



Savon Dental Plan[®]
America's Dental Plan

**Rural Fee
Schedule Zone 6**

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Corporate Office: Phoenix, Arizona

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Effective 04/21/2023

SAVON DENTAL PLAN

Schedule of Fees And Benefits For Rural Areas of Zone # 6

| Diagnostic | Your Fee | Composite or Other Esthetic Restorations | Your Fee |
|--|-----------------|---|-----------------|
| 0110 Bio-Hazard Disposal Fee | \$12.00 | Composite Fillings (white fillings) | |
| 0120 Periodic Oral Evaluation (Recall Exams Only) | 44.00 | 2330 One surface-anterior (includes class III restorations) | \$198.00 |
| 0140 Limited Oral Exam (Emerg. Exam - Problem Focused) (During Regular Office Hours) | 82.00 | 2331 Two Surfaces-anterior | 249.00 |
| 0150 Comprehensive Oral Evaluation (new or established patient) | N/C | 2332 Three Surfaces-anterior | 309.00 |
| 0180 Comprehensive Perio Evaluation (Includes perio probing and charting) | 92.00 | 2335 Four or more surfaces or involving incisal angle - anterior | 388.00 |
| | | 2391 One surface-posterior | 222.00 |
| | | 2392 Two surface-posterior | 285.00 |
| | | 2393 Three surface-posterior | 357.00 |
| | | 2394 Four or more surface - posterior | 428.00 |
| Radiographs | | Inlays and Onlays | |
| 0210 X-Rays - Complete Series (If not panoramic equipped) | 128.00 | bd 2510 Inlay Metallic - 1 surface | 742.00 |
| 0220 Intraoral periapical - single, first film .. | 15.00 | bd 2520 Inlay Metallic - 2 surface | 814.00 |
| 0230 Intraoral periapical - each additional film | 13.00 | bd 2530 Inlay Metallic - 3 surface | 888.00 |
| 0240 Intraoral - occlusal film | 13.00 | bd 2542 Onlay Metallic - 2 surface | 919.00 |
| 0272 Bitewings - two films | 17.00 | bd 2543 Onlay Metallic - 3 surface | 953.00 |
| 0274 Bitewings - four films | 19.00 | bd 2544 Onlay Metallic - 4 + surfaces | 992.00 |
| 0330 Panoramic | 110.00 | | |
| Other | | Crowns | |
| 0416 Viral Culture (a test to identify viral organisms) | 167.00 | d 2740 Porcelain/Ceramic (Procera, Empress, Cerec, etc.) | 1,275.00 |
| d 0460 Pulp Vitality Test | 67.00 | bc 2750 Porcelain fused to high noble | 1,075.00 |
| 0470 Diagnostic Casts (study models) | 105.00 | c 2751 Porcelain fused to base metal | 985.00 |
| Preventive (<i>Dental Cleaning, includes minor scaling and polishing</i>) | | bc 2752 Porcelain fused to noble metal | 1,030.00 |
| a 1110 Adult Prophylaxis | 84.00 | bc 2753 Porcelain fused to Titanium/Alloys | 1,075.00 |
| a 1120 Child Prophylaxis (without fluoride) | 67.00 | bc 2780 Crown / 3/4 cast high noble | 1,048.00 |
| (Fees are for regular cleanings. The first cleaning may be charged as a difficult cleaning (Savon Specific Codes) or under the Periodontics.) | | bc 2790 Crown / full cast high noble | 1,107.00 |
| | | bc 2792 Crown / full cast noble | 1,017.00 |
| | | bc 2794 Crown / Titanium/Alloys | 1,165.00 |
| | | 2910 Re-cement Inlays, Onlays or partial coverage restoration | 90.00 |
| | | 2915 Re-cement cast or prefabricated post and core.. | 107.00 |
| | | 2920 Re-cement Crowns | 100.00 |
| | | 2930 Prefabricated stainless steel crown primary tooth | 274.00 |
| | | 2931 Prefabricated stainless steel crown permanent tooth | 330.00 |
| | | 2932 Prefabricated resin crown | 349.00 |
| | | 2934 Prefabricated esthetic coated stainless steel crown (primary tooth) | 387.00 |
| | | 2940 Protective restoration | 117.00 |
| | | 2950 Core build-up including any pins | 250.00 |
| | | 2951 Pin retention - per tooth, in addition to restoration | 73.00 |
| | | 2952 Post and core in addition to crown- indirectly fabricated | 422.00 |
| | | 2954 Prefabricated post and core in addition to crown | 342.00 |
| Fluoride Treatments | | Veneers (<i>LAMINATES - per tooth</i>) | |
| 1206 Topical Application of Fluoride Varnish | 52.00 | 2960 Labial Veneer (resin Laminate) (performed chairside) .. | 660.00 |
| 1208 Topical Application of Fluoride | 40.00 | d 2961 Labial Veneer (resin) (lab) | 917.00 |
| Other Preventive Treatments | | d 2962 Labial Veneer (porcelain) (lab) | 1,140.00 |
| 1330 Oral hygiene instruction | N/C | | |
| 1351 Sealants, per tooth | 53.00 | | |
| Space Maintainers (<i>To include adjustments</i>) | | | |
| 1510 Fixed - unilateral type | 305.00 | | |
| 1515 Fixed - (bilateral Maxillary) | 432.00 | | |
| 1517 Fixed - (bilateral Mandibular) | 432.00 | | |
| 1520 Removable - unilateral type | 380.00 | | |
| 1526 Removable - (bilateral Maxillary) | 477.00 | | |
| 1527 Removable - (bilateral Mandibular) | 477.00 | | |
| Restorative | | | |
| Amalgam Restoratives (Silver fillings) (<i>primary or permanent</i>) | | | |
| 2140 Amalgam - one surface | 123.00 | | |
| 2150 Amalgam - two surfaces | 162.00 | | |
| 2160 Amalgam - three surfaces | 187.00 | | |
| 2161 Amalgam - four or more surfaces | 220.00 | | |

- **a** - First cleaning may be a difficult cleaning
- **b** - Plus Gold/Metal Charges
- **c** - Plus Lab Fee not to exceed \$170.00
- **d** - Plus Actual Lab Fee
- **f** - Plus Lab Fee not to exceed \$180.00 per tooth

Endodontics (Root Canals) Your Fee

| | | |
|------|--|---------|
| 3110 | Pulp cap - direct (exposed pulp excluding final restoration), per tooth..... | \$82.00 |
| 3120 | Pulp cap - indirect (nearly exposed pulp, excluding final restoration) per tooth | 79.00 |

Pulpotomy (3221 is not used when RCT is performed on the same day)

| | | |
|------|--|--------|
| 3220 | Therapeutic Pulpotomy | 187.00 |
| 3221 | Pulpal Debridement (primary or permanent)..... | 268.00 |

Root Canal Therapy (includes treatment, procedures, and follow up care)

| | | |
|------|----------------|----------|
| 3310 | Anterior | 654.00 |
| 3320 | Bicuspid | 847.00 |
| 3330 | Molar..... | 1,035.00 |

Root canal fees DO NOT include Final Restoration (post, build up, crowns)

Periapical Services

(Includes treatment plan, clinical procedures and follow-up care)

| | | |
|------|--|--------|
| 3410 | Apicoectomy/Periradicular Surgery-Anterior | 723.00 |
| 3426 | Apicoectomy/Periradicular Surgery (each additional root)..... | 395.00 |
| 3430 | Retrograde filling - per tooth (in addition to the apicoectomy, if separate charge is made)..... | 332.00 |

Other Endodontic Procedures

| | | |
|------|--|--------|
| 3920 | Hemisection (or other root re-section, not including root canal therapy) | 477.00 |
|------|--|--------|

NOTE: The above services do not include the root canal, root canal fees are listed above.

Periodontics

Surgical Services (including usual postoperative services)

| | | |
|------|--|----------|
| 4210 | Gingivectomy or gingivoplasty - (4 or more contiguous teeth or bound teeth spaces) (per quad) | 674.00 |
| 4211 | Gingivectomy or gingivoplasty (1 to 3 contiguous teeth or bound teeth spaces) (per quad) | 262.00 |
| 4240 | Gingival flap procedure (including root planning) (4 or more contiguous teeth or bound teeth spaces) (per quadrant) | 787.00 |
| 4245 | Apically positioned flap procedure (per quad)..... | 910.00 |
| 4249 | Clinical Crown Lengthening (hard tissue)..... | 817.00 |
| 4260 | Osseous surgery (4 or more contiguous teeth or bound teeth spaces) (including flap entry and closure) (per quadrant) | 1,134.00 |
| 4263 | Bone replacement graft- First site (including flap entry, closure and donor site)..... | 814.00 |
| 4264 | Bone replacement graft - Each additional (includes flap entry, closure and donor site) | 559.00 |
| 4270 | Pedicle soft tissue graft procedure..... | 884.00 |
| 4277 | Free soft tissue graft procedure (including donor site surgery)..... | 937.00 |

- a - First cleaning may be a difficult cleaning
- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$170.00
- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$180.00 per tooth

Adjunctive Periodontal Services Your Fee

| | | |
|------|---|----------|
| 4341 | Perio Scaling and Root Planning - (per quad) (4 or more contiguous teeth or bound teeth spaces) | \$269.00 |
| 4342 | Perio Scaling and Root Planning - (per quadrant) (1 to 3 contiguous teeth or bound teeth spaces)..... | 187.00 |
| 4355 | Full Mouth Debridement (to enable comprehensive evaluation and diagnosis) | 245.00 |

Other Periodontal Procedures

| | | |
|------|--|--------|
| 4910 | Periodontal maintenance (after completion of active periodontal treatment) | 180.00 |
| 4921 | Gingival irrigation (per quad)..... | 70.00 |

Prosthodontics

(Removable, Complete Dentures including routine post-delivery care)

Complete Dentures

(This fee is for Medium Grade Acrylic Liner and Medium Grade IPN or similar teeth. If member wants to upgrade an additional fee may be charged.)

| | | |
|-------|------------------------------------|----------|
| d5110 | Complete Denture (Maxillary)..... | 1,572.00 |
| d5120 | Complete Denture (Mandibular)..... | 1,572.00 |

Immediate Denture (these fees DO NOT include any extractions)

(includes limited follow up care only; does not include required future rebasing/ relining procedures or a complete new denture)

| | | |
|-------|----------------------------|----------|
| d5130 | Denture (Maxillary) | 1,690.00 |
| d5140 | Denture (Mandibular) | 1,703.00 |

Partial Dentures (Including routine post-delivery care)

Resin Base (includes acrylic resin base denture with resin or wrought wire clasps or conventional clasps, rests & teeth)

| | | |
|-------|-----------------------------------|----------|
| d5211 | Partial Denture (Maxillary) | 1,304.00 |
| d5212 | Partial Denture (Mandibular)..... | 1,325.00 |

Cast Chrome Base with acrylic saddles (including any conventional clasps, rests and teeth)

| | | |
|-------|-----------------------------------|----------|
| d5213 | Partial Denture (Maxillary)..... | 1,670.00 |
| d5214 | Partial Denture (Mandibular)..... | 1,668.00 |

Immediate partial denture - (Includes limited follow-up care only. Does not include future rebasing or relining)

Resin Base - (including any conventional clasps, rests and teeth)

| | | |
|-------|--|----------|
| d5221 | Immediate maxillary partial denture ... | 1,547.00 |
| d5222 | Immediate mandibular partial denture. | 1,580.00 |

Cast Metal Framework - with resin denture bases - (including any conventional clasps, rests and teeth)

| | | |
|-------|--|----------|
| d5223 | Immediate maxillary partial denture | 1,778.00 |
| d5224 | Immediate mandibular partial denture. | 1,794.00 |

Flexible Base - (includes any clasps, rests & teeth)

| | | |
|-------|-----------------------------------|----------|
| d5225 | Partial Denture (Maxillary)..... | 1,745.00 |
| d5226 | Partial Denture (Mandibular)..... | 1,570.00 |

Adjustments to Dentures or Partials

| | | |
|------|------------------------------------|-------|
| 5410 | Complete Denture (Maxillary)..... | 88.00 |
| 5411 | Complete Denture (Mandibular)..... | 88.00 |
| 5421 | Partial Denture (Maxillary)..... | 88.00 |
| 5422 | Partial Denture (Mandibular)..... | 88.00 |

Repairs to Complete or Partial Dentures **Your Fee**

| | | |
|-------|---|----------|
| d5511 | Repair broken denture base (Maxillary) .. | \$197.00 |
| d5512 | Repair broken denture base (Mandibular) | 197.00 |
| d5520 | Replace missing or broken teeth (Complete denture each tooth)..... | 187.00 |
| d5611 | Repair resin denture base (Maxillary) | 200.00 |
| d5612 | Repair resin denture base (Mandibular) ... | 200.00 |
| d5621 | Repair cast partial framework (Maxillary) | 282.00 |
| d5622 | Repair cast partial framework (Mandibular) | 282.00 |
| d5630 | Repair or replace broken clasp(partial denture) | 250.00 |
| d5640 | Replace broken teeth (per tooth)(partial denture)..... | 175.00 |
| d5650 | Add tooth to existing partial denture (per tooth) ... | 215.00 |
| d5660 | Add clasp to existing partial denture.... | 264.00 |

Denture Rebase (process of refitting a denture by replacing the base material)

| | | |
|-------|-------------------------------------|--------|
| d5710 | Complete Denture (Maxillary) | 592.00 |
| d5711 | Complete Denture (Mandibular) | 592.00 |
| d5720 | Partial Denture (Maxillary)..... | 564.00 |
| d5721 | Partial Denture (Mandibular) | 564.00 |

Denture Relining (Process of resurfacing the tissue side of a denture with new base material)

Chairside Relines

| | | |
|------|-------------------------------------|--------|
| 5730 | Complete denture (Maxillary) | 385.00 |
| 5731 | Complete denture (Mandibular) | 385.00 |
| 5740 | Partial denture (Maxillary) | 379.00 |
| 5741 | Partial denture (Mandibular) | 379.00 |

Laboratory Relines

| | | |
|-------|-------------------------------------|--------|
| d5750 | Complete denture (Maxillary) | 485.00 |
| d5751 | Complete denture (Mandibular) | 485.00 |
| d5760 | Partial denture (Maxillary) | 479.00 |
| d5761 | Partial denture (Mandibular) | 479.00 |

Interim Prosthesis

| | | |
|------|-------------------------------------|--------|
| 5810 | Complete denture (Maxillary) | 787.00 |
| 5811 | Complete denture (Mandibular) | 787.00 |
| 5820 | Partial denture (Maxillary) | 655.00 |
| 5821 | Partial denture (Mandibular) | 655.00 |

Other Prosthetic Services

Tissue conditioning - (per applications of the treatment material)

| | | |
|------|-----------------|--------|
| 5850 | Maxillary..... | 192.00 |
| 5851 | Mandibular..... | 197.00 |

Overdentures

| | | |
|-------|--------------------------|----------|
| d5863 | Complete Maxillary | 1,399.00 |
| d5864 | Partial Maxillary | 1,442.00 |
| d5865 | Complete mandibular..... | 1,399.00 |
| d5866 | Partial mandibular..... | 1,465.00 |

Prosthodontics (Implants Services)

Implant Services

| | | |
|------|---|----------|
| 6010 | Surgical placement of implant body endosteal implant | 1,974.00 |
| 6011 | Second Stage implant surgery..... | 936.00 |
| 6013 | Surgical placement of mini implant..... | 2,358.00 |

Single Crowns- Implant Supported (Does Not Include Implant)

| | | |
|---------|--|----------|
| d 6065 | Porcelain/Ceramic (Procera, Empress, Cerec, etc.) | 1,275.00 |
| bf 6066 | Porcelain fused to high noble crown (titanium, titanium alloy, high noble metal) | 1,075.00 |
| bf 6067 | Metal crown high noble alloys (titanium, titanium alloy, high noble metal) ... | 1,107.00 |

Prosthodontics (Bridges) **Your Fee**

Fixed Bridges

(Each abutment and each pontic constitutes a unit in a bridge)

Bridge Pontics:

| | | |
|---------|--|------------|
| bf 6210 | Pontic-Cast high noble | \$1,107.00 |
| f 6211 | Pontic-Cast non-precious metal | 979.00 |
| bf 6212 | Pontic-Cast noble | 1,017.00 |
| bf 6214 | Pontic -Titanium/Alloys..... | 1,165.00 |
| bf 6240 | Pontic-Porcelain fused high noble | 1,075.00 |
| f 6241 | Pontic-Porcelain fused to base metal . | 985.00 |
| bf 6242 | Pontic-Porcelain fused noble | 1,030.00 |
| bf 6243 | Pontic-Porcelain fused Titanium/Alloys | 1,075.00 |
| d 6245 | Pontic-Porcelain/Ceramic (Procera, Empress, Cerec, etc.)..... | 1,275.00 |

Bridge Abutments (crowns connected to the sides of the Pontics):

| | | |
|---------|---|----------|
| 6545 | Cast metal retainer for bonded fixed prosthesis | 723.00 |
| d 6740 | Retainer Crown -Porcelain/Ceramic (Procera, Empress, Cerec, etc.)..... | 1,275.00 |
| bf 6750 | Retainer Crown Porcelain fused high noble | 1,075.00 |
| f 6751 | Retainer Crown Porcelain fused to base metal | 985.00 |
| bf 6752 | Retainer Crown Porcelain fused noble .. | 1,030.00 |
| bf 6753 | Retainer Crown Porcelain fused Titanium/Alloys | 1,075.00 |
| bf 6780 | Retainer Crown High noble (3/4 cast)... | 1,048.00 |
| bf 6790 | Retainer Crown High noble (full cast) .. | 1,107.00 |
| f 6791 | Retainer Crown Non-Precious (full cast) | 979.00 |
| bf 6792 | Retainer Crown Noble (full cast) | 1,017.00 |
| bf 6794 | Retainer Crown Titanium/Alloys..... | 1,165.00 |

Other Prosthetic Services

| | | |
|------|--------------------------------------|--------|
| 6930 | Re-cement fixed partial denture..... | 160.00 |
|------|--------------------------------------|--------|

Simple Extractions

| | | |
|------|--|--------|
| 7111 | Coronal Remnants - Deciduous Tooth (includes soft tissue retained coronal remnants) | 133.00 |
| 7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)..... | 155.00 |

Oral Surgery

(Including local anesthesia and routine postoperative care for ALL procedures)

Surgical Extractions

| | | |
|------|--|--------|
| 7210 | Surgical removal of erupted tooth (requiring removal of bone and/or section of tooth and including elevation of mucoperiosteal flap if indicated) | 264.00 |
| 7220 | Removal of impacted tooth (soft tissue) .. | 305.00 |
| 7230 | Removal of impacted tooth (partly bony) | 394.00 |
| 7240 | Removal of impacted tooth (completely bony)..... | 477.00 |
| 7241 | Removal of impacted tooth (completely bony with unusual surg. complications) | 592.00 |
| 7250 | Surgical removal of residual tooth roots (cutting procedure)..... | 293.00 |

Other Surgical Procedures

| | | |
|------|--|----------|
| 7260 | Oroantral Fistula Closure | 1,134.00 |
| 7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | 658.00 |
| 7280 | Surgical access of an unerupted tooth. | 595.00 |
| 7285 | Biopsy of oral tissue -hard (bone, tooth) | 484.00 |
| 7286 | Biopsy of oral tissue - soft (all others) | 365.00 |

- a - First cleaning may be a difficult cleaning
- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$170.00
- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$180.00 per tooth

Oral Surgery (cont.) **Your Fee**
(Including local anesthesia and routine postoperative care for ALL procedures)

Alveoplasty *(Surgical preparation of ridge for dentures)*

| | | |
|------|--|----------|
| 7310 | Per quadrant - in conjunction with extractions (4 or more teeth) | \$313.00 |
| 7311 | Per quadrant - in conjunction with extractions (1 to 3 teeth)..... | 235.00 |
| 7320 | Per quadrant - not in conjunction with extractions (4 or more teeth) | 462.00 |
| 7321 | Per quadrant - not in conjunction with extractions (1 to 3 teeth)..... | 347.00 |

Vestibuloplasty

| | | |
|------|---|----------|
| 7340 | Vestibuloplasty - ridge extractions (Secondary epithelialization) | 1,398.00 |
| 7350 | Vestibuloplasty - ridge extension (Including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue) | 2,348.00 |

Surgical Excision of Intra-Osseous Lesions

| | | |
|------|--|----------|
| 7450 | Removal of benign odontogenic cyst or tumor up to 1.25 cm | 658.00 |
| 7451 | Removal of benign odontogenic cyst or tumor over 1.25 cm | 963.00 |
| 7460 | Removal of benign nonodontogenic cyst or tumor up to 1.25 cm | 677.00 |
| 7461 | Removal of benign nonodontogenic cyst or tumor over 1.25 cm | 1,090.00 |

Excision of Bone Tissue

| | | |
|------|---|--------|
| 7471 | Removal of lateral exostosis (maxilla or mandible)..... | 795.00 |
|------|---|--------|

Surgical incision

| | | |
|------|--|--------|
| 7510 | Incision and drainage of abscess - intraoral (soft tissue) | 264.00 |
| 7520 | Incision and drainage of abscess extraoral (soft tissue) | 513.00 |

Treatment of Fracture - Simple

| | | |
|------|---|----------|
| 7620 | Maxilla - closed reduction, teeth immobilized (if present) | 4,165.00 |
| 7640 | Mandible - closed reduction, teeth immobilized (if present) | 4,059.00 |

Other Surgical Procedures

| | | |
|------|---|--------|
| 7970 | Excision of Hyperplastic tissue - per arch..... | 649.00 |
| 7971 | Excision of pericoronal gingiva..... | 303.00 |

NOTE: *Surgical services not listed on this fee schedule may be considered on a by-report basis.*

Orthodontics (Braces) **Your Fee**

Limited Orthodontic Treatment Of The:

| | | |
|------|-----------------------------|----------|
| 8010 | Primary Dentition | 2,582.00 |
| 8020 | Transitional Dentition..... | 2,658.00 |
| 8030 | Adolescent Dentition | 3,208.00 |
| 8040 | Adult Dentition | 3,718.00 |

Comprehensive Orthodontic Treatment Of The:

| | | |
|------|-----------------------------|----------|
| 8070 | Transitional Dentition..... | 6,020.00 |
| 8080 | Adolescent Dentition..... | 6,174.00 |
| 8090 | Adult Dentition..... | 6,763.00 |

Minor Treatment to Control Harmful Habits

| | | |
|------|----------------------------------|----------|
| 8210 | Removable appliance therapy..... | 1,048.00 |
| 8220 | Fixed appliance therapy..... | 1,238.00 |

Other Orthodontic Services

| | | |
|------|---|--------|
| 8660 | Pre-orthodontic treatment visit (initial exam including diagnostic aids and creation of records)..... | 395.00 |
| 8670 | Periodic Orthodontic treatment visit (as part of contract) | N/C |
| 8680 | Orthodontic Retention (removal of appliances, construction and placement of retainers)..... | 803.00 |
| 8695 | Removal of fixed orthodontic appliance (for reasons other than completion of treatment). | 323.00 |
| 8999 | Replace lost metal bands | 134.00 |
| 8999 | Replace Lost or Broken Head Gear..... | 264.00 |
| 8999 | Reline Appliance | 200.00 |

ALL SAVON orthodontic treatment prices are based on a 24 month treatment plan by a general dentist and include standard or usual treatment. Prolonged treatment may result in additional fees.

Adjunctive General Services

Unclassified Treatment

| | | |
|------|--|--------|
| 9110 | Palliative Treat (emergency) Treatment of dental pain minor procedure (during normal office hours) | 128.00 |
| 9440 | Office Visit (after hrs.) | 245.00 |
| 9920 | Behavior Mgmt. (diff. child)..... | 134.00 |
| 9986 | Missed appointment (per 15 minutes of chairtime) | 108.00 |

Anesthesia

| | | |
|------|--|--------|
| 9215 | Local Anesthesia (in conjunction with operative or surgical procedures) | N/C |
| 9222 | Deep sedation/general anesthesia (First 15 minutes) | 643.00 |
| 9223 | Deep sedation/general anesthesia (each 15 minute increment)..... | 419.00 |
| 9230 | Inhalation of Nitrous Oxide / analgesia, anxietyolysis (per 30 minutes) | 82.00 |
| 9239 | Intravenous moderate (conscious) sedation/analgesia first 15 minutes | 430.00 |
| 9243 | Intravenous moderate (conscious) sedation/analgesia each 15 minute increment | 211.00 |
| 9248 | Non-intravenous conscious sedation.... | 347.00 |

Bleaching/Whitening

| | | |
|------|---|----------|
| 9972 | External bleaching (per arch) | \$459.00 |
| 9973 | External bleaching (per tooth) | 290.00 |
| 9974 | Internal bleaching (per tooth) | 379.00 |
| 9985 | External bleaching for home application (includes materials and fabrication of custom trays.) | 787.00 |

Temporomandibular Joint Dysfunction (TMJ) Your Fee

| | |
|--|----------|
| TMJ Screening exam | N/C |
| Diag. work-up & X-rays | 658.00 |
| Tomographic Radiographs..... | Lab Fee |
| TMJ Treatment (includes oral appliance and five (5) adjustment visits. Treatment not to exceed five (5) months | 4,617.00 |
| Night Orthotic (includes follow-up adjustment) | 1,180.00 |
| Lost appliance | 814.00 |
| Ultrasound therapy unilateral (each) | 160.00 |
| Ultrasound therapy bilateral (each) | 175.00 |
| Drug Injection therapy | 658.00 |
| Splint Adjustment | 330.00 |

SAVON SPECIFIC CODES (NOT ADA CODES) Your Fee

| | |
|--|----------|
| 14345 Difficult Cleaning (excessive buildup) | \$187.00 |
| 19901 Panoramic copy | 69.00 |
| 19902 Record copy | 44.00 |
| 19903 Palliative Treat (non emergency) | 69.00 |

Please verify membership before providing any services at the Savon Dental Plan® Fee Schedule prices:

Phone - 602-841-3494 -- 800-809-3494

Fax - 602-589-0417

Monday - Thursday 9:00 - 4:00 mst

Friday 9:00 - Noon mst

PO Box 54277

Phoenix, Arizona 85078

Email: CustomerService@SavonDentalPlan.com

Website: www.SavonDentalPlan.com

General Information For Dental Centers

In the rare instance when your own usual fee is less than the Maximum plan fee, please charge the member the lower of the two fees.

The fees listed on this schedule of benefits are as provided by a General Dentist.

Any procedure done by a specialist will be reduced by 25% from the Specialist's own fee.

Any procedure not listed shall be charged at 20% off of your own usual fee.

20% discount on unlisted fees **DOES NOT** include lab fees.

Lab Fees are **never** discounted.

Payments are due, from the member, at the time services are rendered unless prior arrangements with your office have been made.

- ***Rural fee schedule is in effect in any area with a population of less than 100,000 and at least 50 miles away from the center of an Urban area.***
- ***Members may go to facilities in Urban areas to use Urban fee schedule.***
- ***Urban area is any Metropolitan area with a population greater than 100,000.***

Room For Your Notes: