



SERVING AMERICA'S

- Individuals ▪ Families
- Businesses ▪ Civic Groups

Since 1992



(602) 841-3494 - 1-800-809-3494 - Fax (602) 589-0417

Corporate Office: Phoenix, Arizona

Mailing Address: PO Box 54277, Phoenix, AZ 85078

Website: www.SavonDentalPlan.com

Email: providerservices@SavonDentalPlan.com

This Manual Effective as of February 2019



WHAT IS SAVON DENTAL PLAN?

SAVON DENTAL PLAN® is not insurance, we are a Membership Cost Maintained Organization (CMO). Savon Dental Plan® is associated with established members of the dental profession throughout America to deliver quality & affordable dental services to our members.

We are the MOST COMPREHENSIVE dental plan in America. Our Preferred Provider fee schedules have set fees for every procedure listed. The ONLY percentage discount is for procedures that we do not have on our list AND that discount

IS ALWAYS 50%.



Standard Plan Features

- ▶ ***No Waiting Periods***
- ▶ ***No Deducibles***
- ▶ ***No Claim Forms***
- ▶ ***No Age Limits***



Standard Plan Features

- ▶ ***No Limits to Visits***
- ▶ ***No Visit Requirements***
- ▶ ***No Prior Authorization***
- ▶ ***Pre-existing Conditions Covered Immediately***



Covered Procedures

- ▶ ***Diagnostic*** (Exams & X-rays)
- ▶ ***Preventative*** (Cleanings)
- ▶ ***Restorative*** (Fillings & Crowns)
- ▶ ***Endodontics*** (Root Canals)
- ▶ ***Prosthetics*** (Bridge Work)



Savon Dental Plan[®]

America's Dental PlanSM

Covered Procedures

- ▶ **Periodontics** (*Gum Disease*)
- ▶ **Oral Surgery** (*Extractions*)
- ▶ **Prosthodontics** (*Dentures*)
- ▶ **Orthodontics** (*Braces*)



Savon Dental Plan[®] **America's Dental Plan**SM

***We Also Cover What Most
Other Plans Don't:***

▶ ***Cosmetic Dentistry***

Including

Veneers

Bleaching

Whitening

▶ ***Dental Implants***

▶ ***Dental Sleep Apnea
Treatment & Devices***



Savon Dental Plan[®]

America's Dental PlanSM

Let's Compare

Savon vs. Insurance

No Waiting Periods	✓	X
No Deductibles To Pay	✓	X
No Claim Forms To File	✓	X
No Limits To Visits	✓	X
No Age Limits	✓	X
No Prior Authorization Requirements	✓	X
No Exclusions on Pre-Existing Conditions	✓	X
No Maximum Limits on Services Per Year	✓	X
No Exclusions on Treatment or Services	✓	X

** SAMPLE FEE COMPARISON **

	<u>Usual</u>	<u>Savon</u>
Initial Office Visit	\$ 70.00	No Charge
X-rays (f-m bitewing)	\$ 114.00	\$ 57.00
Adult Cleaning, Scaling & Polishing	\$ 98.00	\$ 49.00
Crown - Porcelain to metal	\$ 932.00	\$466.00
Surgical Extraction	\$ 264.00	\$132.00
Complete Denture	\$1,316.00	\$658.00

*You Save
50%*

This is a sample comparison based on the fees in zone 1. Actual fees will vary from zone to zone however the savings percentage will remain the same.



Savon Dental Plan[®]

America's Dental PlanSM

Compare Savon to Alpha Bronze Indemnity

<u>Annual Plan Cost:</u>	<u>Savon</u>	<u>Bronze Indemnity</u>
Single	\$109.00	\$ 455.16
Double	\$149.00	\$ 910.32
Family	\$189.00	\$1,456.56

<u>Procedure Explanation</u>	<u>Usual Fee</u>	<u>You Pay With Savon</u>	<u>You Pay With Alpha</u>	<u>Alpha Waiting Periods</u>
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	\$21.00 \$14.00 \$ 7.00	During year 1 - 2 per year During year 2 - 2 per year After 2 year - 2 per year
X-Rays - Full Mouth	\$ 114.00	\$ 57.00	\$80.00 \$57.00 \$34.00	During year 1 During year 2 After 2 years
Cleaning - Adult	\$ 98.00	\$ 49.00	\$29.00 \$20.00 \$10.00	During year 1 - 3 per year During year 2 - 3 per year After 2 years - 3 per year
Filling - White 1 Surface	\$ 168.00	\$ 84.00	\$134.00 \$109.00 \$ 84.00	During year 1 During year 2 After 2 years
Crown - Porcelain/High Noble	\$1,100.00	\$ 550.00	\$880.00 \$715.00 \$550.00	During year 1 During year 2 After 2 years
Root Canal - Anterior	\$ 682.00	\$ 341.00	\$546.00 \$443.00 \$341.00	During year 1 During year 2 After 2 years
Simple Extraction	\$ 168.00	\$ 84.00	\$118.00 \$ 84.00 \$ 50.00	During year 1 During year 2 After 2 years
Surgical Extraction	\$ 264.00	\$ 132.00	\$211.00 \$172.00 \$132.00	During year 1 During year 2 After 2 years
Braces - Child	\$6,720.00	\$3,360.00	\$6,720.00	Not covered under this plan
Teeth Whitening	\$ 350.00	\$ 175.00	\$350.00	Not covered under this plan

Prices shown are accurate as of February 2019



Compare Savon to Delta Dental Mesquite Plan

<u>Annual Plan Cost:</u>	<u>Savon</u>	<u>Delta Mesquite Plan</u>
Single	\$109.00	\$ 476.88
Double	\$149.00	\$1,190.56
Family	\$189.00	\$1,826.40 (Delta primary + 2)

<u>Procedure Explanation</u>	<u>Usual Fee</u>	<u>You Pay With Savon</u>	<u>You Pay With Delta</u>	<u>Delta Waiting Periods</u>
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	No Charge	2 per year
X-Rays - Full Mouth	\$ 114.00	\$ 57.00	No Charge \$ 114.00	1 time every 5 years If more than 1 time in 5 yrs.
Cleaning - Adult	\$ 98.00	\$ 49.00	No Charge	2 per year
Filling - White 1 Surface	\$ 168.00	\$ 84.00	\$ 84.00	No Waiting Period
Crown - Porcelain/High Noble	\$1,100.00	\$ 550.00	\$1,110.00 \$ 550.00	During year 12 mo. wait After 12 mo. wait
Root Canal - Anterior	\$ 682.00	\$ 341.00	\$ 682.00 \$ 341.00	During year 12 mo. wait After 12 mo. wait
Complete Denture	\$1,316.00	\$ 658.00	\$1,316.00 \$ 658.00	During year 12 mo. wait After 12 mo. wait
Simple Extraction	\$ 168.00	\$ 84.00	\$ 168.00 \$ 84.00	During year 12 mo. wait After 12 mo. wait
Surgical Extraction	\$ 264.00	\$ 132.00	\$ 264.00 \$ 132.00	During year 12 mo. wait After 12 mo. wait
Braces - Child	\$6,720.00	\$3,360.00	\$6,720.00	Not covered under this plan
Teeth Whitening	\$ 350.00	\$ 175.00	\$ 350.00	Not covered under this plan

Prices shown are accurate as of February 2019



Savon Dental Plan[®]

America's Dental PlanSM

Compare Savon to myCigna Dental Preventive

<u>Annual Plan Cost:</u>	<u>Savon</u>	<u>myCigna Dental</u>
Single	\$109.00	\$228.00
Double	\$149.00	\$456.00
Family	\$189.00	\$912.00 (myCigna primary + 2)

<u>Procedure Explanation</u>	<u>Usual Fee</u>	<u>You Pay With Savon</u>	<u>You Pay With myCigna</u>	<u>myCigna Waiting Periods</u>
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	No Charge	First exam
X-Rays - Full Mouth	\$ 114.00	\$ 57.00	\$ 114.00	Not Covered - Discount may apply
Cleaning - Adult	\$ 98.00	\$ 49.00	No Charge	2 per year
Cleaning - Child	\$ 76.00	\$ 38.00	No Charge	2 per year
Filling - White 1 Surface	\$ 168.00	\$ 84.00	\$ 168.00	Not Covered - Discount may apply
Crown - Porcelain/High Noble	\$1,100.00	\$ 550.00	\$1,100.00	Not Covered - Discount may apply
Root Canal - Anterior	\$ 682.00	\$ 341.00	\$ 682.00	Not Covered - Discount may apply
Root Canal - Bicuspid	\$ 914.00	\$ 457.00	\$ 914.00	Not Covered - Discount may apply
Root Canal - Molar	\$1,156.00	\$ 578.00	\$1,156.00	Not Covered - Discount may apply
Perio Scaling & Planing	\$ 282.00	\$ 141.00	\$ 282.00	Not Covered - Discount may apply
Complete Denture	\$1,316.00	\$ 658.00	\$1,316.00	Not Covered - Discount may apply
Simple Extraction	\$ 168.00	\$ 84.00	\$ 168.00	Not Covered - Discount may apply
Surgical Extraction	\$ 264.00	\$ 132.00	\$ 264.00	Not Covered - Discount may apply
Braces - Child	\$6,720.00	\$3,360.00	\$6,720.00	Not Covered - Discount may apply
Teeth Whitening	\$ 350.00	\$ 175.00	\$ 350.00	Not Covered - Discount may apply

Prices shown are accurate as of February 2019



Savon Dental Plan[®]

America's Dental PlanSM

Compare Savon to Physicians Mutual Preferred

<u>Annual Plan Cost:</u>	<u>Savon</u>	<u>Physicians Mutual</u>
Single	\$109.00	\$ 445.00
Double	\$149.00	\$ 878.00
Family	\$189.00	\$1,423.00 (Phy. Mut. primary + 2)

<u>Procedure Explanation</u>	<u>Usual Fee</u>	<u>You Pay With Savon</u>	<u>You Pay With Phy. Mut.</u>	<u>Physicians Waiting Periods</u>
Office Visit - Comprehensive Exam	\$ 70.00	No Charge	\$ 13.00	2 per year
X-Rays - Full Mouth	\$ 114.00	\$ 57.00	\$ 37.00 \$ 114.00	1 time every 5 years If more than 1 time in 5 yrs.
Cleaning - Adult	\$ 98.00	\$ 49.00	\$ 27.00	2 per year
Cleaning - Child	\$ 76.00	\$ 38.00	\$ 20.00	2 per year
Filling - White 1 Surface	\$ 168.00	\$ 84.00	\$ 168.00 \$ 102.00	During year 3 mo. wait After 3 mo. wait
Crown - Porcelain/High Noble	\$1,100.00	\$ 550.00	\$1,100.00 \$ 599.00	During year 12 mo. wait After 12 mo. wait
Root Canal - Anterior	\$ 682.00	\$ 341.00	\$ 682.00 \$ 461.00	During year 12 mo. wait After 12 mo. wait
Complete Upper Denture	\$1,316.00	\$ 658.00	\$1,316.00 \$ 924.00	During year 12 mo. wait After 12 mo. wait
Simple Extraction	\$ 168.00	\$ 87.00	\$ 168.00 \$ 108.00	During year 3 mo. wait After 3 mo. wait
Surgical Extraction	\$ 264.00	\$ 132.00	\$ 264.00 \$ 180.00	During year 12 mo. wait After 12 mo. wait
Braces - Child	\$6,720.00	\$3,360.00	\$6,720.00	Not covered under this plan
Teeth Whitening	\$ 350.00	\$ 175.00	\$ 350.00	Not covered under this plan

Prices shown are accurate as of February 2019



Guaranteed Fee Schedule

If a **Network Preferred Provider** charged you more than the listed fee for any procedure (excluding lab fee and metal charges) and we are unable to get the facility to refund or credit your account for the overcharge,

Savon will pay you the difference between what you actually paid and the listed fee for your zone.

Membership Rate Guarantee

1 Year Plan: Membership rates are guaranteed not to change for 2 years.

2 Year Plan: Membership rates are guaranteed not to change for 4 years.

This price guarantee is valid on as you renew your plan and do not let your membership lapse.

Guaranteed Lowest "Facility" fee

In the rare event that a Network Preferred Provider's Usual and Customary Fee is lower than the fee listed on the Schedule of Fees and Benefits, for that state, our Network Preferred Provider will charge you the lower of the two prices.

30 Day Money-Back Guarantee

All applications carry a conditional 30 day money back guarantee from the day the application is submitted. If you visit a Network Preferred Provider and find that you do not realize the savings that we promise according to the Fee Schedule for your State and Savon Dental Plan® cannot rectify the error, Savon Dental Plan® will refund your membership fee.



Savon Dental Plan[®]

America's Dental PlanSM

TYPES OF PROVIDERS

NETWORK PREFERRED PROVIDERS:

A network preferred provider is a Savon contracted dentist that abides by a set fee schedule for their State. Both you and your provider have copies of the same fee schedule and it lists exactly what you should pay for each procedure. Any procedure that is not listed on the fee schedule, will be discounted by 50% from the provider's own usual fees. (lab fees and metal charges excluded).

NETWORK PARTICIPATING PROVIDERS:

A network participating provider is a Savon contracted dentist that abides by our Flex Fee Schedule[®]. These providers give a percentage discount based on our schedule. With a network participating provider you will receive a 20% to 50% off of the dentist's usual fees depending on the procedure(s) that you are having done.

Since every dentist has a different fee schedule, the amount of your savings will vary from dentist to dentist and from state to state.

OUT OF NETWORK PROVIDERS:

An Out of network provider is a dental provider who doesn't participate in any of Savon's money-saving plans. If you elect to go to an out of network provider, you will receive no fee adjustments. You will pay the usual and customary dental fees charged by that dentist.



Savon Dental Plan[®]

America's Dental PlanSM

APPROXIMATE PROVIDER COUNT BY STATE

Network Preferred and Network Providers

<i>Alabama</i>	<i>0</i>	<i>Mississippi</i>	<i>0</i>
<i>Arkansas</i>	<i>0</i>	<i>North Carolina</i>	<i>0</i>
<i>Arizona</i>	<i>160</i>	<i>North Dakota</i>	<i>0</i>
<i>California</i>	<i>51</i>	<i>Nebraska</i>	<i>1</i>
<i>Colorado</i>	<i>0</i>	<i>New Hampshire</i>	<i>0</i>
<i>Connecticut</i>	<i>0</i>	<i>New Jersey</i>	<i>6</i>
<i>Washington D.C.</i>	<i>0</i>	<i>New Mexico</i>	<i>1</i>
<i>Delaware</i>	<i>0</i>	<i>Nevada</i>	<i>15</i>
<i>Florida</i>	<i>32</i>	<i>New York</i>	<i>81</i>
<i>Georgia</i>	<i>6</i>	<i>Ohio</i>	<i>20</i>
<i>Hawaii</i>	<i>0</i>	<i>Oklahoma</i>	<i>0</i>
<i>Idaho</i>	<i>0</i>	<i>Oregon</i>	<i>9</i>
<i>Illinois</i>	<i>1</i>	<i>Pennsylvania</i>	<i>2</i>
<i>Indiana</i>	<i>1</i>	<i>Rhode Island</i>	<i>0</i>
<i>Iowa</i>	<i>0</i>	<i>South Carolina</i>	<i>0</i>
<i>Kansas</i>	<i>0</i>	<i>South Dakota</i>	<i>0</i>
<i>Kentucky</i>	<i>1</i>	<i>Tennessee</i>	<i>0</i>
<i>Louisiana</i>	<i>0</i>	<i>Texas</i>	<i>21</i>
<i>Maine</i>	<i>0</i>	<i>Utah</i>	<i>4</i>
<i>Maryland</i>	<i>2</i>	<i>Virginia</i>	<i>2</i>
<i>Massachusetts</i>	<i>0</i>	<i>Vermont</i>	<i>0</i>
<i>Michigan</i>	<i>3</i>	<i>Washington</i>	<i>7</i>
<i>Minnesota</i>	<i>0</i>	<i>Wisconsin</i>	<i>0</i>
<i>Missouri</i>	<i>0</i>	<i>West Virginia</i>	<i>1</i>

Please note that these counts are approximate. This list contains both Network Preferred and Network Providers. States listed in BLUE have both Network Preferred and Network Providers. States listed in BLACK have only Network Providers.



Please visit

www.SavonDentalPlan.com/dentists.php

**for the most current listing
of dentists in your area**

Thank you!



Savon Dental Plan[®]

America's Dental PlanSM

ANNUAL MEMBERSHIP FEES

Savon Dental Plan[®] Basic Plan

Requires Network Preferred Providers

For Individuals & Families

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single- (S19)-----	\$ 109.00 per yr.	\$ 20.00	\$ 129.00
Double- (D19)-----	\$ 149.00 per yr.	\$ 20.00	\$ 169.00
Family- (F19)-----	\$ 189.00 per yr.	\$ 20.00	\$ 209.00

Prices Totals Includes a one time \$20.00 Processing Fee

Savon Dental Plan[®] Senior Plan

All The Benefits Of The Basic Plan

At A Reduced Fee For Members 65 Years And Older

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single- (SR1)-----	\$ 69.00 per yr.	\$ 25.00	\$ 94.00
Double- (DR1)-----	\$ 94.00 per yr.	\$ 25.00	\$ 119.00

Senior Plan for 2 Years

	<u>Price</u>	<u>Processing Fee</u>	<u>Total</u>
Single- (SR2)-----	\$ 109.00 per 2yr.	\$ 25.00	\$ 134.00
Double- (DR2)-----	\$ 146.00 per 2yr.	\$ 25.00	\$ 171.00

Prices Totals Includes a one time \$25.00 Processing Fee



Savon Dental Plan®

***Business and
Group Plans***

All the benefits of Savon Dental Plan at a special group rate!



Business and Group Plans

▶ **BASIC DENTAL PLAN**

- ▶ *Single - employee plus any dependent age 5 or younger.*
- ▶ *Double - employee plus spouse/partner or 1 dependent age 6 or older and any dependent age 5 or younger.*
- ▶ *Family - employee plus spouse/partner and more than 1 dependent age 6 or older.*
- ▶ *A dependent is: Age 18 or younger living in the same household or a full-time college student age (18 - 25).*
- ▶ *No minimum number of participants required*

Tier	# Of Employees	Single Plan Emp	Double Plan Emp + 1	Family Plan Emp + >1
1	1-4	\$70.00	\$80.00	\$90.00
2	5-9	\$60.00	\$70.00	\$80.00
3	10-49	\$40.00	\$50.00	\$60.00
4	50-99	\$30.00	\$35.00	\$40.00
5	100 +	\$20.00	\$20.00	\$20.00



Alternative Pricing

Plans

For Individuals & Families

We have a plan that's right for you!!!



Savon Dental Plan[®]

America's Dental PlanSM

Alternative Pricing Plans

We have a plan that's right for you!

Transitional Plan

Basic Dental Plan ONLY

6 Month Plan, NOT Renewable May be reinstated to 1 year plan at current Open Enrollment Rate.

Plan	Price	Set up Fee	Total Cost
Single (TP1)-----	\$ 55.00	\$ 20.00	\$ 75.00
Double (TP2)-----	\$ 75.00	\$ 20.00	\$ 95.00
Family (TP3)-----	\$ 95.00	\$ 20.00	\$115.00

Student Plan

Basic Dental Plan ONLY

Membership begins on the day you join (spring, summer or fall semester) and expires in 12 months.

You must be a college/trade school student (full or part time), between the ages of 18-30 and proof of enrollment may be required. Student Family Plan limited to Primary, Spouse and 2 children under the age of 14.

Plan	Price	Set up Fee	Total Cost
Single (SC1)-----	\$ 49.00	\$ 20.00	\$ 69.00
Double (SC2)-----	\$ 69.00	\$ 20.00	\$ 89.00
Family (SC3)-----	\$ 89.00	\$ 20.00	\$109.00

Veteran's Plan

For former or active Military and their families under 65 years of age

	<u>Total Price</u>
Single (VS9)-----	\$ 99.00 per yr.
Double (VD9)-----	\$ 139.00 per yr.
Family (VF9)-----	\$ 179.00 per yr.





Savon Dental Plan[®]

America's Dental PlanSM

Alternative Pricing Plans

We have a plan that's right for you!

Emergency Dental Plan

For Extreme Short Term Coverage

Requires Network Preferred Providers

For Individuals Only

\$45.00 for 45 days membership

This plan is designed for emergency (usually single procedure coverage).

This plan CAN NOT BE renewed.

Member may convert this plan to a Single, Double or Family plan at any time PRIOR to the end of the 45 day period.

If member chooses to convert to a full Basic or Plus plan, the \$45.00 fee paid for this plan will be credited to the conversion.

Processing fee will be applied upon conversion.

This plan MAY NOT be converted to a Senior Plan or converted in conjunction with any new enrollment specials that Savon may be offering.

Long Term Plans

Perfect for People that have major dental problems or have children that need braces

BASIC DENTAL PLAN - SINGLE

(for single members with dependents 5 yrs old and under)

Plan	Term	Regular Price x Term	Special Price	Your Savings
Single (S29)	2 yr	\$238.00	\$179.00	\$ 59.00
Single (S39)	3 yr	\$347.00	\$249.00	\$ 98.00
Single (S49)	4 yr	\$456.00	\$329.00	\$127.00
Single (S59)	5 yr	\$565.00	\$389.00	\$176.00



Savon Dental Plan[®]

America's Dental PlanSM

Alternative Pricing Plans

We have a plan that's right for you!

Long Term Plans (continued)

BASIC DENTAL PLAN - DOUBLE

(for 1 primary member with Spouse or 1 dependent 6 yrs old or older)

Plan	Term	Regular Price x Term	Special Price	Your Savings
Double (D29)	2 yr	\$318.00	\$239.00	\$ 79.00
Double (DL3)	3 yr	\$467.00	\$339.00	\$128.00
Double (DL4)	4 yr	\$616.00	\$469.00	\$147.00
Double (DL5)	5 yr	\$765.00	\$569.00	\$196.00

BASIC DENTAL PLAN - FAMILY

(for 1 primary member, Spouse and/or more then 1 dependent 6 yrs old or older)

Plan	Term	Regular Price x Term	Special Price	Your Savings
Family (F29)	2 yr	\$398.00	\$299.00	\$ 99.00
Family (F39)	3 yr	\$587.00	\$469.00	\$118.00
Family (F49)	4 yr	\$776.00	\$629.00	\$147.00
Family (F59)	5 yr	\$965.00	\$720.00	\$245.00



This plan IS NOT dental insurance - it's better!

Plan Policies, Terms, Conditions & Disclosures

DISCLOSURE: This plan is NOT insurance. This is your agreement as Cardholder ("Member") with Savon Professional Services Inc., and Savon Dental Plan (a "discount medical plan organization," "DMPO"). It is effective on the date of acceptance of Member's application for enrollment in Savon Dental Plan ("Savon") and for the period of your plan.

USE OF DENTISTS: Savon shall provide Member with a listing of participating providers. Member shall excuse Savon from any liability for errors in such listings. Providers are subject to change without notice. Member is responsible for choice of provider, verification that the provider is a current participant. Members may change dental facilities as necessary and shall notify SAVON each time a dental facility change is made. *Dental facilities may not be available in all areas and services are limited to the geographical areas where providers are located.*

REIMBURSEMENTS: Savon is not an insurance company and will not reimburse any member or doctor for any fees listed on the schedule of benefits, prescriptions or fees that are not listed. *No portion of any provider's fee will be reimbursed or otherwise paid by Savon.*

Specialists : Each dental facility has a list of participating specialists. If you use the services of a specialist you will receive a 25% discount off of the Specialist own usual and customary fee. Specialist are not contractually bound to the Savon Schedule of Benefits. *Coverage is limited to professional and geographical areas where there are participating specialists.*

PAYMENT FOR SERVICES: Member is solely responsible for payment for services provided. If member uses a Network Preferred Provider, member shall be charged the Savon fee for their zone. The Schedule of Benefits is computed using an average of fees from a survey of participating and non-participating dentists. Savon's fee schedule does not reflect an actual discount of 50% off every dentists fees as fees vary from dentist to dentist. *The 50% discount does not pertain to the Rural Fee Schedule, Flex Fee Schedule® or Network providers.* If member uses a Network provider, member is entitled to a discount of 10 to 50% from the provider's usual fee. Actual savings will vary depending upon your location and the specific products or services purchased. *Member must use a Network Preferred or Network Provider to receive a discount.*

MAKING APPOINTMENTS: In most cases your temporary membership card will allow you to make an appointment right away. Some doctors require that you be on their roster before they will make an appointment. If you have a problem making an appointment, contact Savon Dental Plan and we will assist you. Permanent cards will be mailed within 2 weeks.

CANCELLING APPOINTMENTS: If you have an appointment and you fail to keep it or cancel it 24 hours prior to the appointment *you will be* charged a missed appointment fee. In accordance with your fee schedule this fee is charged for each 15 minutes of appointment time that has been allocated. I.E. (45 minute appointment missed = missed appointment fee x 3).

PLAN USAGE: Savon discounts cannot be used in conjunction with any other network based program. Depending on the size of plan you purchased, only you or your immediate family (spouse, significant other and children), living in the same home, may use the plan. Member may add or remove family members by calling the toll free Customer Care number shown on the membership I.D. card. The price of the plan will be adjusted accordingly. *This plan is not available in: Alaska, Montana, Florida, North Dakota, South Dakota & Vermont.*

PROVIDER CREDENTIALING: Although Savon and network DMPO screens providers to ensure appropriate credentials and qualifications to provide goods and services, neither Savon or network DMPO guarantees or is responsible for the quality of such service or product purchased by Member.

MEMBERSHIP FEES: Payment of membership fee is made by the billing source you authorized in accordance with the payment terms to which you agreed. Membership fee is protected in accordance with our membership rate guarantee. At least 30 days prior to expiration, Member will be billed for renewal. Membership in Savon is transferable one (1) time.

GENERAL COMPLAINT PROCEDURE: Complaints of any nature may be filed with Savon at P.O. Box 54277, Phoenix, AZ 85078 or via email at CustomerService@SavonDentalPlan.com. Complaints will be acknowledged in writing within 5 business days and, under normal circumstances, be resolved in writing to you within 30 calendar days. *OH & SD* - If you are not happy with the results from your complaint, you may contact the Department of Insurance for your State. *TX* - Regulated by the Texas Department of Licensing and Regulation, PO Box 12157, Austin, TX 78711; telephone 1-800-803-9202 or 512-463-6599, www.license.state.tx.us.

TERMINATION & CANCELLATION: You may terminate this agreement and your membership at any time by calling us at the toll free number on your membership card or in writing at P.O. Box 54277, Phoenix AZ 85078. *MD, ND, OK, SC, SD, TX, AR and TN residents only:* Within the first 30 days of the effective date of this agreement, you may return your membership material and cancel your plan for a full refund of your membership fees. *All fees are considered earned upon receipt. Refund policies will be followed and no refund will be considered after 30 days.*



FLEX-FEE® SCHEDULE

The provider that you have chosen is a Participating Provider. They are under contract to provide services to you and your family and reduce the fee that you are charged according to the discount chart below.

<u>PROCEDURE</u>	<u>CODE AREA</u>	<u>REDUCTION VALUE</u>
DIAGNOSTIC / RADIOGRAPHS	D0100-D0999	40%
PREVENTATIVE	D1000-D1999	40 %
RESTORATIVE	D2000-D2999	35 %
ENDODONTICS	D3000- D3999	40 %
PERIODONTICS	D4000-D4999	40 %
PROSTHODONTICS (Removable)	D5000-D5899	40 %
MAXILLOFACIAL PROSTHETICS	D5900-D5999	35 %
IMPLANT SERVICES	D6000-D6199	20 %
PROSTHODONTICS (Fixed)	D6200-D6999	40 %
ORAL SURGERY	D7000-D7999	35 %
ORTHODONTICS	D8000-D8999	20 %
ADJUNCTIVE GENERAL	D9110-D9999	50 %

LAB FEES ARE NOT DISCOUNTED

CHARGES FOR PRECIOUS METALS APPLY

PAYMENT DUE AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS ARE MADE.

ALL PARTICIPATING PROVIDERS AGREE TO ABIDE BY THE REDUCTION VALUES LISTED ON THIS SCHEDULE. REDUCTIONS ARE FROM YOUR OWN USUAL AND CUSTOMARY FEES

This Flex Fee Schedule is uniform for use in all 8 zones