



# Dental

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EMI Health

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## EMI Health

Customer Service: 800-662-5851  
www.emihealth.com

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are health problems that can be easily treated. Keep your teeth healthy and your smile bright with the Provo City School District dental benefit plan. Provo City School District offers two dental plans from which you can choose.

<b>Choice Plus PPO Plan</b>	<b>In-Network Advantage Plus Network</b>	<b>In-Network Premier Network</b>	<b>Out-of-network</b>
<b>Deductible</b> <i>waived for Type 1 &amp; Orthodontic services</i>	No Deductible	\$25/person \$75/family max	\$50/person \$150/family max
<b>Annual Maximum</b>	\$2,000/person	\$1,200/person	\$1,200/person
<b>Type I - Preventive Services</b> <i>x-rays, cleanings, exams</i>	100%	100%	90% MAC
<b>Type II - Basic Services</b> <i>fillings, extractions</i>	80%	80% AD	70% MAC AD
<b>Type III - Major Services</b> <i>12 month waiting period endodontics, periodontics, dentures, crowns, bridges, implants</i>	50%	50% AD	40% MAC AD
<b>Type IV - Orthodontics</b> <i>12 month waiting period children to age 19 Adults Discount (all members)*</i>	50% Not Covered 25% discount	50% Not Covered 25% discount	50% Not Covered 25% discount
<b>Orthodontic Lifetime Maximum</b>		\$1,000 per child	

AD = After Deductible

MAC = Maximum Allowable Charge. You pay any balance billing

\*The discount shown is for participating orthodontists in Utah. Discounts may vary outside of Utah

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Advantage Plus Co-Pay Plan	In-Network	Out-of-network
<b>Deductible</b>	No Deductible	No Deductible
<b>Annual Maximum</b>	No Annual Maximum	No Annual Maximum
<b>Type I - Preventive Services</b> <i>x-rays, cleanings, exams</i>	100%	100% MAC
<b>Type II - Basic Services</b> <i>fillings, extractions, root canals</i>	See member schedule	Not Covered
<b>Type III - Major Services</b> <i>dentures, crowns, bridges</i>	See member schedule	Not Covered
<b>Type IV - Orthodontics</b> <i>Children to age 19</i> <i>Adults</i> <i>Discount (all members)*</i>	Not Covered Not Covered 25% discount	Not Covered Not Covered Not Covered
<b>Orthodontic Lifetime Maximum</b>	No Orthodontic Lifetime Maximum	

MAC = Maximum Allowable Charge. You pay any balance billing

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Premiums	Choice PPO	Advantage Plus
	Monthly	Monthly
Employee	\$40.80	\$15.30
Two-Party	\$84.20	\$31.90
Family	\$136.90	\$48.60

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/PRM CAREGIVER	0
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0
D0180	DTLXEXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	0
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	0
D0210	INTRACORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES (Including bitewing)	0
D0220	INTRACORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0
D0230	INTRACORAL-PERIAPICAL-EACH ADDITIONAL FILM	0
D0240	INTRACORAL - OCCUSAL RADIOGRAPHIC IMAGE	0
D0250	EXTRACORAL - 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	50
D0480	PULP VITALITY TESTS	25
D1110	PROPHYLAXIS - ADULT	0
D1120	PROPHYLAXIS - CHILD	0
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH (*Only allowed if patient is under age 18)	0
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (*Only allowed if patient is under age 18)	0
D1351	SEALANT - PER TOOTH (*Only allowed if patient is under age 18)	19
D1362	PREV RSN REST MOD HIGH CARES RSK PT-PERM TOOTH (*Only allowed if patient is under age 18)	26
D1363	SEALANT REPAIR PER TOOTH (*Only allowed if patient is under age 18)	26
D1510	SPACE MAINTAINER - FIXED - UNILATERAL (*Only allowed if patient is under age 18)	98
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY (*Only allowed if patient is under age 18)	137
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR (*Only allowed if patient is under age 18)	137
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL (*Only allowed if patient is under age 18)	108
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY (*Only allowed if patient is under age 18)	166
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR (*Only allowed if patient is under age 18)	166
D1550	RECMINTREBND OF SPACE MAINTAINER (*Only allowed if patient is under age 18)	21
D1565	REMOVAL OF FIXED SPACE MAINTAINER (*Only allowed if patient is under age 18)	25
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL (*Only allowed if patient is under age 18)	98
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	45
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	59
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	70
D2181	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	80
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	71
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	81
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	96
D2335	RESIN-BASED COMPOSITE 4+ SURFACES INCisal ANGLE	107
D2360	RESIN-BASED COMPOSITE CROWN ANTERIOR	110
D2361	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	69
D2362	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	91
D2363	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	111
D2364	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	120
D2542	ONLAY - METALLIC - TWO SURFACES	309
D2543	ONLAY - METALLIC - THREE SURFACES	323
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	336
D2610	NLAY - PORCELAIN/CERAMIC - ONE SURFACE	361
D2620	NLAY - PORCELAIN/CERAMIC - TWO SURFACES	412
D2630	NLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	439
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	310
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	360
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	390
D2650	NLAY - RESIN-BASED COMPOSITE - ONE SURFACE	257
D2651	NLAY - RESIN-BASED COMPOSITE - TWO SURFACES	306
D2652	NLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	321
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	279
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	335
D2664	ONLAY RESIN BASED COMPOST FOUR OR MORE SURFACES	340
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	141
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	189
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	500
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500
D2722	CROWN - RESIN WITH NOBLE METAL	500
D2740	CROWN - PORCELAIN/CERAMIC	610
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	555
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	510
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	510
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	510
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	475
D2782	CROWN - 3/4 CAST NOBLE METAL	475
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	500
D2790	CROWN - FULL CAST HIGH NOBLE METAL	518
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	475
D2792	CROWN - FULL CAST NOBLE METAL	475
D2810	RECMINTREBND INLAY ONLAY/PART CVRGE RESTORATION	38
D2815	RECMINTREBND CAST OR PREFABRICATED POST AND CORE	27
D2820	RE-CEMENT OR RE-BOND CROWN	32

CDT	CDT Name	Member Fee
D0909	PREFABR STAINLESS PORC CROWN - PRIMARY TOOTH	150
D0930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	93
D0931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	100
D0932	PREFABRICATED RESIN CROWN	104
D0933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	120
D0934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	120
D0940	PROTECTIVE RESTORATION	33
D0950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	101
D0951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	20
D0952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	112
D0953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	58
D0954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	104
D0955	POST REMOVAL	85
D0957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	45
D0960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	20% Discount
D0961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	20% Discount
D0962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	20% Discount
D0980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	52
D0981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	78
D0982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	78
D0983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	20% Discount
D3110	PULP CAP - DIRECT (Excluding final restoration)	30
D3120	PULP CAP - INDIRECT (Excluding final restoration)	28
D3200	FX PULP-REMOV PULP CORONAL DENTINOCEMENTL JUNC	62
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	62
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH (Excluding final restoration)	60
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH (Excluding final restoration)	62
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)	295
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)	385
D3330	ENDODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)	450
D3331	TREATMENT RC OBSTRUCTION, NON-SURGICAL ACCESS	90
D3332	INCOMPLETE ENDO TX, INOP UNRESTORABLE/FX TOOTH	171
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	109
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	321
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	378
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	488
D3351	APEXIFICATION/RECALCIFICAT INT VIST	172
D3352	APEXIFICATION/RECALCIFICAT INT MED REPL	60
D3353	APEXIFICATION/RECALCIFICAT - FINAL VIST	237
D3410	APICOECTOMY - ANTERIOR	386
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	383
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	388
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	135
D3430	RETROGRADE FILLING - PER ROOT	95
D3450	ROOT AMPUTATION - PER ROOT	163
D3600	RESECTION NOT INCLUDING ROOT CANAL THERAPY	140
D3650	CANAL PREPARATION/FITTING PREFORMED DOWEL/POST	88
D4210	SINGLECTIP/LSY 4+ ONTIG/TOOTH BOUND SPACE-QUAD	238
D4211	SINGLECTIP/LSY 1-3 ONTIG/TOOTH BOUND SPACE-QUAD	90
D4212	SINGLECTIP/LSY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH	108
D4240	SINGL PULP PROC 4+ ONTIG/TOOTH BOUND SPACE-QUAD	258
D4241	SINGL PULP PROC 1-3 ONTIG/TOOTH BOUND SPACE-QUAD	177
D4245	APICALLY POSITIONED FLAP	254
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	280
D4260	OSSEOUS SURG 4+ ONTIG TEETH QUAD	428
D4261	OSSEOUS SURG 1-3 ONTIG TEETH QUAD	273
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	211
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	130
D4265	BIOLOGIC MATERIALS AID SOFT/OSSEOUS TISSUE REGEN	275
D4266	GIRD TISSUE REGEN - RESORBABLE BARRIER PER SITE	208
D4267	GIRD TISSUE REGEN - NONRE-SORB BARRIER PER SITE	202
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	243
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	303
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITE)	440
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	180
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATER)	310
D4276	COMB CNCTIVE TISSUES/DBL PEDICLE GRAFT PER TOOTH	415
D4277	SOFT TISSUE GRAFT PROCEDURE FIRST TOOTH	334
D4278	SOFT TISSUE GRAFT PROCEDURE EACH ADD TOOTH	200
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITE)	397
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND D	298
D4320	PROVISIONAL SPLINTING - INTRACORONAL	141
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	128
D4341	PREONTAL SCALING/ROOT PLANING 4/MORE TEETH-QUAD	106
D4342	PREONTAL SCALING/ROOT PLANING 1-3 TEETH-QUAD	71
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION	108
D4355	FULL MOUTH DEBRID ENABLE COMPORAL EVALUATION/EX ON A SUBSEQUENT VISIT	72
D4381	LOC DEL ANTIMICROBIAL AGTS OREWQULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	74
D5110	COMPLETE DENTURE - MAXILLARY	690
D5120	COMPLETE DENTURE - MANDIBULAR	675
D5130	IMMEDIATE DENTURE - MAXILLARY	675
D5140	IMMEDIATE DENTURE - MANDIBULAR	675
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (including relines/clasping materials, rests and teeth)	525
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (including relines/clasping materials, rests and teeth)	525
D5213	MAX PART DENTUR-CAST METL FWM/WRK WYSSN BASE	690
D5214	MAND PART DENTUR- CAST METL FWM/WRK WYSSN BASE	690
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE (including any clasps, rests and teeth)	518
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE (including any clasps, rests and teeth)	511
D5282	REMY UNILAT PART DENTUR - 1 PCE CAST METAL, MAXILLARY (including any clasps, rests and teeth)	400

CDT	CDT Name	Member Fee
D5293	REMY UNILAT PART DENTURE - 1 PIECE CAST METAL, MANDIBULAR (including any clasps, rests and locks)	400
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	35
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	35
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	35
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	35
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	75
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	75
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE (Each tooth)	65
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	53
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	53
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	57
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	57
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	69
D5640	REPLACE BROKEN TEETH - PER TOOTH	52
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	61
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	100
D5710	REBASE COMPLETE MAXILLARY DENTURE	204
D5711	REBASE COMPLETE MANDIBULAR DENTURE	204
D5720	REBASE MAXILLARY PARTIAL DENTURE	250
D5721	REBASE MANDIBULAR PARTIAL DENTURE	250
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	160
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	160
D5780	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	157
D5781	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	157
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	295
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	295
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	223
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	223
D5850	TISSUE CONDITIONING MAXILLARY	50
D5851	TISSUE CONDITIONING MANDIBULAR	50
D5863	OVERDENTURE - COMPLETE MAXILLARY	20% Discount
D5864	OVERDENTURE - PARTIAL MAXILLARY	20% Discount
D5878	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	50
D5889	INS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	150
D6010	SLUG PLACEMENT IMPLANT BODY, ENDOSTEAL IMPLANT	1188
D6012	SLUG PLANT INTERIM IMPL TRANSITIONAL PROC ENDO	1083
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	2567
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	1915
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	291
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	220
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	350
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	634
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	610
D6060	ABUT SUPP PORCELAIN TO METL CROWN PREDOM BASE METL	527
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	538
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	491
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	499
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	488
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	556
D6066	IMPL SUPP PORCLN FUSED METL CROWN TITNMHIGH NOBL	542
D6067	IMPL SUPP METAL CROWN TITANMHIGH NOBLE METL	526
D6068	ABUT SUPP RE-TAINER PORCELAIN/CERAMIC FPD	660
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	651
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	615
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	628
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	641
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	580
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	625
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	649
D6076	IMPL SUPP RTNR PORCLN FUSED METL FPD TITNMHIGH	542
D6077	IMPL SUPP RTNR CST METL FPD TITNMHIGH NOBLE	613
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	41
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROC PER ATTACHMNT	260
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	39
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	79
D6094	ABUTMENT SUPPORTED CROWN TITANIUM	518
D6101	DRFDMNT OF PERI-IMPLANT DEFECT	167
D6102	DRFDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	274
D6103	BONE GRAFT REPAIR OF PERI-IMPLANT	162
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	139
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	766
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	766
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	766
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	766
D6114	IMPLANT / ABUTMENT SUPPORTED PD - MAXILLARY	1342
D6115	IMPLANT/ABUTMENT SUPPORTED PD - MANDIBULAR	1342
D6116	IMPL/ABUTMENT SUPPORTED PD - MAXILLARY - PARTIAL	1029
D6117	IMPL/ABUT SUPPORTED PD - MANDIBULAR - PARTIAL	1029
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	118
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	532
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	233
D6210	PONTIC - CAST HIGH NOBLE METAL	405
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	350
D6212	PONTIC - CAST NOBLE METAL	375
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	435
D6241	PONTIC - PORCELAIN FUSED PREDOMINANTLY BASE METAL	430
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	420
D6245	PONTIC - PORCELAIN/CERAMIC	430
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	415
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	400

CDT	CDT Name	Member Fee
D6252	IONIC - RESIN WITH NOBLE METAL	385
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	321
D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	330
D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES	336
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	360
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	330
D6605	INLAY - CAST PREDOM BASE METAL 3MORE SURFACES	340
D6606	INLAY - CAST NOBLE METAL TWO SURFACES	324
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	360
D6608	ONLAY - PORCELAIN/CERAMIC TWO SURFACES	286
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	345
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	257
D6611	ONLAY - CAST HIGH NOBLE METAL 3MORE SURFACES	282
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	256
D6613	ONLAY - CAST PREDOM BASE METAL 3MORE SURFACES	268
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	251
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	260
D6624	INLAY - TITANIUM	336
D6634	ONLAY - TITANIUM	353
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	470
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	500
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	500
D6722	CROWN - RESIN WITH NOBLE METAL	500
D6740	CROWN - PORCELAIN/CERAMIC	615
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	555
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	510
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	510
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	510
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	475
D6782	CROWN - 3/4 CAST NOBLE METAL	475
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	500
D6790	CROWN - FULL CAST HIGH NOBLE METAL	500
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	475
D6792	CROWN - FULL CAST NOBLE METAL	475
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	48
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	47
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Extraction and/or biopsy removal)	66
D7210	SRG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	101
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	116
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	150
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	176
D7241	REMY IMP TOOTH - OMP, BONY UNUSUAL SURG COMPS	195
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	85
D7270	TOOTH REIMPL, BDR STBL AGC EVULSED/DISPLCD TOOTH	175
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	148
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	66
D7285	BIOPSY OF ORAL TISSUE HARD	200
D7286	BIOPSY OF ORAL TISSUE SOFT	155
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	56
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	56
D7290	SURGICAL REPOSITIONING OF TEETH	150
D7310	ALVEOLOPLASTY W/EXTRACTION 4+ TEETHSPACE QUAD	98
D7311	ALVEOLOPLSTY CONJUG XTRACT 1-3 TEETHSPACE QUAD	87
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4+ TEETHSPACE	160
D7321	ALVEOLOPLSTY NOT CONJUG XTRACT 1-3 TEETHSPACE QUAD	100
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	253
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	400
D7471	REMOVAL OF LATERAL EXOSTOSIS	313
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	91
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	137
D7810-D7899	IMD THERAPY	20% Discount
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	207
D7960	FRENULCTOMY SEP PROC NOT INCIDENTAL ANOTHER PROC	135
D7971	EXCISION OF PERICORONAL GINGIVA	74
D8010-D8999	ORTHODONTIC SERVICES	25% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	40
D9120	FIXED PARTIAL DENTURE SECTIONING	20% Discount
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	15
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	11
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	96
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	72
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA ANALGESIA	21
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	79
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	61
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110
D9310	CONSULT DX SERV DENTIFY NOT REQUESTING DENTIFY	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
D9644	OCCUSAL GUARD - HARD APPLIANCE, FULL ARCH	155
D9645	OCCUSAL GUARD - SOFT APPLIANCE, FULL ARCH	155
D9646	OCCUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	155
D9651	OCCUSAL ADJUSTMENT - LIMITED	32
D9672	EXTERNAL BLEACHING - PER ARCH	20% Discount
D9673	EXTERNAL BLEACHING - PER TOOTH	20% Discount

# My EMI Health Website

## All your benefit answers. One website.

Find everything related to your benefits from general plan documents to detailed claims information.

### Get Started

1. Go to **emihealth.com**
2. Click **Login** and select **My EMI Health**
3. Select **Register** and choose **Member** as the type of account
4. Enter the data to identify yourself and click **Continue**

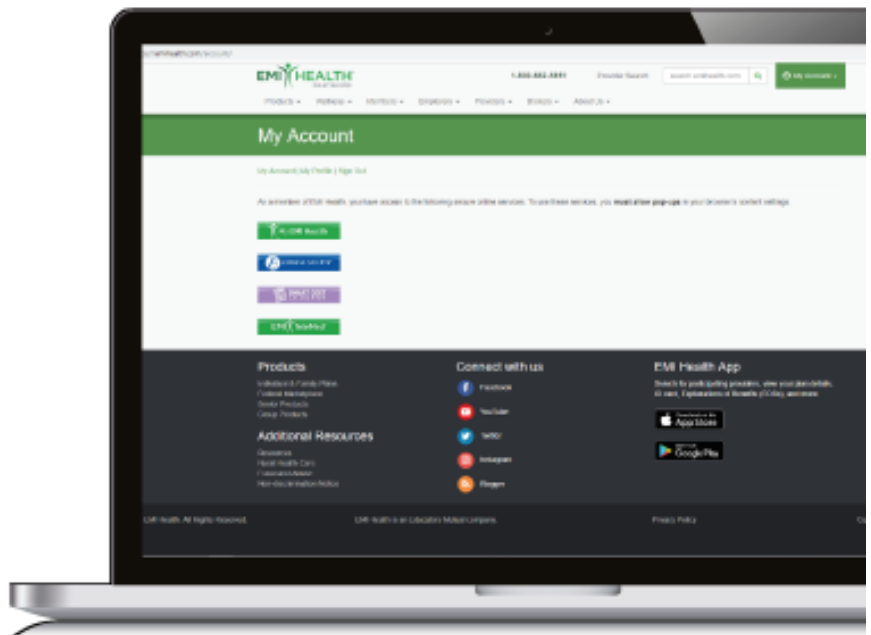
\*You will need your Member ID found on your EMI Health ID card. Also, for security, your password must be at least six characters and include a special character, e.g. !, @, #, \$, etc.

### What Can You Do?

- View benefit descriptions
- Check claims status
- Order ID cards
- View EOBs
- Access the Smart Cost Calculator
- Review eligibility/enrollment status

### Questions?

As always, we are here to help. Call Customer Service with any questions at 801-262-7475.





# EMI Health Mobile App

## Your benefits. Anytime. Anywhere

Managing your EMI Health benefits just got easier with the EMI Mobile App.

### Get Started

To get started, download the app and log in using your EMI Health username and password. If you haven't registered your account, you can do so in the app or online at [emihealth.com](http://emihealth.com).

\*You will need your Member ID found on your EMI Health ID card. Also, for security, your password must be at least six characters and include a special character, e.g. !,@,#,\$, etc.

### Features

- **ID Card** - access your ID card from anywhere at any time.
- **EOBs** - view your EOBs and search by person, service, date, and more.
- **Plan Information** - view and download your plan grids so you always know the benefits you have.
- **Provider Search** - find in-network providers and facilities.
- **Customer Service** - need to talk to a person? No problem. Call us from the app.
- **Hope Health Newsletter** - access current and past issues of the newsletter.
- **Update Information** - update profile information like email address, password, or security questions.



Scan this QR code with your phone to download

