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Group: **BioScience - University of Utah - (Plan #2530)**
Plan: Advantage Co-Pay
Underwritten & Administered by: Educators Health Plans Life, Accident & Health
Plan Type: Contributory / Fully Insured
Effective Date: 9/1/2016
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
Type 4 - Orthodontics Dependent children up to age (19)	No Coverage	No Coverage
Adults	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	No Coverage
Endodontics	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage

**All of the benefits outlined above are for services received from general dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	N / A

Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A

Annual Maximum Per Person	None
Orthodontic Lifetime Maximum	N / A

Network / Reimbursement Schedule	Advantage	Advantage
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Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia- (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major
Implants	Not Covered
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

Benefits illustrated are in summary only. Refer to your Dental Handbook for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

Co-Pays are subject to change January 1st of each year.



CPT	CPT Name	Patient Co-Pay (General & Pediatric providers)	Specialists	Out-of-Network Claim Payment
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	0	20% Discount	19
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	20% Discount	17
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0	20% Discount	17
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	0	20% Discount	20
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0	20% Discount	26
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED <i>(Established patient- not post-operative visit)</i>	0	20% Discount	17
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	0	20% Discount	20
D0210	INTRAORAL-COMPLETE SERIES <i>(Including bitewings)</i>	0	20% Discount	37
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	0	20% Discount	9
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0	20% Discount	7
D0240	INTRAORAL - OCCLUSAL FILM	0	20% Discount	10
D0250	EXTRAORAL - FIRST FILM	0	20% Discount	12
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0	20% Discount	11
D0270	BITEWING - SINGLE FILM	0	20% Discount	10
D0272	BITEWINGS - TWO FILMS	0	20% Discount	14
D0273	BITEWINGS - THREE FILMS	0	20% Discount	17
D0274	BITEWINGS - FOUR FILMS	0	20% Discount	18
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	0	20% Discount	24
D0330	PANORAMIC FILM	0	20% Discount	40
D0340	CEPHALOMETRIC FILM	50	20% Discount	0
D1110	PROPHYLAXIS - ADULT	0	20% Discount	37
D1120	PROPHYLAXIS - CHILD	0	20% Discount	25
D1206	TOP FLUORIDE VARNISH- TX APPL MOD-HI CARIES RISK <i>(*Only allowed if patient is under age 16)</i>	0	20% Discount	9
D1208	TOPICAL APPLICATION OF FLUORIDE <i>(*Only allowed if patient is under age 16)</i>	0	20% Discount	8
D1351	SEALANT - PER TOOTH <i>(*Only allowed if patient is under age 16)</i>	13	20% Discount	5
D1510	SPACE MAINTAINER - FIXED-UNILATERAL <i>(*Only allowed if patient is under age 16)</i>	85	20% Discount	0
D1515	SPACE MAINTAINER - FIXED-BILATERAL <i>(*Only allowed if patient is under age 16)</i>	130	20% Discount	0
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL <i>(*Only allowed if patient is under age 16)</i>	95	20% Discount	0
D1525	SPACE MAINTAINER - REMOVABLE-BILATERAL <i>(*Only allowed if patient is under age 16)</i>	150	20% Discount	0
D1550	RECEMENTATION OF SPACE MAINTAINER <i>(*Only allowed if patient is under age 16)</i>	20	20% Discount	0
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	20	20% Discount	25
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	25	20% Discount	32
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	35	20% Discount	33
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	40	20% Discount	40
D2330	RESIN-ONE SURFACE ANTERIOR	40	20% Discount	30
D2331	RESIN-TWO SURFACES ANTERIOR	45	20% Discount	35
D2332	RESIN-THREE SURFACES ANTERIOR	50	20% Discount	45
D2335	RESIN-FOUR OR MORE SURFACES INVOLV INCISAL ANGLE <i>(Anterior)</i>	55	20% Discount	50
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	110	20% Discount	0
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	40	20% Discount	28
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	55	20% Discount	35
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	65	20% Discount	45
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	80	20% Discount	40
D2542	ONLAY - METALLIC - TWO SURFACES	170	20% Discount	120
D2543	ONLAY METALLIC THREE SURFACES	180	20% Discount	120
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	185	20% Discount	120
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	274	20% Discount	117
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	288	20% Discount	124
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	307	20% Discount	132
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	210	20% Discount	90
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	260	20% Discount	100
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	280	20% Discount	110
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	180	20% Discount	77
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	214	20% Discount	92
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	225	20% Discount	96
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	195	20% Discount	84
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	220	20% Discount	115
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	220	20% Discount	120
D2710	CROWN RESINBASED COMPOSITE INDIRECT	130	20% Discount	10
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT); THIS CODE DOES NOT INCLUDE FACIAL VENEERS.	132	20% Discount	57
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	325	20% Discount	175
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	305	20% Discount	195
D2722	CROWN - RESIN WITH NOBLE METAL	305	20% Discount	195
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	340	20% Discount	260
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	340	20% Discount	200
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	310	20% Discount	190
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	310	20% Discount	190
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	300	20% Discount	200
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	290	20% Discount	185
D2782	CROWN - 3/4 CAST NOBLE METAL	290	20% Discount	185
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	300	20% Discount	200
D2790	CROWN - FULL CAST HIGH NOBLE METAL	295	20% Discount	205
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	290	20% Discount	185
D2792	CROWN - FULL CAST NOBLE METAL	290	20% Discount	185
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	25	20% Discount	0
D2920	RECEMENT CROWN	30	20% Discount	0
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	159	20% Discount	0
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	90	20% Discount	0
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	100	20% Discount	0
D2932	PREFABRICATED RESIN CROWN	90	20% Discount	0
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	110	20% Discount	0

CPT	CPT Name	Patient Co-Pay (General & Pediatric providers)	Specialists	Out-of-Network Claim Payment
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	110	20% Discount	0
D2940	SEDATIVE FILLING	31	20% Discount	0
D2950	CORE BUILDUP INCLUDING ANY PINS	100	20% Discount	0
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	20	20% Discount	0
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	110	20% Discount	0
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	50	20% Discount	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	90	20% Discount	0
D2955	POST REMOVAL <i>(Not In conjunction with endodontic therapy)</i>	85	20% Discount	0
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	40	20% Discount	0
D2960	LABIAL VENEER - CHAIRSIDE	20% Discount	20% Discount	0
D2961	LABIAL VENEER - LABORATORY	20% Discount	20% Discount	0
D2962	LABIAL VENEER - LABORATORY	20% Discount	20% Discount	0
D2980	CROWN REPAIR BY REPORT	47	20% Discount	0
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	76	20% Discount	0
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	76	20% Discount	0
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	76	20% Discount	0
D3110	PULP CAP - DIRECT <i>(Excluding final restoration)</i>	30	20% Discount	0
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	25	20% Discount	0
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	60	20% Discount	0
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	60	20% Discount	0
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	60	20% Discount	0
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	60	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	205	20% Discount	85
D3320	ENDODONTIC THERAPY BICUSPID TOOTH <i>(Excluding final restoration)</i>	265	20% Discount	95
D3330	ENDODONTIC THERAPY MOLAR <i>(Excluding final restoration)</i>	345	20% Discount	105
D3331	TREATMENT RC OBSTRUCTION- NON-SURGICAL ACCESS	80	20% Discount	0
D3332	INCOMPLETE ENDO TX: INOP UNRESTORABLE/FX TOOTH	150	20% Discount	0
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	74	20% Discount	31
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	225	20% Discount	85
D3347	RETREATMENT PREVIOUS RC THERAPY - BICUSPID	290	20% Discount	75
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	360	20% Discount	92
D3351	APEXIFICATION/RECALCIFICAT/PULP REGEN INIT VST	120	20% Discount	52
D3352	APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL	60	20% Discount	0
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	165	20% Discount	72
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	373	20% Discount	0
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID <i>(First Root)</i>	370	20% Discount	0
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR <i>(First Root)</i>	375	20% Discount	0
D3426	APICOECTOMY/PERIRADICULAR SURGERY <i>(Each additional root)</i>	130	20% Discount	0
D3430	RETROGRADE FILLING - PER ROOT	92	20% Discount	0
D3450	ROOT AMPUTATION - PER ROOT	154	20% Discount	0
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	140	20% Discount	0
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	88	20% Discount	0
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	238	20% Discount	0
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	83	20% Discount	0
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	102	20% Discount	0
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	240	20% Discount	0
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	177	20% Discount	0
D4245	APICALLY POSITIONED FLAP	254	20% Discount	0
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	273	20% Discount	0
D4260	OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	417	20% Discount	0
D4261	OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	273	20% Discount	0
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	211	20% Discount	0
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	130	20% Discount	0
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	275	20% Discount	0
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	208	20% Discount	0
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	200	20% Discount	0
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	243	20% Discount	0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	300	20% Discount	0
D4273	SUBEPITHEL CONNECTIVE TISSUE GRAFT PROC PER TOOTH	440	20% Discount	0
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	120	20% Discount	0
D4275	SOFT TISSUE ALLOGRAFT	310	20% Discount	0
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	375	20% Discount	0
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	334	20% Discount	0
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	200	20% Discount	0
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	361	20% Discount	0
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	233	20% Discount	0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	140	20% Discount	0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	120	20% Discount	0
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	90	20% Discount	15
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	60	20% Discount	10
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	60	20% Discount	10
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount	20% Discount	0
D4910	PERIODONTAL MAINTENANCE	60	20% Discount	13
D5110	COMPLETE DENTURE - MAXILLARY	420	20% Discount	255
D5120	COMPLETE DENTURE - MANDIBULAR	420	20% Discount	255
D5130	IMMEDIATE DENTURE - MAXILLARY	440	20% Discount	235
D5140	IMMEDIATE DENTURE - MANDIBULAR	440	20% Discount	235
D5211	UPPER PARTIAL DENTURE - RESIN BASE <i>(Including any conventional clasps, rests and teeth)</i>	375	20% Discount	150
D5212	LOWER PARTIAL DENTURE - RESIN BASE <i>(Including any conventional clasps, rests and teeth)</i>	375	20% Discount	150
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	450	20% Discount	225
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	425	20% Discount	250

CPT	CPT Name	Patient Co-Pay (General & Pediatric providers)	Specialists	Out-of-Network Claim Payment
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	400	20% Discount	100
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	400	20% Discount	100
D5281	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL <i>(Including any clasps, rests and teeth)</i>	295	20% Discount	105
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	35	20% Discount	0
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	35	20% Discount	0
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	35	20% Discount	0
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	35	20% Discount	0
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	75	20% Discount	0
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE <i>(Each tooth)</i>	65	20% Discount	0
D5610	REPAIR RESIN DENTURE BASE	45	20% Discount	0
D5620	REPAIR CAST FRAMEWORK	50	20% Discount	0
D5630	REPAIR OR REPLACE BROKEN CLASP	55	20% Discount	0
D5640	REPLACE BROKEN TEETH - PER TOOTH	45	20% Discount	0
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	55	20% Discount	0
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	100	20% Discount	0
D5710	REBASE COMPLETE MAXILLARY DENTURE	294	20% Discount	0
D5711	REBASE COMPLETE MANDIBULAR DENTURE	294	20% Discount	0
D5720	REBASE MAXILLARY PARTIAL DENTURE	250	20% Discount	0
D5721	REBASE MANDIBULAR PARTIAL DENTURE	280	20% Discount	0
D5730	RELIN COMPLETE MAXILLARY DENTURE CHAIRSIDE	100	20% Discount	0
D5731	RELIN LOWER COMPLETE MANDIBULAR DENTURE	100	20% Discount	0
D5740	RELIN MAXILLARY PARTIAL DENTURE CHAIRSIDE	95	20% Discount	0
D5741	RELIN MANDIBULAR PARTIAL DENTURE CHAIRSIDE	95	20% Discount	0
D5750	RELIN COMPLETE MAXILLARY DENTURE LABORATORY	160	20% Discount	0
D5751	RELIN COMPLETE MANDIBULAR DENTURE LABORATORY	160	20% Discount	0
D5760	RELIN MAXILLARY PARTIAL DENTURE LABORATORY	150	20% Discount	0
D5761	RELIN MANDIBULAR PARTIAL DENTURE LABORATORY	150	20% Discount	0
D5810	INTERIM COMPLETE DENTURE MAXILLARY	295	20% Discount	0
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	295	20% Discount	0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	215	20% Discount	0
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	215	20% Discount	0
D5850	TISSUE CONDITIONING MAXILLARY	46	20% Discount	0
D5851	TISSUE CONDITIONING MANDIBULAR	46	20% Discount	0
D5860	OVERDENTURE - COMPLETE BY REPORT	20% Discount	20% Discount	0
D5861	OVERDENTURE - PARTIAL BY REPORT	20% Discount	20% Discount	0
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	150	20% Discount	0
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1146	20% Discount	0
D6012	SURG PLACMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1083	20% Discount	0
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	1500	20% Discount	0
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	1200	20% Discount	0
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	291	20% Discount	0
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	210	20% Discount	0
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	310	20% Discount	0
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	613	20% Discount	0
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	610	20% Discount	0
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	527	20% Discount	0
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	538	20% Discount	0
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	491	20% Discount	0
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	499	20% Discount	0
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	488	20% Discount	0
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	556	20% Discount	0
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	542	20% Discount	0
D6067	IMPLANT SUPPORTED METAL CROWN	526	20% Discount	0
D6068	ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	660	20% Discount	0
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	651	20% Discount	0
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	615	20% Discount	0
D6071	ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	628	20% Discount	0
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	641	20% Discount	0
D6073	ABUT RETAINR CAST METL FPD PREDOM BASE METL	580	20% Discount	0
D6074	ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	625	20% Discount	0
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	649	20% Discount	0
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD <i>(Titanium, titanium alloy, or high noble metal)</i>	542	20% Discount	0
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD <i>(Titanium, titanium alloy, or high noble metal)</i>	613	20% Discount	0
D6080	IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS	38	20% Discount	0
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	260	20% Discount	0
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	36	20% Discount	0
D6093	RECEMENT IMPL/ABUTMNT SUPPORTED.FIX PART DENTURE	79	20% Discount	0
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	516	20% Discount	0
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	167	20% Discount	0
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDES SURFACE CLEANING OF EXPOSED IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE	274	20% Discount	0
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT - NOT INCLUDING FLAP ENTRY AND CLOSURE OR, WHEN INDICATED, PLACEMENT OF A BARRIER MEMBRANE OR BIOLOGIC MATERIALS TO AID IN OSSEOUS REGENERATION	141	20% Discount	0
D6104	Bone Graft At Time Of Implant Placement	85	20% Discount	0
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	116	20% Discount	0
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	532	20% Discount	0
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	125	20% Discount	100
D6210	PONTIC - CAST HIGH NOBLE METAL	250	20% Discount	155
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	210	20% Discount	140
D6212	PONTIC - CAST NOBLE METAL	215	20% Discount	160
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	290	20% Discount	140
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	280	20% Discount	140
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	280	20% Discount	140
D6245	PONTIC - PORCELAIN/CERAMIC	270	20% Discount	145

CPT	CPT Name	Patient Co-Pay (General & Pediatric providers)	Specialists	Out-of-Network Claim Payment
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	270	20% Discount	145
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	245	20% Discount	155
D6252	PONTIC - RESIN WITH NOBLE METAL	255	20% Discount	130
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	195	20% Discount	91
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	225	20% Discount	120
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	155	20% Discount	95
D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	160	20% Discount	100
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	160	20% Discount	90
D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	160	20% Discount	90
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	160	20% Discount	90
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	160	20% Discount	90
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	320	20% Discount	180
D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE	305	20% Discount	195
D6722	CROWN - RESIN WITH NOBLE METAL	305	20% Discount	195
D6740	CROWN - PORCELAIN/CERAMIC	340	20% Discount	260
D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE	340	20% Discount	200
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	310	20% Discount	190
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	310	20% Discount	190
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	300	20% Discount	200
D6781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL	290	20% Discount	185
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	290	20% Discount	185
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	300	20% Discount	200
D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE	295	20% Discount	205
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE	290	20% Discount	185
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	290	20% Discount	185
D6930	RECEMENT BRIDGE	48	20% Discount	0
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	83	20% Discount	35
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	59	20% Discount	25
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	53	20% Discount	22
D7111	EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH	30	20% Discount	15
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	45	20% Discount	20
D7210	SURG REMV ERUPTED TOOTH RQR ELEV FLP&REMV BONE	75	20% Discount	25
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	95	20% Discount	20
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	120	20% Discount	30
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	150	20% Discount	25
D7241	REMV IMP TOOTH - CML BONY W/UNUSUAL SURG COMPS	150	20% Discount	40
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	85	20% Discount	0
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	175	20% Discount	0
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	148	20% Discount	0
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	57	20% Discount	0
D7285	BIOPSY OF ORAL TISSUE HARD	140	20% Discount	0
D7286	BIOPSY OF ORAL TISSUE SOFT	155	20% Discount	0
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	56	20% Discount	0
D7288	BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION	56	20% Discount	0
D7290	SURGICAL REPOSITIONING OF TEETH	150	20% Discount	0
D7310	ALVEOLOPLASTY W/EXTRACTION 4< TEETH/SPACE QUAD	95	20% Discount	0
D7311	ALVEOLOPLSTY CNJNC XTRACT 1-3 TEETH/SPACES QUAD	60	20% Discount	0
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4> TEETH/SPACE	140	20% Discount	0
D7321	ALVEOLOPLSTY NOT CNJNC XTRACT 1-3 TEETH/SPCE QUAD	90	20% Discount	0
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	175	20% Discount	0
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	250	20% Discount	0
D7471	REMOVAL OF LATERAL EXOSTOSIS	240	20% Discount	0
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	80	20% Discount	0
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	100	20% Discount	0
D7810-D7899	UNSPECIFIED TMD THERAPY, BY REPORT	20% Discount	20% Discount	20% Discount
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	297	20% Discount	0
D7960	FRENULECTOMY SEPARATE PROCEDURE	120	20% Discount	0
D7971	EXCISION OF PERICORONAL GINGIVA	70	20% Discount	0
D8010-D8999	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	25% Discount	25% Discount	25% Discount
D9110	PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC	40	20% Discount	0
D9120	FIXED PARTIAL DENTURE SECTIONING	20% Discount	20% Discount	0
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	15	20% Discount	0
D9215	LOCAL ANESTHESIA	9	20% Discount	0
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	75	20% Discount	0
D9230	ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE	20	20% Discount	0
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	48	20% Discount	0
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110	20% Discount	0
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	30	20% Discount	0
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	25	20% Discount	0
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	40	20% Discount	0
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	20% Discount	20% Discount	20% Discount
D9612	TX PARENTERAL DRUGS 2-> ADMINISTRATIONS DIFF MED	20% Discount	20% Discount	20% Discount
D9940	OCCUSAL GUARD BY REPORT	150	20% Discount	0
D9951	OCCUSAL ADJUSTMENT - LIMITED	30	20% Discount	0
D9972	EXTERNAL BLEACHING - PER ARCH	20% Discount	20% Discount	20% Discount
D9973	EXTERNAL BLEACHING - PER TOOTH	20% Discount	20% Discount	20% Discount