



Value Discount Plan (Utah)
Sample Schedule of Member Fees
Effective 1/1/2019

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

CDT	CDT Name	Member Fee
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	17
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	14
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	18
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	33
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	8
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	6
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	8
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	12
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	15
D0330	PANORAMIC RADIOGRAPHIC IMAGE	36
D1110	PROPHYLAXIS - ADULT	33
D1120	PROPHYLAXIS - CHILD	23
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Only allowed if patient is under age 16)</i>	6
D1351	SEALANT - PER TOOTH <i>(*Only allowed if patient is under age 16)</i>	16
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	40
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	51
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	61
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	72
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	60
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	72
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	86
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE <i>(Anterior)</i>	95
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	61
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	80
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	99
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	108
D2740	CROWN - PORCELAIN/CERAMIC	495
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	480
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	450
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	450
D2920	RE-CEMENT OR RE-BOND CROWN	27
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	88
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	81
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	21
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	53
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	255
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	320
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	400
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	95
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	63
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	66
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	387
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	468
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	38
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)	53
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	88
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	135
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	158
D7810-D7899	TMD THERAPY	20% Discount
D8010-D8999	ORTHODONTIC SERVICES	25% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	35
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	18

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.