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

DENTAL COVERAGE
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES
OUTLINE OF COVERAGE

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!

Group:	**Alpine UniServ**
Plan:	**Premier (100) - D3**
Underwritten & Administered by:	**Educators Mutual Insurance Association, a Utah Company**
Effective Date:	**9/1/2026**
Benefit Year:	**Contract**
Plan Type:	**Voluntary / Fully Insured**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	**100%**	**100% up to MAC***
Type 2 - Basic Fillings, Oral Surgery	**See Member Schedule**	**No Coverage**
Type 3 - Major Crowns, Bridges, Prosthodontics	See Member Schedule	No Coverage
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	Type 3 - Major	No Coverage
Periodontics	Type 3 - Major	No Coverage
Sealants	Type 2 - Basic	No Coverage
Space Maintainers	Type 2 - Basic	No Coverage
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	Premier	MAC
Monthly Rates		
Employee	$21.50	
Two-Party	$43.30	
Family	$71.40	

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 / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	Covered in Type 3 - Major
Fillings on the same surface	1 every 18 months

* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

** Anesthesia is not subject to waiting periods.

Member Fees are subject to change January 1st of each year.

EMI HEALTH™

Premier 100 (Utah)
Schedule of Member Fees
Effective 1/1/2026
Corporate (801)262-7475 Customer Service (800)662-5851
emihealth.com

CDT	CDT Name	Member Fee
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	0
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	0
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	0
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES *(Including bitewings)*	0
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	0
D0250	EXTRAORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	0
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	0
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION MEASUREMENT AND ANALYSIS	54
D0460	PULP VITALITY TESTS	30
D1110	PROPHYLAXIS - ADULT	0
D1120	PROPHYLAXIS - CHILD	0
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH *(*Verify age limits of the plan)*	0
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (*Verify age limits of the plan)	0
D1351	SEALANT - PER TOOTH (*Verify age limits of the plan)	23
D1353	SEALANT REPAIR PER TOOTH (*Verify age limits of the plan)	29
D1510	SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	162
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY (*Verify age limits of the plan)	240
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR (*Verify age limits of the plan)	240
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	141
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY (*Verify age limits of the plan)	223
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR (*Verify age limits of the plan)	223
D1551	RECMNT/REBND OF BILATERAL SPACE MAINTAINER - MAXILLARY (*Verify age limits of the plan)	31
D1552	RECMNT/REBND OF BILATERAL SPACE MAINTAINER - MANDIBULAR (*Verify age limits of the plan)	31
D1553	RECMNT/REBND OF UNILATERAL SPACE MAINTAINER - PER QUADRANT (*Verify age limits of the plan)	31
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT (*Verify age limits of the plan)	29
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY (*Verify age limits of the plan)	29
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR (*Verify age limits of the plan)	29
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	162
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	59
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	78
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	93
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	106
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	74
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	88
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	106
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ANTERIOR	126

CDT	CDT Name	Member Fee
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	135
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	79
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	98
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	123
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	146
D2542	ONLAY - METALLIC - TWO SURFACES	418
D2543	ONLAY - METALLIC - THREE SURFACES	437
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	464
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	484
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	514
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	538
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	520
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	531
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	542
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	318
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	379
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	402
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	345
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	385
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	413
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	284
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	300
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	590
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	577
D2722	CROWN - RESIN WITH NOBLE METAL	585
D2740	CROWN - PORCELAIN/CERAMIC	692
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	669
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	626
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	637
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	639
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	633
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	575
D2782	CROWN - 3/4 CAST NOBLE METAL	581
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	643
D2790	CROWN - FULL CAST HIGH NOBLE METAL	643
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	563
D2792	CROWN - FULL CAST NOBLE METAL	575
D2910	RECMNT/REBND INLAY ONLAY/PART CVRGE RESTORATION	45
D2915	RECMNT/REBND CAST OR PREFABRICATED POST AND CORE	51
D2920	RE-CEMENT OR RE-BOND CROWN	40
D2928	PREFABR PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	225
D2929	PREFABR PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	203
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	128
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	134
D2932	PREFABRICATED RESIN CROWN	156
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	168
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	148
D2940	PROTECTIVE RESTORATION	49
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	124
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	26
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	158
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	90
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	133
D2955	POST REMOVAL	134

CDT	CDT Name	Member Fee
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	70
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	20% Discount
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	20% Discount
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	20% Discount
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	99
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	92
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	92
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	20% Discount
D3110	PULP CAP - DIRECT *(Excluding final restoration)*	36
D3120	PULP CAP - INDIRECT *(Excluding final restoration)*	31
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	81
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	90
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH *(Excluding final restoration)*	79
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH *(Excluding final restoration)*	100
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH *(Excluding final restoration)*	362
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH *(Excluding final restoration)*	413
D3330	ENODODONTIC THERAPY MOLAR TOOTH *(Excluding final restoration)*	563
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	135
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	255
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	126
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	456
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	536
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	663
D3351	APEXIFICATION/RECALCIFICAT INIT VST	207
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	76
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	294
D3410	APICOECTOMY - ANTERIOR	398
D3421	APICOECTOMY - PREMOLAR *(FIRST ROOT)*	460
D3425	APICOECTOMY - MOLAR *(FIRST ROOT)*	463
D3426	APICOECTOMY *(EACH ADDITIONAL ROOT)*	158
D3430	RETROGRADE FILLING - PER ROOT	115
D3450	ROOT AMPUTATION - PER ROOT	242
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	468
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	480
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	521
D3501	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - ANTERIOR	398
D3502	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - PREMOLAR	408
D3503	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - MOLAR	453
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	165
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	91
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	274
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	131
D4212	GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH	124
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	346
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	245
D4245	APICALLY POSITIONED FLAP	265
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	315
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	576
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	371
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	232
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	176
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN, PER SITE	278
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	227
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	294

CDT	CDT Name	Member Fee
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	245
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	462
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) -	500
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	290
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL)	443
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	561
D4277	SOFT TISSUE GRAFT PROCEDURE FIRST TOOTH	425
D4278	SOFT TISSUE GRAFT PROCEDURE EACH ADD TOOTH	240
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) -	456
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONO	394
D4322	SPLINT - INTRACORONAL; NATURAL TEETH OR PROSTH CROWNS	190
D4323	SPLINT - EXTRACORONAL; NATURAL TEETH OR PROSTH CROWNS	170
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	114
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	74
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION	110
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	82
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	78
D5110	COMPLETE DENTURE - MAXILLARY	825
D5120	COMPLETE DENTURE - MANDIBULAR	825
D5130	IMMEDIATE DENTURE - MAXILLARY	825
D5140	IMMEDIATE DENTURE - MANDIBULAR	825
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE *(Including retentive/clasping materials, rests and teeth)*	677
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE *(Including retentive/clasping materials, rests and teeth)*	677
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE (Including retentive/clasping materials, rests and teeth)	836
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE (Including retentive/clasping materials, rests and teeth)	836
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE *(Including any clasps, rests and teeth)*	677
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE *(Including any clasps, rests and teeth)*	677
D5227	IMMEDIATE MAX PART DENTURE FLEX BASE *(Including any clasps, rests and teeth)*	677
D5228	IMMEDIATE MAND PART DENTURE FLEX BASE *(Including any clasps, rests and teeth)*	677
D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY *(Including any clasps, rests and teeth)*	465
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR *(Including any clasps, rests and teeth)*	465
D5284	REMV UNILAT PART DENTUR - 1 PIECE FLEXIBLE BASE *(Including any clasps, rests and teeth)* - PER QUADRANT	455
D5286	REMV UNILAT PART DENTUR - 1 PIECE RESIN *(Including any clasps, rests and teeth)* - PER QUADRANT	455
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	41
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	41
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	38
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	39
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	89
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	89
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE *(Each tooth)*	78
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	86
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	86
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	92
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	92
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	112
D5640	REPLACE BROKEN TEETH - PER TOOTH	71
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	99
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	116
D5710	REBASE COMPLETE MAXILLARY DENTURE	303
D5711	REBASE COMPLETE MANDIBULAR DENTURE	303
D5720	REBASE MAXILLARY PARTIAL DENTURE	268
D5721	REBASE MANDIBULAR PARTIAL DENTURE	283
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	216

CDT	CDT Name	Member Fee
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	216
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	209
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	209
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	334
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	366
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	281
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	298
D5850	TISSUE CONDITIONING MAXILLARY	68
D5851	TISSUE CONDITIONING MANDIBULAR	68
D5863	OVERDENTURE - COMPLETE MAXILLARY	20% Discount
D5864	OVERDENTURE - PARTIAL MAXILLARY	20% Discount
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	61
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	152
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1282
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1128
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	4125
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	3078
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	353
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	267
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	362
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	671
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	660
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	582
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	628
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	563
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	550
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	555
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	615
D6066	IMPL SUPP CROWN PORCLN FUSED HIGH NOBL ALLOYS	649
D6067	IMPL SUPP CROWN HIGH NOBLE ALLOYS	581
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	687
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	678
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	640
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	654
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	668
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	604
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	651
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	676
D6076	IMPL SUPP RTNR FPD PORCLN FUSED HIGH NOBL ALLOYS	649
D6077	IMPL SUPP RTNR METL FPD HIGH NOBLE ALLOYS	638
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	57
D6082	IMPL SUPP CROWN PORCLN FUSED PREDOMINANTLY BASE ALLOYS	571
D6083	IMPL SUPP CROWN PORCLN FUSED NOBLE ALLOYS	583
D6084	IMPL SUPP CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	585
D6086	IMPL SUPP CROWN PREDOMINANTLY BASE ALLOYS	627
D6087	IMPL SUPP CROWN NOBLE ALLOYS	656
D6088	IMPL SUPP CROWN TITANIUM AND TITANIUM ALLOYS	700
D6089	ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW	50
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	265
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	50
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	83
D6094	ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	558
D6097	ABUTMENT SUPPORTED CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	700
D6098	IMPL SUPP RTNR PORCLN FUSED PREDOMINANTLY BASE ALLOYS	590

CDT	CDT Name	Member Fee
D6099	IMPL SUPP RTNR FPD PORCLN FUSED NOBLE ALLOYS	602
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	199
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	327
D6103	BONE GRAFT REPAIR OF PERI-IMPLANT	219
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	236
D6106	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER IMPLANT	227
D6107	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER IMPLANT	294
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	914
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	914
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	914
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	914
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	1570
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	1570
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	1205
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	1205
D6120	IMPL SUPP RTNR PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	661
D6121	IMPL SUPP RTNR METAL FPD PREDOMINANTLY BASE ALLOYS	607
D6122	IMPL SUPP RTNR METAL FPD NOBLE ALLOYS	648
D6123	IMPL SUPP RTNR METAL FPD TITANIUM AND TITANIUM ALLOYS	641
D6180	IMPL MAINT PROC NOT REMV CLEAN PROSTH & ABUT	57
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	136
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	175
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	50
D6193	REPLACEMENT OF AN IMPLANT SCREW	54
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD TITANIUM AND TITANIUM ALLOYS	577
D6195	ABUTMENT SUPPORTED RETAINER PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	684
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	343
D6210	PONTIC - CAST HIGH NOBLE METAL	519
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	490
D6212	PONTIC - CAST NOBLE METAL	505
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	512
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	473
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	499
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	485
D6245	PONTIC - PORCELAIN/CERAMIC	528
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	505
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	467
D6252	PONTIC - RESIN WITH NOBLE METAL	482
D6280	IMPL MAINT PROC REMOV IMP/ABUT DENTURE CLEANS & REINSRT	57
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	377
D6601	RETAINER INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	387
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL TWO SURFACES	394
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	430
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	387
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	410
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	381
D6607	RETAINER INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	422
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	453
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	465
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	414
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	452
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	412
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	430
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	403

CDT	CDT Name	Member Fee
D6615	RETAINER ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	420
D6624	RETAINER INLAY - TITANIUM	394
D6634	RETAINER ONLAY - TITANIUM	414
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	560
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	585
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	573
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	585
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	672
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	669
D6751	RETAINER CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	620
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	643
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	626
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	620
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	575
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	593
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	630
D6784	RETAINER CROWN - 3/4 TITANIUM AND TITANIUM ALLOYS	620
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	643
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	563
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	575
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	65
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	57
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT *(Elevation and/or forceps removal)*	74
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	116
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	147
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	180
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	231
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	287
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	116
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	245
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	230
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	96
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	200
D7285	BIOPSY OF ORAL TISSUE HARD	422
D7286	BIOPSY OF ORAL TISSUE SOFT	185
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	71
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	71
D7290	SURGICAL REPOSITIONING OF TEETH	178
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	137
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	126
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	211
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	183
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	398
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	631
D7471	REMOVAL OF LATERAL EXOSTOSIS	504
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	154
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	215
D7810-D7899	TMD THERAPY	20% Discount
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	363
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	186
D7956	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	227
D7957	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - NON-RESORBABLE BARRIER, PER SITE	294
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	183
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	183

CDT	CDT Name	Member Fee
D7971	EXCISION OF PERICORONAL GINGIVA	98
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	56
D9120	FIXED PARTIAL DENTURE SECTIONING	20% Discount
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	23
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	14
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	113
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	85
D9224	GENERAL ANESTHESIA WITH ADVANCED AIRWAY – FIRST 15 MINUTES	113
D9225	GENERAL ANESTHESIA WITH ADVANCED AIRWAY – EACH SUBSEQUENT 15 MINUTE INCREMENT	85
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	31
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	92
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	73
D9244	IN-OFFICE ADMINISTRATION OF MINIMAL SEDATION – SINGLE DRUG – ENTERAL	110
D9245	ADMINISTRATION OF MODERATE SEDATION – ENTERAL	110
D9246	MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – FIRST 15 MINUTE INCREMENT	110
D9247	MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – EACH SUBSEQUENT 15 MINUTE INCREMENT	110
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	0
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	0
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	0
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	20% Discount
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	20% Discount
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	189
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	185
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	189
D9951	OCCLUSAL ADJUSTMENT - LIMITED	50
D9972	EXTERNAL BLEACHING - PER ARCH	20% Discount
D9973	EXTERNAL BLEACHING - PER TOOTH	20% Discount
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	0