TDA
AN EMI HEALTH COMPANY

Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

Group:	**Alpine Uniserv**
Plan:	**Elite Choice**
Underwritten by:	**Companion Life Insurance Company**
Administered by:	**Dental Management Administrators**
Effective Date:	**9/1/2026**
Benefit Year:	**Contract**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	**See Co-Pay Schedule**	**See Claim Payment Schedule***
Type 2 - Basic Fillings	**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	**Discount Only**	**No Coverage**
Adult Orthodontics	Discount Only	No Coverage
Sealants	See Co-Pay Schedule	See Claim Payment Schedule*
Space Maintainers	See Co-Pay Schedule	See Claim Payment Schedule*
Endodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Periodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Simple Extractions	See Co-Pay Schedule	See Claim Payment Schedule*
Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule*
Specialists	Included **	See Claim Payment Schedule*

** All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None
Deductible	In and Out of Network Deductibles are Combined
Per Person	$0.00
Family Max	$0.00
Deductible Applies To	Type 2 & Type 3
Annual Maximum Per Person	$5,000.00
Orthodontic Lifetime Maximum	N/A
Network / Reimbursement Schedule	TDA PPO / See Claim Payment Schedule*

Monthly Rates	
Employee	$37.20
Two Party	$77.50
Family	$127.90

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

TDA
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Elite Choice Co-Pay (Utah)
Co-Pay & Claim Payment Schedule
Effective 1/1/2026
Corporate (801) 262-7475 Customer Service (800) 662-5851
emihealth.com

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	0	23
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	10	23
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0	23
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	0	34
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	99	0
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	30	0
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	0	31
D0210	INTRAORAL-COMPLETE SERIES	0	61
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	0	11
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0	9
D0240	INTRAORAL - OCCLUSAL FILM	16	0
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE	23	0
D0251	EXTRA-ORAL POSTERIOR RADIOGRAPHIC IMAGE	23	0
D0270	BITEWING - SINGLE FILM	5	7
D0272	BITEWINGS - TWO FILMS	5	17
D0273	BITEWINGS - THREE FILMS	25	0
D0274	BITEWINGS - FOUR FILMS	5	22
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	0	31
D0330	PANORAMIC FILM	0	53
D1110	PROPHYLAXIS - ADULT	10	40
D1120	PROPHYLAXIS - CHILD	10	25
D1206	TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK	0	15
D1208	TOPICAL APPLICATION OF FLUORIDE	15	0
D1351	SEALANT - PER TOOTH	13	9
D1510	SPACE MAINTAINER - FIXED-UNILATERAL PER QUAD	80	58
D1516	SPACE MAINTAINER - FIXED-BILATERAL, MAXILLARY	120	64
D1517	SPACE MAINTAINER - FIXED-BILATERAL, MANDIBULAR	120	64
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL PER QUAD	90	82
D1526	SPACE MAINTAINER - REMOVABLE-BILATERAL, MAXILLARY	135	101
D1527	SPACE MAINTAINER - REMOVABLE-BILATERAL, MANDIBULAR	135	101
D1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MAXILLARY	15	14
D1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MANDIBULAR	15	14
D1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	10	12
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	16	37
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	24	41
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	35	48
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	45	57
D2330	RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	30	35
D2331	RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	40	45
D2332	RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	50	52
D2335	RESIN-BASED COMPOSITE OR MORE SURFACES	60	62
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	106	22
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	35	37
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	65	31
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	80	38
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES POSTERIOR	95	31
D2510	INLAY - METALLIC - ONE SURFACE	145	210
D2520	INLAY - METALLIC - TWO SURFACES	170	232
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	225	239
D2542	ONLAY - METALLIC - TWO SURFACES	402	0
D2543	ONLAY - METALLIC - THREE SURFACES	475	0
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	495	0
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	417	0
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	440	0
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	469	0
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	455	0
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	491	0
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	521	0
D2650	INLAY RESIN BASED COMPOSITE ONE SURFACE	342	0
D2651	INLAY RESIN BASED COMPOSITE TWO SURFACES	408	0
D2652	INLAY RESIN BASED COMPOSITE THREE OR MORE SURFACES	429	0
D2662	ONLAY RESIN BASED COMPOSITE TWO SURFACES	372	0
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	437	0
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	469	0
D2710	CROWN RESIN BASED COMPOSITE INDIRECT	110	102
D2712	CROWN 3/4 RESIN BASED COMPOSITE INDIRECT	98	92
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	250	271
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	250	238

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D2722	CROWN - RESIN WITH NOBLE METAL	250	249
D2740	CROWN - PORCELAIN/CERAMIC	295	388
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	365	296
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	365	249
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	365	259
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	365	259
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	540	0
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	466	0
D2782	CROWN - 3/4 CAST NOBLE METAL	503	0
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	540	0
D2790	CROWN - FULL CAST HIGH NOBLE METAL	365	144
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	365	117
D2792	CROWN - FULL CAST NOBLE METAL	365	126
D2910	RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	20	19
D2920	RECEMENT CROWN	20	20
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN – PERM TOOTH	102	96
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	98	92
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	60	50
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	125	0
D2932	PREFABRICATED RESIN CROWN	60	75
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	152	0
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	106	0
D2940	PROTECTIVE RESTORATION	15	27
D2950	CORE BUILDUP INCLUDING ANY PINS	65	39
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	10	12
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	80	105
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	55	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	75	57
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	40	0
D2980	CROWN REPAIR BY REPORT	45	8
D3110	PULP CAP - DIRECT	17	12
D3120	PULP CAP - INDIRECT	20	3
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	50	21
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	51	0
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	75	0
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	81	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	170	166
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	225	175
D3330	ENODODONTIC THERAPY MOLAR TOOTH	323	207
D3346	RETREATMENT PREVIOUS ROOT CANAL THERAPY-ANTERI	405	0
D3347	RETREATMENT PREVIOUS ROOT CANAL THERAPY-PREMOLAR	479	0
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY-MOLAR	575	0
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT	171	0
D3352	APEXIFICATIFICATION/RECALCIFICATION-INTERIM MED	75	0
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	252	0
D3410	APICOECTOMY-ANTERIOR	227	118
D3421	APICOECTOMY-BICUSPID (FIRST ROOT)	377	0
D3425	APICOECTOMY-MOLAR (FIRST ROOT)	426	0
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	142	0
D3430	RETROGRADE FILLING - PER ROOT	75	29
D3450	ROOT AMPUTATION - PER ROOT	85	127
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	80	85
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	175	64
D4211	GINGIVECT/PLSTY 1-3 PER OTTH FOR REST ACCESS	50	24
D4212	GINGIVECT/PLSTY 1-3CNTIG PER TOOTH	70	0
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	210	71
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	135	116
D4260	OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	330	147
D4261	OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	215	76
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	343	0
D4264	BONE REPLACEMENT GRAFT-EA ADD SITE IN QUADRANT	260	0
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	366	0
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	389	0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	336	0
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	368	0
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	103	0
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT	317	19
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	350	21
D4277	FREE SOFT TISSUE GRAFT PROCEDURE	205	14
D4278	FREE SOFT TISSUE GRAFT PROCEDURETH	102	4
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	270	7
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	160	5
D4322	SPLINT - INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	65	142
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	65	117

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	80	32
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	53	47
D4346	SCALING GEN MOD/SEVERE GING INFLAM–FULL MOUTH	70	0
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX SUB VST	50	25
D4910	PERIODONTAL MAINTENANCE	50	17
D5110	COMPLETE DENTURE - MAXILLARY	375	459
D5120	COMPLETE DENTURE - MANDIBULAR	375	459
D5130	IMMEDIATE DENTURE - MAXILLARY	395	515
D5140	IMMEDIATE DENTURE - MANDIBULAR	395	515
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	310	291
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	310	291
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	395	357
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	395	357
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	201	190
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	245	230
D5227	IMMED MAX PART DENT - FLEX BASE (INCLUD CLASPS, RESTS, TTH)	227	214
D5228	IMMED MAND PART DENT - FLEX BASE (INCLUD CLASPS, RESTS, TTH)	227	214
D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY	195	200
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR	195	200
D5284	REMV UNI PARTIAL DENTURE – ONE PIECE FLEXIBLE	195	200
D5286	REMV UNI PARTIAL DENTURE – ONE PIECE RESIN	195	200
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	30	3
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	30	3
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	30	3
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	30	3
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	45	21
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	45	21
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	25	47
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	45	33
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	45	33
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	45	33
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	45	33
D5630	REPAIR OR REPLACE BROKEN CLASP	55	40
D5640	REPLACE BROKEN TEETH - PER TOOTH	35	39
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	50	40
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	70	30
D5710	REBASE COMPLETE MAXILLARY DENTURE	200	49
D5711	REBASE COMPLETE MANDIBULAR DENTURE	200	37
D5720	REBASE MAXILLARY PARTIAL DENTURE	200	35
D5721	REBASE MANDIBULAR PARTIAL DENTURE	200	35
D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	65	74
D5731	RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	139	0
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	128	0
D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	128	0
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	135	55
D5751	RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY	135	55
D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY	135	49
D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	135	49
D5810	INTERIM COMPLETE DENTURE MAXILLARY	319	0
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	319	0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	228	0
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	243	0
D5850	TISSUE CONDITIONING MAXILLARY	30	26
D5851	TISSUE CONDITIONING MANDIBULAR	30	28
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1200	0
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1107	0
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	1300	0
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	1500	0
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	500	0
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	400	0
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	500	0
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	700	0
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	700	0
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	700	0
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	700	0
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	700	0
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	600	0
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	600	0
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	683	0
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	661	0
D6067	IMPLANT SUPPORTED METAL CROWN	609	0
D6068	ABUT SUPPORTED RETN PORC/CERAMIC FPD	700	0
D6069	ABUT SUPPORTED RETN PORC TO METL FPD HI NOBL	700	0
D6070	ABUT SUPPORTED RETN PORC TO METL FPD PREDOM BASE	600	0

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D6071	ABUT SUPPORTED RETN PORC FUSED METAL FPD	700	0
D6072	ABUT SUPPORTED RETN FOR CAST METAL FPD	700	0
D6073	ABUT SUPPORTED RETN CAST METL FPD PREDOM BASE ME	600	0
D6074	ABUTMENT SUPPORTED RETN CAST METL FPD NOBLE MET	600	0
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	700	0
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	700	0
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	700	0
D6080	IMPL MAINT PROC REMV PROSTH & REINSRT	40	0
D6082	IMPL SUPPORTED CRWN - PORC FUSED TO PREDOM BASE ALLOYS	683	0
D6083	IMPL SUPPORTED CRWN - PORC FUSED TO NOBLE ALLOYS	700	0
D6084	IMPL SUPPORTED CRWN - PORC FUSED TO TTN AND TTN ALLOYS	700	0
D6086	IMPL SUPPORTED CROWN - PREDOM BASE ALLOYS	550	0
D6087	IMPL SUPPORTED CROWN - NOBLE ALLOYS	600	0
D6088	IMPL SUPPORTED CROWN - TITANIUM AND TTN ALLOYS	600	0
D6089	ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW	50	0
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	21	0
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	65	0
D6093	RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE	73	0
D6094	ABUTMENT SUPPORTED CROWN TITANIUM/ALLOY	551	0
D6097	ABUT SUPPORTED CROWN - PORC FUSED TO TTN AND TTN ALLOYS	700	0
D6098	IMPL SUPPORTED RETAINER - PORC FUSED TO PREDOM BASE ALLOYS	700	0
D6099	IMPL SUPPORTED RETAINER FOR FPD - PORC FUSED TO NOBLE ALLOYS	750	0
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	188	0
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	255	0
D6103	BONE GRAFT REPAIR OF PERIIMPLANT	173	0
D6104	BONE GRAFT TIME OF IMPLNT PLCMNT	99	0
D6106	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER IMPLANT	366	0
D6107	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER IMPLANT	389	0
D6110	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH-MAX	1114	0
D6111	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH-MND	1114	0
D6112	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH-MAX	1114	0
D6113	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH-MND	1114	0
D6114	IMPL/ABUT SUPP FIXED DENTUR CMPL EDNTULS ARCH-MA	1518	0
D6115	IMPL/ABUT SUPP FIXED DENT CMPL EDNT ARCH-MNDBL	1518	0
D6116	IMPL/ABUT SUPP FIXED DENTUR CMPL EDNTULS ARCH-MA	1164	0
D6117	IMPL/ABUT SUPP FIXED DENT CMPL EDNT ARCH-MNDBL	1164	0
D6120	IMPL SUPPORTED RETAINER – PORC FUSED TO TTN AND TTN ALLOYS	750	0
D6121	IMPL SUPPORTED RETAINER FOR METAL FPD – PREDOM BASE ALLOYS	650	0
D6122	IMPL SUPPORTED RETAINER FOR METAL FPD – NOBLE ALLOYS	775	0
D6123	IMPL SUPPORTED RETAINER FOR METAL FPD – TTN AND TTN ALLOYS	775	0
D6180	IMPL MAINT PROC	40	0
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	118	0
D6191	SEMI-PRECISION ABUTMENT – PLACEMENT	403	0
D6192	SEMI-PRECISION ATTACHMENT – PLACEMENT	304	0
D6193	REPLACEMENT OF AN IMPLANT SCREW	39	0
D6194	ABUT SUPPORTED RETAINER CROWN FOR FPD TTN/ALLOY	559	0
D6195	ABUT SUPPORTED RETAINER - PORC FUSED TO TTN AND TTN ALLOYS	700	0
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	265	0
D6210	PONTIC - CAST HIGH NOBLE METAL	350	153
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	350	107
D6212	PONTIC - CAST NOBLE METAL	350	127
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	365	165
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	365	138
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	365	143
D6243	PONTIC - PORC FUSED TO TITANIUM AND TTN ALLOYS	365	143
D6245	PONTIC - PORCELAIN/CERAMIC	466	0
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	300	177
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	300	139
D6252	PONTIC - RESIN WITH NOBLE METAL	214	12
D6280	IMPL MAINT PROC REMV IMP/ABT & REINSRT	40	0
D6600	INLAY-PORCELAIN/CERAMIC TWO SURFACES	190	170
D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	220	263
D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES	130	290
D6603	INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	145	350
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	130	290
D6605	INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	145	371
D6606	INLAY - CAST NOBLE METAL TWO SURFACES	130	290
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	145	338
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	185	175
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	205	290
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	130	290
D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	140	220
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	130	230
D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	140	343

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	130	290
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	140	355
D6624	INLAY TITANIUM	185	185
D6634	ONLAY TITANIUM	235	235
D6710	CROWN INDIRECT RESIN BASED COMPOSITE	195	284
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	300	238
D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE	300	210
D6722	CROWN - RESIN WITH NOBLE METAL	300	219
D6740	CROWN - PORCELAIN/CERAMIC	538	0
D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE	365	186
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	365	149
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	365	161
D6753	RETAINER CROWN - PORC FUSED TO TTN AND TTN ALLOYS	365	161
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	365	154
D6781	CROWN - 3/4 CAST PREDOMINATLY BASED METAL	445	0
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	487	0
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	530	0
D6784	RETAINER CROWN ¾ - TITANIUM AND TITANIUM ALLOYS	530	0
D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE	365	167
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE	365	139
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	365	157
D6930	RECEMENT FIXED PARTIAL DENTURE	30	34
D7111	EXTRACTION CORONAL REMNANTS PRIMARY TOOTH	30	26
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	30	33
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	65	41
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	65	72
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	100	73
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	125	81
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	237	0
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	60	41
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	125	82
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	120	107
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	200	0
D7285	BIOPSY OF ORAL TISSUE HARD	402	0
D7286	BIOPSY OF ORAL TISSUE SOFT	135	30
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	165	0
D7288	BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION	40	0
D7290	SURGICAL REPOSITIONING OF TEETH	187	0
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	70	42
D7311	ALVEOLOPLASTY CONJNC XTRACT 1-3 TEETH/SPCES QUAD	42	0
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	174	10
D7321	ALVEOLOPLASTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUA	84	0
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	138	0
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	562	0
D7471	REMOVAL OF LATERAL EXOSTOSIS	301	18
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	65	42
D7810-D7899	TEPOROMANDIBULAR JOIN DYSFUNCTIONS (TMJ)	Discount Only	0
D7911	COMPLICATED SUTURE-UP TO 5 CM	409	0
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	736	0
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	182	0
D7956	GUIDED TISSUE REGEN, EDENTULOUS - RESORBABLE BARRIER, PER SITE	366	0
D7957	GUIDED TISSUE REGEN, EDENTULOUS - NON-RESORBABLE BARRIER, PER SITE	389	0
D7971	EXCISION OF PERICORONAL GINGIVA	73	4
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	243	0
D8010-D8999	ORTHODONTIC SERVICES	Discount Only	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	30	8
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	0	11
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	0	10
D9222	DEEP SEDATION/GEN ANESTHESIA - FIRST 15 MINUTES	65	0
D9223	DEEP SEDATION/GEN ANESTHESIA - EACH ADDT 15 MINUTES	65	0
D9224	GEN ANESTHESIA - ADV AIRWAY - FIRST 15 MINUTES	65	0
D9225	GEN ANESTHESIA - ADV AIRWAY - EACH ADDT 15 MINUTES	65	0
D9239	IV (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	58	0
D9243	IV (CONSCIOUS) SEDATION/ANALGESIA - EACH ADDT 15 MIN	58	0
D9244	MINIMAL SEDATION – SINGLE DRUG – ENTERAL	137	0
D9245	MODERATE SEDATION – ENTERAL	137	0
D9246	MOD SEDATION – NON-IV PARENTERAL – FIRST 15 MIN	137	0
D9247	MOD SEDATION – NON-IV PARENTERAL – EACH ADDT 15 MIN	137	0
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	10	71
D9995	TELEDENTESTRY-SYNCHRONOUS;REAL-TIME ENCOUNTER	35	0
D9996	TELEDENTESTRY-ASYNCHRONOUS;INFO STORED & FRWRD FOR SUB REVIEW	35	0