



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

Dear Prospective Member:

Thank you for your interest in Savon Dental Plan[®]. Attached to this email you will find the information that you requested concerning our plan. In an effort to help you and your employees make an informed decision we have enclosed the following:

1. **Savon Dental Plan[®] highlight booklet --** This booklet explains our plan and in the back of the book are the current business and individual membership fees.
2. **Memo for your Employees (Can be reproduced)--** This memo briefly explains the plan to the employee. It also gives them our web address if they want more information about our company than the memo provides.
3. **List of providers can be obtained at www.SavonDentalPlan.com/dentists.php.**

We currently have providers in 20 states and we are adding new providers on a monthly basis. Becoming a Preferred Provider for Savon Dental Plan[®] is rather lengthy and providers must pass a very strict credentialing process. Although we would like to add providers faster, rushing the process would only be detrimental to the plan and our members.

Most of our dentists are Savon Preferred Providers and abide by the Savon Schedule of Fees and Benefits for the zone in which they are located.

We have other dentists that are Savon Network Participating Dentists. Instead of using structured Schedule of Fee and Benefits, these providers abide by our Flex Fee Schedule (see Flex Fee Schedule in your packet). The Flex Fee Schedule offers discounts ranging from 20% to 50%. Since this discount is from their own usual fee, your cost will vary from dentist to dentist. Be sure to verify the cost of treatment and the discount prior to beginning treatment.

In order to realize the greatest value in the plan, it is to everyone's advantage to use a Savon Preferred Provider whenever possible.

4. **Fee Schedule for your State (Can be downloaded at www.savondentalplan.com/feespdf.php)**
5. **A Group Membership Application --** In order to receive the special group pricing the initial membership fee must be paid by a company. When renewing the plan (after 1 year) the renewal billing must be sent to and paid by the company.
6. **Individual Membership Brochures/Applications --** Use these **ONLY** if you decide not to participate as a company but have employees that want to join the plan.

Thank you for your interest in our plan and we hope to welcome your company as a member of America's Dental Plan. If you have any questions please do not hesitate to contact us.