

DIAGNOSTIC		Your Fee
0110	Bio-Hazard Disposal Fee.....	\$12.00
0120	Periodic Oral Eval. (<i>Recall Only</i>).....	36.00
0140	Limited Oral Exam (<i>Emerg. Exam - Problem Focused</i>) (<i>During Regular Office Hours</i>).....	67.00
0150	Examination/Office Visit.....	N/C
0180	Comprehensive Perio Evaluation (<i>Includes perio probing and charting</i>).....	75.00

RADIOGRAPHS

0210	X-Rays - Complete Series	105.00
0220	Intraoral periapical - single, first film	12.00
0230	Intraoral periapical - each additional film	10.00
0240	Intraoral - occlusal film	10.00
0272	Bitewings - two films	13.00
0274	Bitewings - four films.....	15.00
0330	Panoramic.....	91.00

PREVENTIVE

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

a 1110	Adult Prophylaxis.....	69.00
a 1120	Child Prophylaxis.....	55.00
14345(savon code)	Difficult Cleaning (<i>excessive buildup</i>)	154.00

Note: The above fees are for regular cleanings. The first cleaning may be charged

as a difficult cleaning (Savon code) or under periodontal section.

FLUORIDE TREATMENTS

1206	Topical Application of Fluoride Varnish.....	41.00
1208	Topical Application of Fluoride	31.00
1351	Sealants, per tooth	43.00

RESTORATIVE

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

2140	Amalgam - one surface.....	101.00
2150	Amalgam - two surfaces.....	133.00
2160	Amalgam - three surfaces.....	154.00
2161	Amalgam - four or more surfaces.....	181.00

Composite Restorations (White fillings)

2330	One surface-anterior (<i>includes class III restorations</i>)	163.00
2331	Two Surfaces-anterior	205.00
2332	Three Surfaces-anterior	255.00
2335	Four or more surfaces or involving incisal angle - anterior	320.00
2391	One surface-posterior	182.00
2392	Two surface-posterior.....	235.00
2393	Three surface-posterior.....	294.00
2394	Four or more surface - posterior	353.00

CROWNS

d 2740	Porcelain/Ceramic (<i>Procera, Empress, Cerec, Etc.</i>).....	1,052.00
bc2750	Porcelain fused to high noble	893.00
c 2751	Porcelain fused to base metal	812.00
bc2752	Porcelain fused noble	849.00
bc2780	Crown / 3/4 cast high noble.....	861.00
bc2790	Crown / full cast high noble.....	912.00
bc2792	Crown / full cast noble	838.00
bc2794	Crown / Titanium and titanium alloys	961.00
2920	Re-cement Crowns	82.00
2930	Prefabricated stainless steel crown primary tooth	226.00
2931	Prefabricated stainless steel crown permanent tooth.....	272.00
2932	Prefabricated resin crown	288.00
2934	Prefabricated esthetic coated stainless steel crown (<i>primary tooth</i>)	319.00

The prices for these crowns are base prices. Please refer to the codes next to the ADA numbers for lab fees and metal charges.

CROWNS (<i>continued</i>)		Your Fee
2940	Protective Restoration.....	\$96.00
2950	Core build-up including any pins.....	206.00
2951	Pin retention - per tooth in addition to restoration	60.00
2952	Post and core in addition to crown indirectly fabricated	347.00
2954	Prefabricated post and core in addition to crown	281.00

ENDODONTICS (Root Canals)

3110	Pulp cap - direct (<i>exposed pulp - excluding final restoration</i>), per tooth.....	67.00
3120	Pulp cap - indirect (<i>nearly exposed pulp, excluding final restoration</i>) per tooth	65.00

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

3220	Therapeutic Pulpotomy.....	154.00
3310	Anterior	539.00
3320	Bicuspid.....	698.00
3330	Molar.....	854.00

The above fees DO NOT include final restoration (post, crown, etc.)

PERIODONTICS Surgical Services (*including usual postoperative services*)

4210	Gingivectomy or gingivoplasty - (<i>4 or more contiguous teeth or bound teeth spaces</i>) (per quadrant)	556.00
4211	Gingivectomy or gingivoplasty - (<i>1 to 3 contiguous teeth or bound teeth spaces</i>) (per quadrant)	215.00
4249	Clinical Crown Lengthening (<i>hard tissue</i>).....	673.00

Adjunctive Periodontal Services

4341	Perio Scaling and Root Planning (<i>4 + teeth per quadrant</i>)	222.00
4342	Perio Scaling and Root Planning (<i>1-3 teeth per quadrant</i>).....	154.00
4355	Full Mouth Debridement (<i>to enable comprehensive evaluation and diagnosis</i>)	202.00

Other Periodontal Procedures

4910	Periodontal maintenance (<i>after completion of active periodontal treatment</i>).....	148.00
4921	Gingival irrigation (per quad).....	57.00

PROSTHODONTICS

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

d5110	Complete Denture (<i>Maxillary</i>).....	1,296.00
d5120	Complete Denture (<i>Mandibular</i>)	1,296.00

This fee is for Medium Grade Acrylic Liner and Medium Grade IPN or similar teeth. If you want to upgrade an additional fee may be charged.

Immediate Denture (Immediate denture prices **DO NOT** include extractions) (*includes limited follow up care only; does not include required future rebasing/relining procedures or a complete new denture*)

d5130	Immediate Denture (<i>Maxillary</i>)	1,394.00
d5140	Immediate Denture (<i>Mandibular</i>)	1,404.00

Partial Dentures (*Including routine post-delivery care*)

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

D5213	Partial Denture (<i>Maxillary</i>)	1,377.00
D5214	Partial Denture (<i>Mandibular</i>)	1,375.00

Adjustments to Dentures or Partial

5410/11	Complete Denture (<i>Maxillary/Mandibular</i>).....	72.00
5421/22	Partial Denture (<i>Maxillary/Mandibular</i>)	72.00

- 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

PROSTHODONTICS (continued) Your Fee

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

Chairside
5730/31 Complete denture.....\$318.00
5740/41 Partial denture (Maxillary/Mandibular).....318.00

Laboratory

d5750/51 Complete denture (Maxillary/Mandibular).....400.00
d5760/61 Partial denture (Maxillary/Mandibular).....395.00

Interim Prosthesis

5810 Interim complete denture (Maxillary).....648.00
5811 Interim complete denture (Mandibular).....648.00
5820 Interim partial denture (Maxillary).....540.00
5821 Interim partial denture (Mandibular).....540.00

Other Prosthetic Services

Tissue conditioning - per applications of the treatment material
5850 Maxillary.....158.00
5851 Mandibular.....162.00

PROSTHODONTICS (Bridges and Implants)

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

d 6065 Porcelain/Ceramic (Procera, Empress, Cerec, etc.).....1,052.00
bf 6066 Porcelain fused to high noble.....893.00
bf 6067 Metal crown high noble.....912.00

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

Bridge Pontics:

bf 6210 Cast high noble.....912.00
f 6211 Cast non-precious metal.....807.00
bf 6212 Cast noble.....838.00
bf 6214 Pontic -Titanium and titanium alloys.....961.00
bf 6240 Porcelain fused high noble.....893.00
f 6241 Porcelain fused to base metal.....812.00
bf 6242 Porcelain fused noble.....849.00
d 6245 Porcelain/Ceramic (Procera, Empress, Cerec, etc.).....1,052.00

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

6545 Cast metal retainer for bonded fixed prosthesis ...596.00
d 6740 Porcelain/Ceramic (Procera, Empress, Cerec, etc.).....1,052.00
bf 6750 Porcelain fused high noble.....893.00
f 6751 Porcelain fused to base metal.....812.00
bf 6752 Porcelain fused noble.....849.00
bf 6794 Crown - Titanium and titanium alloys.....961.00

Other Prosthetic Services

6930 Re-cement fixed partial denture.....132.00
The prices for these crowns are base prices. Please refer to the codes next to the ADA numbers for lab fees and metal charges.

SIMPLE EXTRACTIONS

7111 Coronal Remnants - Deciduous Tooth (includes soft tissue retained coronal remnants).....109.00
7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....128.00

ORAL SURGERY (Including routine postoperative care for ALL procedures)

Surgical Extractions

7210 Surgical removal of erupted tooth.....218.00
7220 Removal of impacted tooth - soft tissue.....252.00
7230 Removal of impacted tooth - partly bony.....325.00
7240 Removal of impacted tooth - completely bony393.00
7241 Removal of impacted tooth completely bony with unusual surg. complications.....488.00
7250 Surgical removal of residual tooth roots (cutting procedure).....251.00

- Fee schedule subject to change without written notice to members.
•This fee schedule supersedes all other fee schedules.
•This fee schedule is effective 10/01/2024

This is a condensed version of our Schedule of Fees and Benefits. A copy of the complete fee schedule is available for free online at www.SavonDentalPlan.com. The full 5 page color version is available for only \$5.00 shipping and handling by calling 602-841-3494. All Network Preferred Providers are equipped with the full fee schedule.

ORTHODONTICS (Braces) Your Fee

Limited Orthodontic Treatment Of The:

8010 Primary Dentition.....\$2,129.00
8020 Transitional Dentition2,192.00

Comprehensive Orthodontic Treatment Of The:

8080 Adolescent Dentition.....5,092.00
8090 Adult Dentition5,577.00

Minor Treatment to Control Harmful Habits

8210 Removable appliance therapy.....864.00
8220 Fixed appliance therapy1,021.00

Other Orthodontic Services

8660 Pre-orthodontic treatment visit (initial exam including diagnostic aids and creation of records)326.00
8670 Periodic Orthodontic treatment visit (as part of contract).....N/C

Any orthodontic procedure not listed will be discounted by 25% from the doctor's own usual fee. Lab fees are not discounted.

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.

ANESTHESIA

9215 Local Anesthesia (in conjunction with procedures).....N/C
9230 Inhalation of Nitrous Oxide (per 30 minutes).....67.00
9243 Intravenous moderate (conscious) sedation/analgesia each 15 minute increment.....167.00
9248 Non-intravenous conscious sedation283.00

ADJUNCTIVE GENERAL SERVICES

Unclassified Treatment

9110 Palliative Treatment (emergency).....105.00
9440 Office Visit (after hrs.).....202.00
9920 Behavior Mgmt. (difficult child).....110.00
9986 Missed appointment (per 15 minutes of chairtime)89.00

BLEACHING KITS (*includes materials and fabrication of custom trays.*)

9975 External bleaching for home application648.00

SAVON SPECIFIC CODES (NOT ADA CODES)

19901 Panoramic copy.....57.00
19902 Record copy36.00
19903 Palliative Treat (non emergency).....57.00

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

- Any procedure not listed on the full fee schedule shall be charged at 50% off the General Dentist's own usual fee.
•50% Discount on unlisted fees DOES NOT include lab fees.
•Lab fees are never discounted.
•Payment due at the time of service.
•Doctors may require a deposit prior to services.
•Doctors will explain level of calc/tartar deposits. (Periodontal problems)
•Any procedure done by a specialist is done at a 25% discount.
•SPECIALISTS ARE NOT BOUND TO THIS FEE SCHEDULE.
•The Listing of any procedure on this schedule does not guarantee that all general dentists are qualified to perform all procedures.
•Each dental office is independently owned and Savon assumes no responsibility for any dental services provided.

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•d - Plus Actual Lab Fee
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