members frequently attend educational dental seminars and maintain accreditation to stay current in the dental field. Ahoyt Family Dental is dedicated to ensuring patients are comfortable in our Plainfield dental office. Stop in to see why we're one of the best dentists in Plainfield, IL!



# OUR DOCTORS



Dr. Justin Ahoyt



Dr. Dennis Morrin



Dr. Amy Feller



Dr. John Gordon, Jr.



Dr. Duyen Tran

At Ahoyt Family Dental, our commitment is to treat you as a guest in our home so you can feel at ease in our care at our Plainfield office in IL. We pride ourselves on creating life-changing smiles through innovative cosmetic dentistry. Our dental office provides leading-edge dental technologies and amenities designed around your comfort and convenience. Se habla español. We look forward to getting to know you and developing a treatment plan that's tailored to your individual needs and goals.

# ABOUT OUR DENTAL SAVINGS PLAN

The Ahoyt Family Dental Assistance Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Ahoyt Family Dental, 13717 South US 30, Suite 129, Plainfield, IL.

With your 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

## Benefit Premium

Plan	Total Annual Cost
Single	\$327 (Value \$845)
Dual*	\$637 (Value \$1,690)
Family (3)**	\$923 (Value \$2,455)
Family (4)	\$1,163 (Value \$3,220) + \$207 each add.

\* The Dual Plan is for Parent/Child or Married Couple 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  
Any discounts will be pro-rated if a third-party payment is used.

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.

# AHOYT DENTAL SAVINGS PLAN COVERAGE TABLE

## PROCEDURES

Comprehensive Exam (new patients, initial visit)	INCLUDED
Periodic Exam (1 per year) (child under age of 18, 2 per year)	INCLUDED
Limited Oral Exam problem focused (1 per year)	INCLUDED
Periapical, First Film	INCLUDED
Periapical, Additional Film	INCLUDED
Bitewings (1 time per year)	INCLUDED
Prophylaxis (cleaning) (2 per year)	INCLUDED
Periodontal Maintenance (2 per year)**	INCLUDED
Fluoride (2 per year, no age limit, no copay)	INCLUDED

## PROCEDURE DISCOUNTS

Fillings & Build-ups	20%
Crowns****	15%
Veneers	10%
Periodontics	15%
Dentures and Partial****	10%
Oral Surgery	20%
Root Canals	20%
Implants****	10%
Orthodontics (Clear Braces Only)***	\$500 off
Periodontal (Deep) Cleanings	15%
Full Mouth X-ray or Panorex (1 every 3 years)	50%
Additional cleanings per year	20%
Sealants	20%

\*\*This procedure is for periodontal patients only. Additional required visits will be billed to patients.

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

\*\*\*\* Senior Citizen discount, additional 5% off select items

# AHOYT DENTAL SAVINGS PLAN PROGRAM GUIDELINES

## 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 participant decides not to utilize 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



Ahoyt Family Dental is committed to providing outstanding dental care to families in Plainfield and surrounding area.

If you would like to apply for the Dental Assistance Savings Plan, please fill out and detach the following application form and turn it into our office.



# AHOYT DENTAL SAVINGS PLAN APPLICATION FORM

## Your Profile

Name	Social Security Number
Mailing Address	
Street Address (if different from above)	
Home Phone	Work Phone
Email Address	Cell Phone
Driver License Number & State of Issue	Date of Birth

## Your Spouse's Profile

Name	Social Security Number
Mailing Address	
Street Address (if different from above)	
Home Phone	Work Phone
Email Address	Cell Phone
Driver License Number & State of Issue	Date of Birth

## Your Children

Name	Age
Name	Age
Name	Age
Name	Age

Member Signature	Date
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# AHOYT DENTAL SAVINGS PLAN APPLICATION FORM

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

Ahoyt Family Dental  
ATTN: Dental Assistance Savings Plan Coordinator  
13717 South US 30, Suite 129  
Plainfield, IL 60544

Make checks payable to Ahoyt Family Dental.

Credit Card Number	Expiration Date
Authorized Signature	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard

I, \_\_\_\_\_, authorize Ahoyt Family Dental to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. Ahoyt Family 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 Ahoyt Family Dental one month prior to my anniversary renewal date.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of plan holder)

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