



**Savon Dental Plan®**  
*America's Dental Plan*

# **Rural Fee Schedule Zone 2**

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***Effective 10/01/2024***

# SAVON DENTAL PLAN

## Schedule of Fees And Benefits For Rural Areas of Zone # 2

<b>Diagnostic</b>	<b>Your Fee</b>	<b>Composite or Other Esthetic Restorations</b>	<b>Your Fee</b>
0110 Bio-Hazard Disposal Fee .....	\$12.00	<b>Composite Fillings</b> (white fillings)	
0120 Periodic Oral Evaluation ( <b>Recall Exams Only</b> ) .....	37.00	2330 One surface-anterior (includes class III restorations) .....	\$175.00
0140 Limited Oral Exam (Emerg. Exam - Problem Focused) (During Regular Office Hours) .....	71.00	2331 Two Surfaces-anterior .....	230.00
0150 Comprehensive Oral Evaluation (new or established patient) .....	<b>N/C</b>	2332 Three Surfaces-anterior .....	287.00
0180 Comprehensive Perio Evaluation (Includes perio probing and charting) .....	79.00	2335 Four or more surfaces or involving incisal angle - anterior .....	360.00
		2391 One surface-posterior .....	204.00
		2392 Two surface-posterior .....	264.00
		2393 Three surface-posterior .....	330.00
		2394 Four or more surface - posterior .....	396.00
		<b>Inlays and Onlays</b>	
<b>Radiographs</b>		bd 2510 Inlay Metallic - 1 surface .....	653.00
0210 X-Rays - Complete Series (If not panoramic equipped) .....	110.00	bd 2520 Inlay Metallic - 2 surface .....	719.00
0220 Intraoral periapical - single, first film ..	10.00	bd 2530 Inlay Metallic - 3 surface .....	784.00
0230 Intraoral periapical - each additional film .....	8.00	bd 2542 Onlay Metallic - 2 surface .....	811.00
0240 Intraoral - occlusal film .....	8.00	bd 2543 Onlay Metallic - 3 surface .....	842.00
0272 Bitewings - two films .....	11.00	bd 2544 Onlay Metallic - 4 + surfaces .....	875.00
0274 Bitewings - four films .....	14.00		
0330 Panoramic .....	95.00	<b>Crowns</b>	
		d 2740 Porcelain/Ceramic (Procera, Empress, Cerec, etc.) .....	1,128.00
<b>Other</b>		bc2750 Porcelain fused to high noble .....	956.00
0416 Viral Culture (a test to identify viral organisms) .....	146.00	c 2751 Porcelain fused to base metal .....	869.00
d0460 Pulp Vitality Test .....	56.00	bc2752 Porcelain fused to noble metal .....	914.00
0470 Diagnostic Casts (study models) .....	93.00	bc2753 Porcelain fused to Titanium/Alloys ....	956.00
		bc2780 Crown / 3/4 cast high noble .....	926.00
<b>Preventive</b> ( <i>Dental Cleaning, includes minor scaling and polishing</i> )		bc2790 Crown / full cast high noble .....	977.00
a1110 Adult Prophylaxis .....	74.00	bc2792 Crown / full cast noble .....	900.00
a1120 Child Prophylaxis (without fluoride) .....	56.00	bc2794 Crown / Titanium/Alloys .....	1,028.00
(Fees are for regular cleanings. The first cleaning may be charged as a difficult cleaning (Savon Specific Codes) or under the Periodontics.)		2910 Re-cement Inlays, Onlays or partial coverage restoration .....	88.00
<b>Fluoride Treatments</b>		2915 Re-cement cast or prefabricated post and core....	93.00
1206 Topical Application of Fluoride Varnish .....	43.00	2920 Re-cement Crowns .....	88.00
1208 Topical Application of Fluoride .....	33.00	2930 Prefabricated stainless steel crown primary tooth .....	240.00
		2931 Prefabricated stainless steel crown permanent tooth .....	290.00
<b>Other Preventive Treatments</b>		2932 Prefabricated resin crown .....	308.00
1330 Oral hygiene instruction .....	<b>N/C</b>	2934 Prefabricated esthetic coated stainless steel crown (primary tooth) .....	342.00
1351 Sealants, per tooth .....	47.00	2940 Protective restoration .....	102.00
		2950 Core build-up including any pins .....	232.00
<b>Space Maintainers</b> ( <i>To include adjustments</i> )		2951 Pin retention - per tooth, in addition to restoration .....	62.00
1510 Fixed - unilateral type .....	268.00	2952 Post and core in addition to crown- indirectly fabricated .....	371.00
1515 Fixed - (bilateral Maxillary) .....	378.00	2954 Prefabricated post and core in addition to crown .....	302.00
1517 Fixed - (bilateral Mandibular) .....	378.00		
1520 Removable - unilateral type .....	334.00	<b>Veneers</b> ( <i>LAMINATES - per tooth</i> )	
1526 Removable - (bilateral Maxillary) .....	478.00	2960 Labial Veneer (resin Laminate) (performed chairside) ..	583.00
1527 Removable - (bilateral Mandibular) .....	418.00	d2961 Labial Veneer (resin) (lab) .....	809.00
		d2962 Labial Veneer (porcelain) (lab) .....	1,007.00
<b>Restorative</b>			
<b>Amalgam Restoratives</b> (Silver fillings) ( <i>primary or permanent</i> )			
2140 Amalgam - one surface .....	106.00		
2150 Amalgam - two surfaces .....	140.00		
2160 Amalgam - three surfaces .....	163.00		
2161 Amalgam - four or more surfaces .....	193.00		

- a - First cleaning may be a difficult cleaning
- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$185.00
- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$195.00 per tooth

**Endodontics (Root Canals) Your Fee**

3110	Pulp cap - direct (exposed pulp excluding final restoration), per tooth.....	\$71.00
3120	Pulp cap - indirect (nearly exposed pulp, excluding final restoration) per tooth .....	69.00

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

3220	Therapeutic Pulpotomy .....	163.00
3221	Pulpal Debridement (primary or permanent).....	235.00

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

3310	Anterior .....	576.00
3320	Bicuspid .....	747.00
3330	Molar.....	913.00

*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 .....	938.00
3426	Apicoectomy/Periradicular Surgery (each additional root).....	349.00
3430	Retrograde filling - per tooth (in addition to the apicoectomy, if separate charge is made).....	291.00

**Other Endodontic Procedures**

3920	Hemisection (or other root re-section, not including root canal therapy) .....	418.00
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**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) .....	594.00
4211	Gingivectomy or gingivoplasty (1 to 3 contiguous teeth or bound teeth spaces) (per quad) .....	228.00
4240	Gingival flap procedure (including root planning) (4 or more contiguous teeth or bound teeth spaces) (per quadrant) .....	694.00
4245	Apically positioned flap procedure (per quad).....	804.00
4249	Clinical Crown Lengthening (hard tissue).....	723.00
4260	Osseous surgery (4 or more contiguous teeth or bound teeth spaces) (including flap entry and closure) (per quadrant) .....	1002.00
4263	Bone replacement graft- First site (including flap entry, closure and donor site).....	719.00
4264	Bone replacement graft - Each additional (includes flap entry, closure and donor site) .....	494.00
4270	Pedicle soft tissue graft procedure.....	779.00
4277	Free soft tissue graft procedure (including donor site surgery).....	828.00

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- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$195.00 per tooth

**Adjunctive Periodontal Services Your Fee**

4341	Perio Scaling and Root Planning - (per quad) (4 or more contiguous teeth or bound teeth spaces) .....	\$235.00
4342	Perio Scaling and Root Planning - (per quadrant) (1 to 3 contiguous teeth or bound teeth spaces).....	163.00
4355	Full Mouth Debridement (to enable comprehensive evaluation and diagnosis) .....	215.00

**Other Periodontal Procedures**

4910	Periodontal maintenance (after completion of active periodontal treatment) .....	157.00
4921	Gingival irrigation (per quad) .....	58.00

**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).....	1,388.00
d5120	Complete Denture (Mandibular).....	1,388.00

**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) .....	1,493.00
d5140	Denture (Mandibular) .....	1,504.00

**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) .....	1,476.00
d5212	Partial Denture (Mandibular).....	1,473.00

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

d5213	Partial Denture (Maxillary).....	1,544.00
d5214	Partial Denture (Mandibular).....	1,544.00

**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 ...	1,435.00
d5222	Immediate mandibular partial denture. ....	1,445.00

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

d5223	Immediate maxillary partial denture ....	1,605.00
d5224	Immediate mandibular partial denture. ....	1,615.00

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

d5225	Partial Denture (Maxillary).....	1,544.00
d5226	Partial Denture (Mandibular).....	1,544.00

**Adjustments to Dentures or Partial**

5410	Complete Denture (Maxillary).....	76.00
5411	Complete Denture (Mandibular).....	76.00
5421	Partial Denture (Maxillary).....	76.00
5422	Partial Denture (Mandibular).....	76.00

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

d5511	Repair broken denture base (Maxillary) ..	\$166.00
d5512	Repair broken denture base (Mandibular) .....	166.00
d5520	Replace missing or broken teeth (Complete denture each tooth).....	163.00
d5611	Repair resin denture base (Maxillary) .....	177.00
d5612	Repair resin denture base (Mandibular) ...	177.00
d5621	Repair cast partial framework (Maxillary) .....	243.00
d5622	Repair cast partial framework (Mandibular) .....	243.00
d5630	Repair or replace broken clasp(partial denture) .....	220.00
d5640	Replace broken teeth (per tooth)(partial denture).....	154.00
d5650	Add tooth to existing partial denture (per tooth) ...	187.00
d5660	Add clasp to existing partial denture....	232.00

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

d5710	Complete Denture (Maxillary) .....	520.00
d5711	Complete Denture (Mandibular) .....	520.00
d5720	Partial Denture (Maxillary).....	496.00
d5721	Partial Denture (Mandibular) .....	496.00

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

**Chairside Relines**

5730	Complete denture (Maxillary) .....	339.00
5731	Complete denture (Mandibular) .....	339.00
5740	Partial denture (Maxillary) .....	332.00
5741	Partial denture (Mandibular) .....	332.00

**Laboratory Relines**

d5750	Complete denture (Maxillary) .....	428.00
d5751	Complete denture (Mandibular) .....	428.00
d5760	Partial denture (Maxillary) .....	422.00
d5761	Partial denture (Mandibular) .....	422.00

**Interim Prosthesis**

5810	Complete denture (Maxillary) .....	694.00
5811	Complete denture (Mandibular) .....	694.00
5820	Partial denture (Maxillary) .....	578.00
5821	Partial denture (Mandibular) .....	578.00

**Other Prosthetic Services**

**Tissue conditioning** - *(per applications of the treatment material)*

5850	Maxillary.....	167.00
5851	Mandibular.....	173.00

**Overdentures**

d5863	Complete Maxillary .....	1,287.00
d5864	Partial Maxillary .....	1,347.00
d5865	Complete mandibular.....	1,287.00
d5866	Partial mandibular.....	1,365.00

**Prosthodontics (Implants Services)**

**Implant Services**

6010	Surgical placement of implant body endosteal implant .....	1,810.00
6011	Second Stage implant surgery.....	808.00
6013	Surgical placement of mini implant.....	1,925.00

**Single Crowns- Implant Supported** *(Does Not Include Implant)*

d 6065	Porcelain/Ceramic (Procera, Empress, Cerec, etc.)	1,128.00
bf 6066	Porcelain fused to high noble crown (titanium, titanium alloy, high noble metal) ....	956.00
bf 6067	Metal crown high noble alloys (titanium, titanium alloy, high noble metal) ...	977.00

**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 .....	\$977.00
f 6211	Pontic-Cast non-precious metal .....	864.00
bf 6212	Pontic-Cast noble .....	900.00
bf 6214	Pontic -Titanium/Alloys.....	1,028.00
bf 6240	Pontic-Porcelain fused high noble .....	956.00
f 6241	Pontic-Porcelain fused to base metal .	869.00
bf 6242	Pontic-Porcelain fused noble .....	914.00
bf 6243	Pontic-Porcelain fused Titanium/Alloys .....	956.00
d 6245	Pontic-Porcelain/Ceramic (Procera, Empress, Cerec, etc.).....	1,128.00

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

6545	Cast metal retainer for bonded fixed prosthesis .....	638.00
d 6740	Retainer Crown -Porcelain/Ceramic (Procera, Empress, Cerec, etc.).....	1,128.00
bf 6750	Retainer Crown Porcelain fused high noble .....	956.00
f 6751	Retainer Crown Porcelain fused to base metal .....	869.00
bf 6752	Retainer Crown Porcelain fused noble ..	914.00
bf 6753	Retainer Crown Porcelain fused Titanium/Alloys	956.00
bf 6780	Retainer Crown High noble (3/4 cast)...	926.00
bf 6790	Retainer Crown High noble (full cast) ..	977.00
f 6791	Retainer Crown Non-Precious (full cast) .....	864.00
bf 6792	Retainer Crown Noble (full cast) .....	900.00
bf 6794	Retainer Crown Titanium/Alloys.....	1,028.00

**Other Prosthetic Services**

6930	Re-cement fixed partial denture.....	139.00
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**Simple Extractions**

7111	Coronal Remnants - Deciduous Tooth (includes soft tissue retained coronal remnants) .....	115.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	135.00

**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) .....	232.00
7220	Removal of impacted tooth (soft tissue) ..	268.00
7230	Removal of impacted tooth (partly bony) .....	347.00
7240	Removal of impacted tooth (completely bony).....	418.00
7241	Removal of impacted tooth (completely bony with unusual surg. complications) .....	520.00
7250	Surgical removal of residual tooth roots (cutting procedure).....	257.00

**Other Surgical Procedures**

7260	Oroantral Fistula Closure .....	1,002.00
7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth .....	580.00
7280	Surgical access of an unerupted tooth. ....	525.00
7285	Biopsy of oral tissue -hard (bone, tooth) .....	427.00
7286	Biopsy of oral tissue - soft (all others) ....	322.00

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- d - Plus Actual Lab Fee
- f - Plus Lab Fee not to exceed \$195.00 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).....	\$273.00
7311	Per quadrant - in conjunction with extractions (1 to 3 teeth).....	205.00
7320	Per quadrant - not in conjunction with extractions (4 or more teeth).....	408.00
7321	Per quadrant - not in conjunction with extractions (1 to 3 teeth).....	306.00

**Vestibuloplasty**

7340	Vestibuloplasty - ridge extractions (Secondary epithelialization).....	1,234.00
7350	Vestibuloplasty - ridge extension (Including soft tissue grafts, muscle reattachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	2,075.00

**Surgical Excision of Intra-Osseous Lesions**

7450	Removal of benign odontogenic cyst or tumor up to 1.25 cm.....	580.00
7451	Removal of benign odontogenic cyst or tumor over 1.25 cm.....	851.00
7460	Removal of benign nonodontogenic cyst or tumor up to 1.25 cm.....	596.00
7461	Removal of benign nonodontogenic cyst or tumor over 1.25 cm.....	962.00

**Excision of Bone Tissue**

7471	Removal of lateral exostosis (maxilla or mandible).....	700.00
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**Surgical incision**

7510	Incision and drainage of abscess - intraoral (soft tissue).....	232.00
7520	Incision and drainage of abscess extraoral (soft tissue).....	452.00

**Treatment of Fracture - Simple**

7620	Maxilla - closed reduction, teeth immobilized (if present).....	3,682.00
7640	Mandible - closed reduction, teeth immobilized (if present).....	3,590.00

**Other Surgical Procedures**

7970	Excision of Hyperplastic tissue - per arch.....	572.00
7971	Excision of pericoronal gingiva.....	266.00

**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 .....	2,283.00
8020	Transitional Dentition .....	2,508.00
8030	Adolescent Dentition .....	2,835.00
8040	Adult Dentition .....	3,287.00

**Comprehensive Orthodontic Treatment Of The:**

8070	Transitional Dentition .....	5,325.00
8080	Adolescent Dentition .....	5,458.00
8090	Adult Dentition .....	5,982.00

**Minor Treatment to Control Harmful Habits**

8210	Removable appliance therapy .....	926.00
8220	Fixed appliance therapy .....	1,092.00

**Other Orthodontic Services**

8660	Pre-orthodontic treatment visit (initial exam including diagnostic aids and creation of records).....	358.00
8670	Periodic Orthodontic treatment visit (as part of contract).....	N/C
8680	Orthodontic Retention (removal of appliances, construction and placement of retainers).....	709.00
8695	Removal of fixed orthodontic appliance (for reasons other than completion of treatment).....	278.00
8999	Replace lost metal bands.....	117.00
8999	Replace Lost or Broken Head Gear.....	232.00
8999	Reline Appliance.....	177.00

*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).....	110.00
9440	Office Visit (after hrs.).....	215.00
9920	Behavior Mgmt. (diff. child).....	117.00
9986	Missed appointment (per 15 minutes of chairtime).....	93.00

**Anesthesia**

9215	Local Anesthesia (in conjunction with operative or surgical procedures).....	N/C
9222	Deep sedation/general anesthesia (First 15 minutes).....	557.00
9223	Deep sedation/general anesthesia (each 15 minute increment).....	369.00
9230	Inhalation of Nitrous Oxide / analgesia, anxiolysis (per 30 minutes).....	71.00
9239	Intravenous moderate (conscious) sedation/analgesia first 15 minutes.....	371.00
9243	Intravenous moderate (conscious) sedation/analgesia each 15 minute increment.....	172.00
9248	Non-intravenous conscious sedation....	306.00

**Bleaching/Whitening**

9972	External bleaching (per arch).....	\$405.00
9973	External bleaching (per tooth).....	257.00
9974	Internal bleaching (per tooth).....	332.00
9975	External bleaching for home application (includes materials and fabrication of custom trays.).....	711.00

**Temporomandibular Joint Dysfunction (TMJ)      Your Fee**

TMJ Screening exam .....	N/C
Diag. work-up & X-rays .....	580.00
Tomographic Radiographs.....	Lab Fee
TMJ Treatment (includes oral appliance and five (5) adjustment visits. Treatment not to exceed five (5) months .....	4,083.00
Night Orthotic (includes follow-up adjustment) .....	1,043.00
Lost appliance .....	719.00
Ultrasound therapy unilateral (each) .....	139.00
Ultrasound therapy bilateral (each) .....	154.00
Drug Injection therapy .....	580.00
Splint Adjustment .....	290.00

**SAVON SPECIFIC CODES (NOT ADA CODES)      Your Fee**

14345 Difficult Cleaning (excessive buildup) .....	\$163.00
19901 Panoramic copy .....	58.00
19902 Record copy.....	37.00
19903 Palliative Treat (non emergency) .....	58.00

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

*Monday - Thursday 9:00 - 4:00 M.S.T.  
Friday 9:00 - Noon M.S.T.*

*Phone - 602-841-3494*

*PO Box 54277*

*Phoenix, Arizona 85078*

*Email: ProviderServices@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:**