

JOIN OUR IN-HOUSE DENTAL SAVINGS PLAN TODAY!

Our Dental Savings Plan is designed to provide greater access to quality dental care at an affordable price.

It's a discounted fee schedule for most services, only good at East Peoria Dental Group

YOU SAVE ON

Everything from cleanings and fillings to cosmetic procedures and crowns!

- ✓ NO yearly maximums
- ✓ NO deductibles
- ✓ NO claim forms
- ✓ NO pre-authorization requirements
- ✓ NO health questions
- ✓ NO pre-existing condition limitations
- ✓ NO one will be denied coverage
- ✓ NO waiting periods (immediate eligibility)
- ✓ FREE consultations



OUR DENTAL SAVINGS PLAN INCLUDES THESE SERVICES AT NO COST

- 2 Exams Per Year
- 2 Cleanings Per Year (absence of infection)
- 2 Bitewing X-rays

PROGRAM GUIDELINES

Patients portion of bill is due the day of service. Cannot be used in conjunction with another dental plan. No refunds of premiums at any time if participant decides not to utilize dental plan.
NON-REFUNDABLE

PROGRAM EXCLUSIONS & LIMITATIONS

This program is a discount plan, not a dental insurance plan. It cannot be used:

- In conjunction with any other dental plan or dental insurance
- For treatment which, in the sole opinion of the doctors, lies outside the realm of their capacity
- For referrals to specialists
- For hospitalization or hospital charges of any kind
- For costs of dental care which are covered under automobile medical
- For services of covered under workers' compensation

This plan is only offered at East Peoria Dental Group.
It cannot be used at any other dental office.



www.eastpeoriadental.com



DENTAL SAVINGS PLAN



(309) 699-5521

2404 E Washington St, East Peoria, IL 61611

www.eastpeoriadental.com



DENTAL SAVINGS PLAN BENEFIT PREMIUMS

PLAN	TOTAL ANNUAL COST
Single	\$299 (savings of \$151 off normal fees)
Dual*	\$575 (savings of \$325 off normal fees)
Family**(3)	\$752 (savings of \$598 off normal fees)
Family**(4)	\$917 (savings of \$883 off normal fees)
Each Additional	\$110

OUR BASIC PLAN FOR \$299 WILL INCLUDE

- 1 Comprehensive Exam
- 1 Annual Exam
- 1 Emergency Exam(use anytime during the year)
- 2 Cleanings (non-Periodontal based)
- 2 Oral Cancer Screenings
- 2 Fluoride Tooth Desensitizing Treatments
- 4 Bitewing X-rays
- Any Individual X-rays needed throughout the year
- 50% OFF Panorex or Full Mouth Series of X-rays
- 25% OFF Additional Cleanings, Periodontal Therapy, Dental Sealants
- 10% OFF Crowns, Veneers, Dentures, Implants, and other general dental work
- \$150 Teeth Whitening

*The dual plan is for Parent/Child or Husband/Wife only.
**The family plan includes family members and children under 18 or children enrolled in college full-time until the age of 23.

MEMBER COVERAGE

TREATMENT MEMBER DISCOUNT

DIAGNOSTIC AND X-RAYS

- Comprehensive Exam 100%
..... NEW PATIENT/INITIAL VISIT
- 1 Annual Exam 100%
..... CHILDREN UNDER 18 RECEIVE 2 PER YEAR
- 1 Emergency Exam 100%
..... PROBLEM FOCUSED
- 4 Bitewing X-Rays 100%
- Periapical, First Film 100%
- Periapical, Each Additional Film 100%
- Complete Series X-Rays or Panorex 50%
..... ONE EVERY 5 YEARS

PREVENTATIVE

- Child Prophylaxis 2 CLEANINGS PER YEAR 100%
- Adult Prophylaxis 2 CLEANINGS PER YEAR 100%
- Fluoride 2 PER YEAR, NO AGE LIMIT 100%
- Oral Cancer Screenings 2 PER YEAR 100%
- Additional Cleanings Per Year 25%
- Dental Sealants 25%

ALL OTHER PROCEDURES

- Fillings and Core Buildups 10%
- Oral Surgery 10%
- Root Canals 10%
- Crowns 10%
- Veneers 10%
- Periodontics 25%
- Dentures and Partials 10%
- Implants 10%
- Bleaching \$150

COMPARE OUT-OF-POCKET FEES

Plan Premium or Service	Dental Savings Plan Membership	Our Regular Prices	Average Dental Insurance Cost
Annual Premium SINGLE	\$299	\$450	\$500
Annual Premium FAMILY OF 4	\$917	\$1800	\$1500
Deductible	\$0	\$0	\$50
Cleaning & Exam TWICE PER YEAR	\$0	\$324	\$0
Crowns	\$968	\$1075	\$900
Dental Implants	\$ 3494	\$3882	\$ 3645

Save Over \$1400 Compared to Average Dental Insurance/AARP in the First Year!

Patients agree that East Peoria Dental Group's fees stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual and customary fee. Plan fees are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product.



HOW TO APPLY?

Please ask one of our friendly front desk team members to apply!

www.eastpeoriadental.com