EMI HEALTH™

Advantage Co-Pay (MI Individual Exchange)
Co-Pay Schedule
Effective 1/1/2025
Corporate (801)262-7475 Customer Service (800)662-5851
emihealth.com

Code	Code Name	Adults (19 and over) Patient Co-Pay*	Children (up to age 19 {end of month}) Patient Co-Pay*
D0120	Periodic oral evaluation - established patient	0	0
D0140	Limited oral evaluation - problem focused	0	0
D0145	Oral evaluation - patient under 3 years of age	0	0
D0150	Comprehensive oral evaluation - new or established patient	0	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0180	Comprehensive periodontal evaluation - new or established patient	0	0
D0210	Intraoral – complete comprehensive series of radiographic images	0	0
D0220	Intraoral - periapical first film	0	0
D0230	Intraoral - periapical each additional film	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	0	0
D0270	Bitewing - single film	0	0
D0272	Bitewings - two films	0	0
D0273	Bitewings - three films	0	0
D0274	Bitewings - four films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts (*Only allowed up to age 19 {end of month})	NA	50%
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0	0
D0999	Unspecified diagnostic procedure, by report	0	0
D1110	Prophylaxis - adult	0	0
D1120	Prophylaxis - child	0	0
D1206	Topical Application Of Fluoride Varnish (*Only allowed up to age 19 {end of month})	NA	0
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 {end of month})	NA	0
D1351	Sealant - per tooth (*Only allowed up to age 19 {end of month})	NA	0
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth (*Only allowed up to age 19 {end of month})	NA	0
D1510	Space maintainer - fixed - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA	161
D1516	Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA	215
D1517	Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	215
D1520	Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 {end of month})	NA	98
D1526	Space maintainer - removable - bilateral, maxillary (*Only allowed up to age 19 {end of month})	NA	155
D1527	Space maintainer - removable - bilateral, mandibular (*Only allowed up to age 19 {end of month})	NA	155
D1551	Re-cementation of bilateral space maintainer - maxillary (*Only allowed up to age 19 {end of month})	NA	30
D1552	Re-cementation of bilateral space maintainer - mandibular (*Only allowed up to age 19 {end of month})	NA	30
D1553	Re-cementation of unilateral space maintainer - per quadrant (*Only allowed up to age 19 {end of month})	NA	30
D1556	Removal of fixed unilateral space maintainer – per quadrant (*Only allowed up to age 19 {end of month})	NA	30
D1557	Removal of fixed bilateral space maintainer – maxillary (*Only allowed up to age 19 {end of month})	NA	30
D1558	Removal of fixed bilateral space maintainer – mandibular (*Only allowed up to age 19 {end of month})	NA	30
D2140	Amalgam - one surface, primary or permanent	28	28
D2150	Amalgam - two surfaces, primary or permanent	39	39
D2160	Amalgam - three surfaces, primary or permanent	53	53
D2161	Amalgam - four or more surfaces, primary or permanent	55	55
D2330	Resin-based composite - one surface, anterior	49	49
D2331	Resin-based composite - two surfaces, anterior	60	60
D2332	Resin-based composite - three surfaces, anterior	69	69
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	83	83
D2390	Resin-based composite crown, anterior	100	100
D2391	Resin-based composite - one surface, posterior	57	57
D2392	Resin-based composite - two surfaces, posterior	81	81
D2393	Resin-based composite - three surfaces, posterior	95	95
D2394	Resin-based composite - four or more surfaces, posterior	108	108
D2542	Onlay - metallic - two surfaces	296	296
D2543	Onlay - metallic - three surfaces	321	321
D2544	Onlay - metallic - four or more surfaces	352	352
D2610	Inlay - porcelain/cermaic - one surface	283	283
D2620	Inlay - porcelain/cermaic - two surfaces	292	292
D2630	Inlay - porcelain/cermaic - three or more surfaces	336	336
D2642	Onlay - porcelain/ceramic - two surfaces	363	363
D2643	Onlay - porcelain/ceramic - three surfaces	402	402
D2644	Onlay - porcelain/ceramic - four or more surfaces	426	425
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	177	177
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	246	246
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	241	241
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	306	306
D2663	Onlay - resin-based composite - three surfaces	315	315
D2664	Onlay - resin-based composite - four or more surfaces	321	321
D2710	Crown - resin (indirect)	168	168
D2712	Crown - 3/4 resin-based composite (indirect)	295	295

Co-Pays are subject to change January 1st of each year.
* All services are subject to the EMI Health Maximum Allowable Charge. When using an out-of-network provider, the insured is responsible for all fees in
excess of the Maximum Allowable Charge. There may be cases when the negotiated provider fee for an in-network provider exceeds the sum of the listed
copay and claim payments for a given service. In such cases, EMI Health will pay the difference.

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D2720	Crown - resin with high noble metal	418	418
D2721	Crown - resin with predominantly base metal	360	360
D2722	Crown - resin with noble metal	357	357
D2740	Crown - porcelain/ceramic	456	425
D2750	Crown - porcelain fused to high noble metal	422	422
D2751	Crown - porcelain fused to predominantly base metal	367	367
D2752	Crown - porcelain fused to noble metal	372	372
D2753	Crown - porcelain fused to titanium and titanium alloys	381	381
D2780	Crown - 3/4 cast high noble metal	385	385
D2781	Crown - 3/4 cast predominantly base metal	355	355
D2782	Crown - 3/4 cast noble metal	361	361
D2783	Crown - 3/4 porcelain/ceramic	391	391
D2790	Crown - full cast high noble metal	400	400
D2791	Crown - full cast predominantly base metal	333	333
D2792	Crown - full cast noble metal	351	351
D2794	Crown - titanium and titanium alloys	564	425
D2799	Provisional crown	209	209
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21	21
D2915	Recement cast or prefabricated post and core	47	47
D2920	Recement crown	46	46
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	135	135
D2929	Prefabricated porcelain/ceramic crown – primary tooth	167	167
D2930	Prefabricated stainless steel crown - primary tooth	140	140
D2931	Prefabricated stainless steel crown - permanent tooth	159	159
D2932	Prefabricated resin crown	86	86
D2933	Prefabricated stainless steel crown with resin window	155	155
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	189	189
D2940	Protective restoration	52	52
D2950	Core buildup, including any pins	126	126
D2951	Pin retention - per tooth, in addition to restoration	26	26
D2952	Cast post and core in addition to crown	184	184
D2953	Each additional cast post - same tooth	64	64
D2954	Prefabricated post and core in addition to crown	151	151
D2955	Post removal (not in conjunction with endodontic therapy)	67	67
D2957	Each additional prefabricated post - same tooth	42	42
D2960	Labial veneer (resin laminate) - chairside	437	425
D2961	Labial veneer (resin laminate) - laboratory	456	425
D2962	Labial veneer (porcelain laminate) - laboratory	543	425
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	74	74
D2980	Crown repair, by report	96	96
D2999	Unspecified procedure, by report	68	68
D3110	Pulp cap - direct (excluding final restoration)	36	36
D3120	Pulp cap - indirect (excluding final restoration)	27	27
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	88	88
D3221	Pulpal debridement, primary and permanent teeth	98	98
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	104	104
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	57	57
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	98	98
D3310	Anterior (excluding final restoration)	328	328
D3320	Premolar (excluding final restoration)	393	393
D3330	Molar tooth (excluding final restoration)	499	425
D3331	Treatment of root canal obstruction; non-surgical access	91	91
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	236	236
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	108	108
D3346	Retreatment of previous root canal therapy - anterior	415	415
D3347	Retreatment of previous root canal therapy - premolar	471	425
D3348	Retreatment of previous root canal therapy - molar	596	425
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	78	78
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	47	47
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	118	118
D3355	Pulpal regeneration - initial visit	80	80
D3356	Pulpal regeneration - interim medication replacement	52	52
D3357	Pulpal regeneration - completion of treatment	96	96
D3410	Apicoectomy/periradicular surgery - anterior	339	339
D3421	Apicoectomy/periradicular surgery - premolar (first root)	232	232
D3425	Apicoectomy/periradicular surgery - molar (first root)	421	421
D3426	Apicoectomy/periradicular surgery (each additional root)	140	140
D3430	Retrograde filling - per root	102	102
D3450	Root amputation - per root	131	131
D3471	Surgical repair of root resorption - anterior	360	360
D3472	Surgical repair of root resorption - premolar	225	225
D3473	Surgical repair of root resorption - molar	360	360
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	360	360
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	225	225
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	360	360
D3920	Hemisection (including any root removal), not including root canal therapy	98	98
D3950	Canal preparation and fitting of preformed dowel or post	43	43

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	248	248
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	119	119
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	111	111
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	297	297
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	173	173
D4245	Apically positioned flap	148	148
D4249	Clinical crown lengthening - hard tissue	329	329
D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	295	295
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	274	274
D4263	Bone replacement graft - first site in quadrant	213	213
D4264	Bone replacement graft - each additional site in quadrant	118	118
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	245	245
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	295	295
D4268	Surgical revision procedure, per tooth	114	114
D4270	Pedicle soft tissue graft procedure	224	224
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	187	187
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	159	159
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	133	133
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	68	68
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	72	72
D4910	Periodontal maintenance	63	63
D4999	Unspecified periodontal procedure, by report	127	127
D5110	Complete denture - maxillary	655	425
D5120	Complete denture - mandibular	637	425
D5130	Immediate denture - maxillary	700	425
D5140	Immediate denture - mandibular	706	425
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	485	425
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	551	425
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	742	425
D5214	Mandibular partial denture - cast metal framework with resin denture bases	742	425
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	676	425
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	735	425
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	676	425
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	735	425
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	215	215
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	211	211
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	202	202
D5286	Removable unilateral partial denture – one piece resin (including claspsand teeth) – per quadrant	214	214
D5410	Adjust complete denture - maxillary	22	22
D5411	Adjust complete denture - mandibular	22	22
D5421	Adjust partial denture - maxillary	25	25
D5422	Adjust partial denture - mandibular	25	25
D5511	Repair broken complete denture base, mandibular	76	76
D5512	Repair broken complete denture base, maxillary	75	75
D5520	Replace missing or broken teeth - complete denture (each tooth)	40	40
D5611	Repair resin partial denture base, mandibular	77	77
D5612	Repair resin partial denture base, maxillary	75	75
D5621	Repair cast partial framework, mandibular	99	99
D5622	Repair cast partial framework, maxillary	99	99
D5630	Repair or replace broken retentive/clasping materials - per tooth	61	61
D5640	Replace broken teeth - per tooth	74	74
D5650	Add tooth to existing partial denture	81	81
D5660	Add clasp to existing partial denture	73	73
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	274	274
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	284	284
D5710	Rebase complete maxillary denture	146	146
D5711	Rebase complete mandibular denture	144	144
D5720	Rebase maxillary partial denture	126	126
D5721	Rebase mandibular partial denture	127	127
D5730	Reline complete maxillary denture (chairside)	93	93
D5731	Reline complete mandibular denture (chairside)	91	91
D5740	Reline maxillary partial denture (chairside)	78	78
D5741	Reline mandibular partial denture (chairside)	80	80
D5750	Reline complete maxillary denture (laboratory)	194	194
D5751	Reline complete mandibular denture (laboratory)	123	123
D5760	Reline maxillary partial denture (laboratory)	120	120
D5761	Reline mandibular partial denture (laboratory)	121	121
D5820	Interim partial denture (maxillary)	270	270
D5821	Interim partial denture (mandibular)	251	251
D5850	Tissue conditioning, maxillary	45	45
D5851	Tissue conditioning, mandibular	42	42
D5899	Unspecified removable prosthodontic procedure, by report	291	291
D5999	Unspecified procedure, by report	264	264
D6210	Pontic - cast high noble metal	370	370
D6211	Pontic - cast predominantly base metal	295	295
D6212	Pontic - cast noble metal	297	297
D6214	Pontic - titanium and titanium alloys	527	425

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D6240	Pontic - porcelain fused to high noble metal	435	425
D6241	Pontic - porcelain fused to predominantly base metal	366	366
D6242	Pontic - porcelain fused to noble metal	399	399
D6243	Pontic – porcelain fused to titanium and titanium alloys	367	367
D6245	Pontic - porcelain/ceramic	362	362
D6250	Pontic - resin with high noble metal	400	400
D6251	Pontic - resin with predominantly base metal	346	346
D6252	Pontic - resin with noble metal	378	378
D6545	Retainer - cast metal for resin bonded fixed prosthesis	226	226
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	319	319
D6602	Retainer inlay - cast high noble metal, two surfaces	485	425
D6603	Retainer inlay - cast high noble metal, three or more surfaces	458	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	348	348
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	432	425
D6606	Retainer inlay - cast noble metal, two surfaces	397	397
D6607	Retainer inlay - cast noble metal, three or more surfaces	436	425
D6610	Retainer onlay - cast high noble metal, two surfaces	369	369
D6611	Retainer onlay - cast high noble metal, three or more surfaces	521	425
D6612	Retainer onlay - cast predominantly base metal, two surfaces	457	425
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	476	425
D6614	Retainer onlay - cast noble metal, two surfaces	452	425
D6615	Retainer onlay - cast noble metal, three or more surfaces	476	425
D6624	Retainer inlay - titanium	428	425
D6634	Retainer onlay - titanium	448	425
D6720	Retainer crown - resin with high noble metal	404	404
D6721	Retainer crown - resin with predominantly base metal	398	398
D6722	Retainer crown - resin with noble metal	398	398
D6740	Retainer crown - porcelain/ceramic	376	376
D6750	Retainer crown - porcelain fused to high noble metal	447	425
D6751	Retainer crown - porcelain fused to predominantly base metal	351	351
D6752	Retainer crown - porcelain fused to noble metal	393	393
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	312	312
D6780	Retainer crown - 3/4 cast high noble metal	393	393
D6781	Retainer crown - 3/4 cast predominantly base metal	378	378
D6782	Retainer crown - 3/4 cast noble metal	353	353
D6783	Retainer crown - 3/4 porcelain/ceramic	381	381
D6784	Retainer crown ¾ – titanium and titanium alloys	373	373
D6790	Retainer crown - full cast high noble metal	384	384
D6791	Retainer crown - full cast predominantly base metal	352	352
D6792	Retainer crown - full cast noble metal	369	369
D6794	Retainer crown - titanium	623	425
D6930	Recement fixed partial denture	62	62
D6980	Fixed partial denture repair necessitated by restorative material failure	115	115
D6999	Unspecified fixed prosthodontic procedure, by report	79	79
D7111	Coronal remnants - deciduous tooth	44	44
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	62	62
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of	116	116
D7220	Removal of impacted tooth - soft tissue	151	151
D7230	Removal of impacted tooth - partially bony	180	180
D7240	Removal of impacted tooth - completely bony	236	236
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	251	251
D7250	Surgical removal of residual tooth roots (cutting procedure)	127	127
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	142	142
D7280	Surgical access of an unerupted tooth	185	185
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	137	137
D7283	Placement of device to facilitate eruption of impacted tooth	104	104
D7284	Excisional biopsy of minor salivary glands	169	169
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	194
D7286	Biopsy of oral tissue - soft (all others)	95	95
D7288	Brush biopsy - transepithelial sample collection	77	77
D7290	Surgical repositioning of teeth	189	189
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	72	72
D7310	Alveoloplasty in conjunction with extractions - per quadrant	72	72
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100	100
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	109	109
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	138	138
D7510	Incision and drainage of abscess - intraoral soft tissue	100	100
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	180	180
D7910	Suture of recent small wounds up to 5 cm	22	22
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	245	245
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	295	295
D7961	Buccal / labial frenectomy (frenulectomy)	271	271
D7962	Lingual frenectomy (frenulectomy)	271	271
D7963	Frenuloplasty	302	302
D7970	Excision of hyperplastic tissue - per arch	241	241
D7971	Excision of pericoronal gingiva	58	58
D7999	Unspecified oral surgery procedure, by report	52	52
D9110	Palliative (emergency) treatment of dental pain – minor procedure – per visit	53	53
D9215	Local anesthesia	9	9

Code	Code Name	Patient Co-Pay*	Patient Co-Pay*
D9222	Deep sedation/general anesthesia - first 15 minutes	68	68
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	68	68
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26	26
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	75	75
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75	75
D9248	Non-intravenous conscious sedation	63	63
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	0	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	Office visit - after regularly scheduled hours	0	0
D9610	Therapeutic parenteral drug, single administration	26	26
D9920	Behavior management, by report	50	50
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	38	38
D9995	Teledentistry - synchronous; real-time encounter	0	0