

About Our Dental Savings Plan

Our In-House Dental Savings Plan is designed to provide affordability and greater access to quality dental care. Your benefits are available only at Hinsdale Dental Journey, 5 W Second St, Suite 7, Hinsdale, IL 60521.

With your In-House Dental 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 Hinsdale Dental Journey

Welcome to Hinsdale Dental Journey. Our friendly team is dedicated to providing you with the best customer service. From preventative care and cancer screening to child friendly dentistry and full smile design, we are a comprehensive dental center with a full range of oral health services.

We offer advanced cosmetic, dental implants, and restorative dentistry. Our modern dental facility allows us to perform a wide variety of procedures in a safe and comfortable office. We believe that maintaining good oral health is essential for a beautiful smile and a healthy life style.



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5 W Second St, Suite 7
Hinsdale, IL 60521

Info@HJDJourney.com
HinsdaleDentalJourney.com



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Hinsdale, IL 60521

In-House Dental Savings Plan



Benefit Premium

Plan	Total Annual Cost
Single	\$233.00
Dual*	\$447.00
Family (3)**	\$659.00
Family (4)	\$863.00 + \$113 each additional member

* 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



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	20%
Fluoride (2 per year, no age limit, no copay)	100%
Sealants	20%

All Other Procedures

Bleaching (does not include whitening trays)	\$325
Fillings & Build-ups	20%
Crowns****	15%
Veneers	15%
Periodontics	15%
Dentures and Partials****	15%
Oral Surgery	20%
Root Canals	20%
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.

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

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

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

Your Savings Plan Application Form

Your Profile

Name	
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	
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	

Your Savings Plan Application Form

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

Hinsdale Dental Journey
ATTN: Dental Savings Plan Coordinator
5 W Second St, Suite 7
Hinsdale, IL 60521

Make checks payable to Hinsdale Dental Journey.

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

I, _____, authorize Hinsdale Dental Journey to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount plan. Hinsdale Dental Journey will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify Hinsdale Dental Journey 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. Hinsdale Dental Journey reserves the right to modify, change or discontinue the In-House Dental Savings Plan, fees, terms and services at the company's option upon written notice from Hinsdale Dental Journey prior to your anniversary renewal date.