



Savon Dental Plan®

America's Dental PlanSM

A Division of Savon Professional Services Inc.
PO Box 54277 Phoenix, Arizona 85078-4277
800-809-3494 • www.SavonDentalPlan.com

MEMO:

I received information from Savon Dental Plan today and I am passing the information on to you.

This is not an insurance company and no claim forms are involved.

We can enroll in **Savon Dental Plan at these special business rates**. These rates are guaranteed for 2 years after we sign up. The plan is good wherever there are Network Preferred Providers, Approx 20 states. A Schedule of Fees and Benefits is attached and list of preferred providers is available by visiting www.SavonDentalPlan.com/dentists.php.

They have specialists available in all areas of dentistry. Rates for Specialists are discounted 25% from their own usual fee and they are not bound by the Savon fee schedule. If you need a specialist, visit www.SavonDentalPlan.com/dentists.php, select specialists, then using the drop down menu choose the category of specialist you need.

You may change dentists as often as you wish by simply choosing a new dentist from the list. We can receive more detailed information about the plan if we need it and they are willing to come and talk to us as a group if necessary.

Please take a few minutes to look over the attached information and discuss it with your spouse/partner if you wish.. You may also visit their website at www.SavonDentalPlan.com for more information. I would like to move on this (one way or the other) so please let me know of your decision as soon as possible.

Business Plan Pricing

Plan prices are per employee per year.

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	50 - 100 +	\$20.00	\$20.00	\$20.00

A "dependent" is 18 or younger living in the same household or 18-25 and a full time student.

The Single plan includes you and any dependent age 5 or younger.

The Double plan includes you, your spouse/partner or 1 dependent age 6 or over and any dependent age 5 or younger.

The Family plan includes you, your spouse/partner and all dependents 18 or younger living in the same household or 18-25 and a full time student.

I am interested in participating in Savon Dental Plan® (please fill in your name below)

I am interested in participating in Savon Dental Plan® and if we do not accept the group plan, I am interested in purchasing the plan for myself. (use the attached brochure individual application)

I am not interested in participating in Savon Dental Plan® (please fill in your name below)

Name of Employee: _____