

Savon Dental Plan Schedule of Fees And Benefits For Rural Areas of Zone 1

DIAGNOSTIC

	<i>Your Fee</i>
0110 Bio-Hazard Disposal Fee.....	\$12.00
0120 Periodic Oral Evaluation (<i>established patient</i>)	40.00
0140 Limited Oral Exam (<i>Emerg. Exam - Problem Focused</i>) (<i>During Regular Office Hours</i>)	76.00
0150 Comprehensive Oral Evaluation (<i>new patient</i>).....	25.00
0180 Comprehensive Perio Evaluation (<i>Includes perio probing and charting</i>)	87.00

Radiographs

0210 X-Rays - Complete Series (<i>If not panoramic equipped</i>)	115.00
0220 Intraoral periapical - single, first film.....	13.00
0230 Intraoral periapical - each additional film	9.00
0240 Intraoral - occlusal film	9.00
0272 Bitewings - two films	12.00
0274 Bitewings - four films.....	21.00
0330 Panoramic.....	103.00

PREVENTIVE

(*Dental Cleaning, includes minor scaling and polishing*)

a1110 Adult Prophylaxis.....	86.00
a1120 Child Prophylaxis (<i>without fluoride</i>)	70.00
14345(<i>Savon Code</i>)Difficult Cleaning (<i>excessive buildup</i>).....	125.00

Fluoride Treatments

1206 Topical Application of Fluoride Varnish.....	45.00
1208 Topical Application of Fluoride	40.00

Other Preventive Treatments

1330 Oral hygiene instruction	N/C
1351 Sealants, per tooth	48.00

RESTORATIVE

Amalgam Restoratives (*Silver fillings*) (*primary or permanent*)

2140 Amalgam - one surface.....	120.00
2150 Amalgam - two surfaces.....	150.00
2160 Amalgam - three surfaces.....	200.00

Composite Fillings

 (*white fillings*)

2330 One surface-anterior (<i>includes class III restorations</i>) ..	157.00
2331 Two Surfaces-anterior	184.00
2391 One surface-posterior	173.00
2392 Two surface-posterior.....	213.00
2393 Three surface-posterior.....	260.00

CROWNS

bc2750 Porcelain fused to high noble	910.00
c 2751 Porcelain fused to base metal	840.00
bc2790 Crown / full cast high noble	910.00
2920 Re-cement Crowns	98.00
2930 Prefabricated stainless steel crown primary tooth	245.00
2940 Protective restoration.....	112.00
2950 Core build-up including any pins	216.00
2952 Post and core in addition to crown- indirectly fabricated	332.00
2954 Prefabricated post and core in addition to crown.....	295.00

ENDODONTICS (Root Canals)

3110 Pulp cap - direct (<i>exposed pulp excluding final restoration</i>), per tooth.....	90.00
3120 Pulp cap - indirect (<i>nearly exposed pulp, excluding final restoration</i>) per tooth	89.00

Root Canal Therapy

(*includes treatment, procedures, and follow up care*)

3220 Therapeutic Pulpotomy.....	\$210.00
3310 Anterior.....	680.00
3320 Bicuspid.....	864.00
3330 Molar	1,093.00

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 (<i>per tooth</i>) 1st root	604.00
3426 Apicoectomy (<i>per tooth</i>) additional roots	350.00
3920 Hemisection (<i>or other root re-section, not including root canal therapy</i>)	389.00

NOTE: Does 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).....	524.00
4249 Clinical Crown Lengthening (<i>hard tissue</i>)	653.00
4341 Perio Scaling and Root Planning - (per quad) (4 or more contiguous teeth or bound teeth spaces)	225.00
4355 Full Mouth Debridement (<i>to enable comprehensive evaluation and diagnosis</i>).....	205.00
4910 Periodontal maintenance (<i>after completion of active periodontal treatment</i>)	152.00

PROSTHODONTICS

(*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.*)

Complete Dentures

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

d5110 Complete Denture (Maxillary)	1,325.00
d5120 Complete Denture (Mandibular).....	1,325.00

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).....	1,485.00
d5140 Denture (Mandibular)	1,485.00

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)	1,225.00
d5212 Partial Denture (Mandibular).....	1,225.00

Chrome Base

(*Cast chrome base with acrylic saddles including conventional clasp and rests*)

d5213 Partial Denture (Maxillary)	1,437.00
d5214 Partial Denture (Mandibular).....	1,437.00

Flexible Base

(*includes any clasps, rests & teeth*)

d5225 Partial Denture (Maxillary)	1,485.00
d5226 Partial Denture (Mandibular).....	1,485.00

Adjustments to Dentures or Partials

5410 Complete Denture (Maxillary)	69.00
5411 Complete Denture (Mandibular)	69.00
5421 Partial Denture (Maxillary)	87.00
5422 Partial Denture (Mandibular).....	87.00

Repairs to Complete or Partial Dentures	Your Fee
d5520 Replace missing or broken teeth (Complete denture each tooth)	\$148.00
d5611 Repair resin denture base (Maxillary)	144.00
d5612 Repair resin denture base (Mandibular).....	144.00
d5630 Replace broken clasp (partial denture per tooth).....	175.00
d5640 Replace broken teeth (partial denture per tooth)	135.00
d5650 Add tooth to existing (partial denture per tooth)	175.00
d5660 Add clasp to existing (partial denture)	195.00

Denture Rebase

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

d5710 Complete Denture (Maxillary)	438.00
d5711 Complete Denture (Mandibular)	438.00
d5720 Partial Denture (Maxillary).....	410.00
d5721 Partial Denture (Mandibular)	410.00

Denture Relining

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

Chairside Relines

5730 Complete denture (Maxillary)	284.00
5731 Complete denture (Mandibular)	284.00
5740 Partial denture (Maxillary)	303.00
5741 Partial denture (Mandibular)	303.00

Laboratory Relines

d5750 Complete denture (Maxillary)	372.00
d5751 Complete denture (Mandibular)	372.00
d5760 Partial denture (Maxillary)	348.00
d5761 Partial denture (Mandibular)	348.00

Interim Prosthesis

5820 Partial denture (Maxillary)	491.00
5821 Partial denture (Mandibular)	496.00

Tissue conditioning - (per applications of the treatment material)

5850 Maxillary.....	130.00
5851 Mandibular.....	130.00

PROSTHODONTICS

Fixed Partial Dentures

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

Bridge Pontics:

bf 6210 Pontic-Cast high noble	925.00
f 6211 Pontic-Cast non-precious metal	845.00
bf 6240 Pontic-Porcelain fused high noble	910.00
f 6241 Pontic-Porcelain fused to base metal	840.00

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

bf 6750 Retainer Crown Porcelain fused high noble	910.00
f 6751 Retainer Crown Porcelain fused to base metal	840.00
bf 6790 Retainer Crown High noble (full cast).....	925.00
f 6791 Retainer Crown Non-Precious (full cast)	840.00

Other Prosthetic Services

6930 Re-cement fixed partial denture	119.00
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- 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

This fee schedule is effective 10/01/2024

This fee schedule supersedes all other fee schedules.

This fee schedule is subject to change without written notice to members.

Simple Extractions Your Fee

7111 Coronal Remnants - Deciduous Tooth (includes soft tissue retained coronal remnants)	\$110.00
7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	125.00

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)	210.00
7220 Removal of impacted tooth (soft tissue) ..	275.00
7250 Surgical removal of residual tooth roots (cutting procedure).....	215.00

Alveoloplasty (Surgical preparation of ridge for dentures)

7310 Per quadrant - in conjunction with extractions (4 or more teeth).....	290.00
7320 Per quadrant - not in conjunction with extractions (4 or more teeth).....	396.00

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

Anesthesia

9215 Local Anesthesia (in conjunction with operative or surgical procedures)	N/C
9230 Inhalation of Nitrous Oxide / analgesia, anxiolysis (per 30 minutes).....	85.00
9248 Non-intravenous conscious sedation....	330.00

ADJUNCTIVE GENERAL SERVICES

Unclassified Treatment

9110 Palliative Treat (emergency)	117.00
9440 Office Visit (after hrs.).....	275.00
9920 Behavior Mgmt. (difficult child)	104.00
9986 Missed appointment (per 15 minutes of chair time)	84.00

Bleaching Kits

9975 Bleaching Kit (complete take home kit includes materials and fabrication of custom trays.).....	245.00
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SAVON SPECIFIC CODES (NOT ADA CODES)

19901 Panoramic copy.....	49.00
19902 Record copy.....	34.00
19903 Palliative Treat (non emergency)	73.00

Any procedure not listed shall be charged at 20% off the Doctor's own usual and customary fee.

A missed appointment fee will be charged for broken and/or missed appointments without 24 hours notice.

Payment is due at the time service is provided UNLESS prior arrangements are made.

Doctor will explain level of calcium/tartar deposits (periodontal problems).

Rural fee schedule is in effect in any area with a population of less than 100,000 and at least 50 miles away from an

Urban area. Members may go to facilities in Urban areas for Urban fee schedule discount.

Urban area is any Metropolitan area with a population greater than 100,000.