

SAVON'S BETTER THAN DENTAL INSURANCE!

	Insurance	Vs.	Savon
DEDUCTIBLES TO PAY	YES		NO
CLAIM FORMS TO FILE	YES		NO
LIMIT TO VISITS	YES		NO
AGE LIMIT RESTRICTIONS	YES		NO
PRIOR AUTHORIZATION REQUIREMENTS	YES		NO
EXCLUSIONS ON PRE-EXISTING CONDITIONS	YES		NO
MAXIMUM LIMITS ON SERVICES PER YEAR	YES		NO
WAITING PERIODS	YES		NO
EXCLUSION ON TYPES OF TREATMENT OR SERVICES OFFERED	YES		NO

SAMPLE FEE COMPARISON¹

	Usual	Savon
Initial Office Visit	\$ 70.00	\$ 0
X-rays (f/m bitewing)	\$114.00	\$ 57.00
Fluoride Treatment	\$ 38.00	\$ 19.00
Adult Cleaning, Scaling & Polishing	\$ 98.00	\$ 49.00
Bio-Hazard Disposal Fee	\$ 25.00	\$ 6.00
TOTALS	\$345.00	\$131.00

YOU SAVE \$214.00

Samples of Other SAVON Discounts¹

	Usual	Savon
² Crowns (porc to base metal)	\$ 932.00	\$ 466.00
² Dentures (per arch)	\$1,316.00	\$ 658.00
³ Bridges (porc to base metal)		
3 unit bridge	\$ 3,300.00	\$1,650.00
⁴ Root Canals (anterior tooth)	\$ 682.00	\$ 341.00
⁵ Braces Comprehensive treatment adolescent dentition	\$7,050.00	\$3,525.00

¹The fees shown above are intended as a sample only using the urban fee schedule for zone 1 and as performed by Network Preferred General Dentists. To see the actual fees for your state, please check the enclosed fee schedule or visit us online at www.SavonDentalPlan.com and select Schedule of Benefits from the menu.

²The prices shown for crowns and dentures are exclusive of lab fees.³Price based on a single tooth bridge. 3 units constitute a single tooth bridge (2 abutments and 1 pontic). Prices shown for bridges are exclusive of lab fees.⁴Price of root canals is exclusive of final restoration.⁵All Orthodontic (braces) prices shown are as performed by a network preferred general dentist.

To compare Savon Dental Plan with Dental Insurance, PPO's, HMO's and Discount Dental Plans, please visit our COMPARISON ZONE at www.SavonDentalPlan.com



Savon Dental Plan[®]

America's Dental PlanSM

Contact Customer Care

Nationwide 800-809-3494

Phoenix Area 602-841-3494

Fax Line 602-589-0417

Corporate Office: Phoenix, AZ 85032

Mail: PO Box 54277

Phoenix, AZ 85078-4277

Email:

customerservice@SavonDentalPlan.com

Office Hours:

9:00am - 4:00pm MST Monday - Thursday

9:00am - Noon MST Friday

Savon Dental Plan Online

Website:

www.SavonDentalPlan.com



scan for website

Provider Locator:

www.SavonDentalPlan.com/dentists.php

Fee Schedule:

www.SavonDentalPlan.com/feeschedule.php

"DON'T WAIT FOR A TOOTHACHE!"

This is NOT insurance and IS NOT intended to replace insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L.c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act.

This plan provides for discounts at participating network Dental Facilities

The plan member is responsible for payment of the Savon fee at the time service is provided.

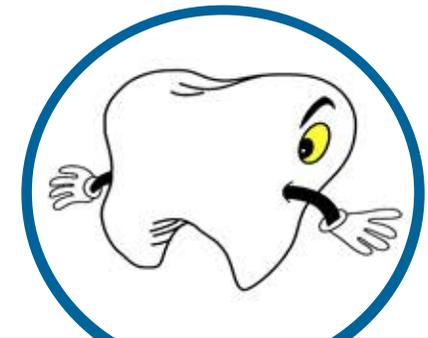
Savon does NOT make any payments directly to the providers.



**Member Tested
Doctor Approved
Since 1992**

Savon Dental Plan[®]

America's Dental PlanSM



**602-841-3494 - 800-809-3494
www.SavonDentalPlan.com**

**Saving is not a matter of chance...
IT'S A MATTER OF CHOICE!**

**HERE ARE THE BENEFITS OF BEING
A MEMBER OF SAVON DENTAL PLAN**

- Instant Coverage - Use Your Plan Today!
- No Waiting Period - For Any Procedure
- No Limits to Visits • No Deductible
- No Prior Authorizations Required
- All Pre-existing Conditions Covered
- Cosmetic Dentistry and Braces are Covered
- Unlisted Procedures Always Receive a 50% Discount (excluding lab fees & metal charges)
- 25% off for a Specialist

**Savon has been Member Tested
AND Dentist Approved Since 1992**



BIGGER SAVINGS

We **GUARANTEE** that you will
SAVE 50%

on all procedures performed by a
PREFERRED PROVIDER NETWORK.

(according to our urban fee schedules which represent
a 50% discount off the average usual fee of each zone)

*Specialists will give a 25% Discount

BETTER SERVICE

**CUSTOMER SERVICE THAT IS
SECOND TO NONE:**

Live Telephone Help & Live Internet Help

9:00 - 4:00 MST

PLUS

Internet access 24/7.



Serving America's Individuals & Families Since 1992

OUR TWO MOST POPULAR PLANS!

THE BASIC PLAN

GOOD IN ALL STATES WITH NETWORK
PREFERRED PROVIDERS

For Individuals & Families

- THE ONLY "PAY YOU THE DIFFERENCE" GUARANTEED FEE SCHEDULE:
- GUARANTEED MEMBERSHIP RATES*

Plan Code	Plan Type	First Year Cost	Every Other Year
SI9	Single	\$129.00	\$109.00
DL9	Double	\$169.00	\$149.00
FM9	Family	\$209.00	\$189.00

First year includes a one time \$20.00 processing fee

THE SENIOR PLAN

GOOD IN ALL STATES WITH NETWORK
PREFERRED PROVIDERS

For Individuals & Couples 65 and Older

- ALL of the benefits of the **BASIC PLAN** At a reduced fee for Seniors age of **65** and older.

+ FREE PHARMACY SAVINGS CARD (upon request)

Plan Code	Plan Type	First Year Cost	Every Other Year
SS9	Single	\$ 94.00	\$ 69.00
DS9	Double	\$119.00	\$ 94.00

First year includes a one time \$25.00 processing fee

OUR OTHER PLANS

- Veterans Plan
- Emergency Plan
- Transitional Plan
- Student Plan
- Long Term Plans
- Conversion Plan

Visit our website for these plan options.

Policy: Coverage begins immediately upon Savon's receipt of this application and will continue for one (1) year from the date the application is received. Once accepted by the company this contract is non-cancelable and non-refundable. Savon Dental Plan makes no guarantees written or implied except as stated herein. All fees are considered earned by Savon upon receipt of this application. Your enrollment rate is guaranteed for 2 years. *Lapse in membership voids guarantee.

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ENROLLMENT APPLICATION

Enter Dental Center Name: _____

Last Name: _____ First Name: _____ Mi: _____ Date of Birth: _____ / _____ / _____

Last 4 Numbers of Social Security #(SS#): _____ Address: _____

City: _____ State: _____ Zip Code: _____ Main Phone: (_____) _____ - _____

Alt. Phone: (_____) _____ Primary Members Email Address: _____ @ _____

Spouses Name: _____ Date of Birth: _____ / _____ / _____ Last 4 Numbers of SS# _____

Dependent Name: _____ Date of Birth: _____ / _____ / _____ Last 4 Numbers of SS# _____

(For more than 1 dependent use additional paper)

X SIGN HERE... APPLICATION MUST BE SIGNED

I have read & understand the plan policy

MAKE CHECK OR MONEY ORDER PAYABLE TO:

SAVON DENTAL PLAN

P. O. BOX 54277

PHOENIX, AZ 85078-4277

FOR CREDIT CARD PURCHASES ONLY

Credit Card # _____

Expires on _____

Signature _____

MM/YY



Date: _____ / _____ / _____

The CVC code: AMEX card is 4 digits on the front all others are 3 digits on the back

Please Choose Your Plan

- REGULAR PLAN* SENIOR PLAN**
- SINGLE \$129 SINGLE \$ 94
- DOUBLE \$169 DOUBLE \$119
- FAMILY \$209

*Regular plan includes a one time \$20.00 processing fee

**Senior plan includes a one time \$25.00 processing fee

\$ _____

Amount Enclosed With Application:

