

Scope of Services

Coverage Table

Procedure	Member Discount
2 Patient Exams per year (Comprehensive or Periodic)	100%
1 Emergency Exam per year	100%
Intraoral Radiographs (Xrays)	50%
Prophylaxis (preventative cleaning)	30%
Periodontal Maintenance Cleaning	30%
Fluoride	50%
Sealants	50%
Fillings	20%
Implants	20%
Oral Surgery	20%
Periodontal Treatment	20%
Root Canals	20%
Crowns	15%
Removable Dentures and Partial	15%
Pediatric Specialist Services	15%

Cost to Enroll

\$149/year for the first person

\$99/year for additional family members

Payable in full upon signing the agreement.

Dependents are eligible up to 24 years of age (regardless of whether the dependent is attending school, living outside the parents' home, or married).

Payson Premier Dental Savings Plan

Agreement

This is a contract between
Payson Premier Dental and

(patient name)

This agreement is effective as of

and expires on

Patient Signature

Provider Signature

Payson Premier Dental Savings Plan

*Giving you greater access to
quality dental care.*



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