



| Code  | Code Name  | Adults (19 and over) | Children (up to age 19 (end of month)) |
|-------|--|----------------------|--|
|       |  | Patient Co-Pay*      | 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  | 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                                      |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally  | 0                    | 0                                      |
| D0391 | Interpretation of diagnostic image   | 0                    | 0                                      |
| D0470 | Diagnostic casts (*Only allowed up to age 19 (end of month))   | NA                   | 50%                                    |
| D1110 | Prophylaxis - adult  | 0                    | 0                                      |
| D1120 | Prophylaxis - child  | 0                    | 0                                      |
| D1206 | Topical fluoride varnish - therapeutic application for moderate to high caries risk patients (*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                   | 163                                    |
| D1516 | Space maintainer - fixed - bilateral, maxillary (*Only allowed up to age 19 (end of month))  | NA                   | 218                                    |
| D1517 | Space maintainer - fixed - bilateral, mandibular (*Only allowed up to age 19 (end of month))   | NA                   | 218                                    |
| D1520 | Space maintainer - removable - unilateral - per quadrant (*Only allowed up to age 19 (end of month))                                     | NA                   | 102                                    |
| 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                                     |
| D2140 | Amalgam - one surface, primary or permanent  | 29                   | 29                                     |
| D2150 | Amalgam - two surfaces, primary or permanent   | 37                   | 37                                     |
| D2160 | Amalgam - three surfaces, primary or permanent   | 53                   | 53                                     |
| D2161 | Amalgam - four or more surfaces, primary or permanent  | 60                   | 60                                     |
| D2330 | Resin-based composite - one surface, anterior  | 47                   | 47                                     |
| D2331 | Resin-based composite - two surfaces, anterior   | 58                   | 58                                     |
| D2332 | Resin-based composite - three surfaces, anterior   | 64                   | 64                                     |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior)  | 77                   | 77                                     |
| D2390 | Resin-based composite crown, anterior  | 83                   | 83                                     |
| D2391 | Resin-based composite - one surface, posterior   | 52                   | 52                                     |
| D2392 | Resin-based composite - two surfaces, posterior  | 73                   | 73                                     |
| D2393 | Resin-based composite - three surfaces, posterior  | 86                   | 86                                     |
| D2394 | Resin-based composite - four or more surfaces, posterior   | 106                  | 106                                    |
| D2510 | Inlay - metallic - one surface   | 182                  | 182                                    |
| D2520 | Inlay - metallic - two surfaces  | 249                  | 249                                    |
| D2530 | Inlay - metallic - three or more surfaces  | 251                  | 251                                    |
| D2542 | Onlay - metallic - two surfaces  | 311                  | 311                                    |
| D2543 | Onlay - metallic - three surfaces  | 336                  | 336                                    |
| D2544 | Onlay - metallic - four or more surfaces   | 368                  | 368                                    |
| D2610 | Inlay - porcelain/ceramic - one surface  | 303                  | 303                                    |
| D2620 | Inlay - porcelain/ceramic - two surfaces   | 313                  | 313                                    |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces   | 345                  | 345                                    |
| D2642 | Onlay - porcelain/ceramic - two surfaces   | 379                  | 375                                    |
| D2643 | Onlay - porcelain/ceramic - three surfaces   | 422                  | 375                                    |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces  | 438                  | 375                                    |
| D2650 | Inlay - resin-based composite - one surface  | 193                  | 193                                    |
| D2651 | Inlay - resin-based composite - two surfaces   | 263                  | 263                                    |
| D2652 | Inlay - resin-based composite - three or more surfaces   | 262                  | 262                                    |
| D2662 | Onlay - resin-based composite - two surfaces   | 272                  | 272                                    |
| D2663 | Onlay - resin-based composite - three surfaces   | 280                  | 280                                    |
| D2664 | Onlay - resin-based composite - four or more surfaces  | 287                  | 287                                    |
| D2710 | Crown - resin (indirect)   | 144                  | 144                                    |
| D2720 | Crown - resin with high noble metal  | 392                  | 375                                    |
| D2721 | Crown - resin with predominantly base metal  | 363                  | 363                                    |

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* |
|-------|---|-----------------|-----------------|
| D2722 | Crown - resin with noble metal  | 366             | 366             |
| D2740 | Crown - porcelain/ceramic   | 394             | 375             |
| D2750 | Crown - porcelain fused to high noble metal   | 396             | 375             |
| D2751 | Crown - porcelain fused to predominantly base metal   | 371             | 371             |
| D2752 | Crown - porcelain fused to noble metal  | 382             | 375             |
| D2753 | Crown - porcelain fused to titanium and titanium alloys   | 385             | 375             |
| D2780 | Crown - 3/4 cast high noble metal   | 382             | 375             |
| D2781 | Crown - 3/4 cast predominantly base metal   | 359             | 359             |
| D2782 | Crown - 3/4 cast noble metal  | 376             | 375             |
| D2783 | Crown - 3/4 porcelain/ceramic   | 396             | 375             |
| D2790 | Crown - full cast high noble metal  | 390             | 375             |
| D2791 | Crown - full cast predominantly base metal  | 355             | 355             |
| D2792 | Crown - full cast noble metal   | 371             | 371             |
| D2794 | Crown - titanium and titanium alloys  | 556             | 375             |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration   | 20              | 20              |
| D2920 | Recement crown  | 47              | 47              |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth   | 139             | 139             |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth   | 160             | 160             |
| D2930 | Prefabricated stainless steel crown - primary tooth   | 142             | 142             |
| D2931 | Prefabricated stainless steel crown - permanent tooth   | 142             | 142             |
| D2932 | Prefabricated resin crown   | 89              | 89              |
| D2933 | Prefabricated stainless steel crown with resin window   | 161             | 161             |
| D2940 | Protective restoration  | 52              | 52              |
| D2950 | Core buildup, including any pins  | 126             | 126             |
| D2951 | Pin retention - per tooth, in addition to restoration   | 23              | 23              |
| D2952 | Cast post and core in addition to crown   | 166             | 166             |
| D2953 | Each additional cast post - same tooth  | 58              | 58              |
| D2954 | Prefabricated post and core in addition to crown  | 152             | 152             |
| D2955 | Post removal (not in conjunction with endodontic therapy)   | 67              | 67              |
| D2957 | Each additional prefabricated post - same tooth   | 42              | 42              |
| D2980 | Crown repair, by report   | 85              | 85              |
| D2981 | Inlay repair by report  | 93              | 93              |
| D2982 | Onlay repair by report  | 93              | 93              |
| D2983 | Veneer repair by report   | 93              | 93              |
| D2990 | Resin infill of incipient lesions   | 38              | 38              |
| D3110 | Pulp cap - direct (excluding final restoration)   | 33              | 33              |
| D3120 | Pulp cap - indirect (excluding final restoration)   | 27              | 27              |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and       | 82              | 82              |
| D3221 | Pulpal debridement, primary and permanent teeth   | 92              | 92              |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development                                   | 97              | 97              |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)                             | 53              | 53              |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)                            | 89              | 89              |
| D3310 | Anterior (excluding final restoration)  | 287             | 287             |
| D3320 | Premolar (excluding final restoration)  | 349             | 349             |
| D3330 | Molar tooth (excluding final restoration)   | 459             | 375             |
| D3331 | Treatment of root canal obstruction; non-surgical access  | 77              | 77              |
| D3332 | Incomplete endodontic therapy; inoperable or fractured tooth  | 237             | 237             |
| D3333 | Internal root repair of perforation defects   | 93              | 93              |
| D3346 | Retreatment of previous root canal therapy - anterior   | 389             | 375             |
| D3347 | Retreatment of previous root canal therapy - premolar   | 446             | 375             |
| D3348 | Retreatment of previous root canal therapy - molar  | 547             | 375             |
| D3351 | Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 80              | 80              |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root    | 48              | 48              |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of  | 121             | 121             |
| D3355 | Pulpal regeneration - initial visit   | 82              | 82              |
| D3356 | Pulpal regeneration - interim medication replacement  | 53              | 53              |
| D3357 | Pulpal regeneration - completion of treatment   | 90              | 90              |
| D3410 | Apicoectomy/periradicular surgery - anterior  | 348             | 348             |
| D3421 | Apicoectomy/periradicular surgery - premolar (first root)   | 241             | 241             |
| D3425 | Apicoectomy/periradicular surgery - molar (first root)  | 435             | 375             |
| D3426 | Apicoectomy/periradicular surgery (each additional root)  | 144             | 144             |
| D3430 | Retrograde filling - per root   | 109             | 109             |
| D3450 | Root amputation - per root  | 137             | 137             |
| D3471 | Surgical repair of root resorption - anterior   | 338             | 338             |
| D3472 | Surgical repair of root resorption - premolar   | 211             | 211             |
| D3473 | Surgical repair of root resorption - molar  | 338             | 338             |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior                           | 338             | 338             |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar                           | 211             | 211             |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar                              | 338             | 338             |
| D3920 | Hemisection (including any root removal), not including root canal therapy  | 104             | 104             |
| D3950 | Canal preparation and fitting of preformed dowel or post  | 45              | 45              |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant                      | 279             | 279             |
| D4211 | Gingivectomy or gingivoplasty - one to three teeth, per quadrant  | 131             | 131             |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth                                      | 121             | 121             |
| D4240 | Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad                 | 332             | 332             |
| D4241 | Gingival flap procedure, including root planing - one to three teeth, per quadrant                                      | 195             | 195             |
| D4245 | Apically positioned flap  | 160             | 160             |
| D4249 | Clinical crown lengthening - hard tissue  | 363             | 363             |
| D4260 | Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad                | 328             | 328             |
| D4261 | Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant                                   | 311             | 311             |

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* |
|-------|---|-----------------|-----------------|
| D4263 | Bone replacement graft - first site in quadrant   | 208             | 208             |
| D4264 | Bone replacement graft - each additional site in quadrant   | 68              | 68              |
| D4266 | Guided tissue regeneration, natural teeth – resorbable barrier, per site  | 233             | 233             |
| D4267 | Guided tissue regeneration, natural teeth – non-resorbable barrier, per site  | 252             | 252             |
| D4268 | Surgical revision procedure, per tooth  | 107             | 107             |
| D4270 | Pedicle soft tissue graft procedure   | 250             | 250             |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or                  | 415             | 375             |
| D4275 | Soft tissue allograft   | 321             | 321             |
| D4277 | Soft tissue graft procedure first tooth   | 458             | 375             |
| D4278 | Soft tissue graft procedure each add tooth  | 298             | 298             |
| D4322 | Splint - intra-coronal; natural teeth or prosthetic crowns  | 112             | 112             |
| D4323 | Splint - extra-coronal; natural teeth or prosthetic crowns  | 97              | 97              |
| D4341 | Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant                              | 120             | 120             |
| D4342 | Periodontal scaling and root planing, one to three teeth, per quadrant  | 60              | 60              |
| D4355 | Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit                      | 73              | 73              |
| D4910 | Periodontal maintenance   | 65              | 65              |
| D5110 | Complete denture - maxillary  | 608             | 375             |
| D5120 | Complete denture - mandibular   | 607             | 375             |
| D5130 | Immediate denture - maxillary   | 661             | 375             |
| D5140 | Immediate denture - mandibular  | 667             | 375             |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)                                     | 502             | 375             |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)                                    | 582             | 375             |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)  | 674             | 375             |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) | 674             | 375             |
| D5282 | Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)                                   | 226             | 226             |
| D5283 | Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)                                  | 223             | 223             |
| D5284 | Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant                            | 215             | 215             |
| D5286 | Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant                                    | 226             | 226             |
| D5410 | Adjust complete denture - maxillary   | 21              | 21              |
| D5411 | Adjust complete denture - mandibular  | 21              | 21              |
| D5421 | Adjust partial denture - maxillary  | 22              | 22              |
| D5422 | Adjust partial denture - mandibular   | 21              | 21              |
| D5511 | Repair broken complete denture base, mandibular   | 74              | 74              |
| D5512 | Repair broken complete denture base, maxillary  | 73              | 73              |
| D5520 | Replace missing or broken teeth - complete denture (each tooth)   | 37              | 37              |
| D5611 | Repair resin partial denture base, mandibular   | 75              | 75              |
| D5612 | Repair resin partial denture base, maxillary  | 74              | 74              |
| D5621 | Repair cast partial framework, mandibular   | 87              | 87              |
| D5622 | Repair cast partial framework, maxillary  | 88              | 88              |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth   | 58              | 58              |
| D5640 | Replace broken teeth - per tooth  | 64              | 64              |
| D5650 | Add tooth to existing partial denture   | 82              | 82              |
| D5660 | Add clasp to existing partial denture   | 63              | 63              |
| D5710 | Rebase complete maxillary denture   | 140             | 140             |
| D5711 | Rebase complete mandibular denture  | 134             | 134             |
| D5720 | Rebase maxillary partial denture  | 133             | 133             |
| D5721 | Rebase mandibular partial denture   | 134             | 134             |
| D5730 | Reline complete maxillary denture (chairside)   | 87              | 87              |
| D5731 | Reline complete mandibular denture (chairside)  | 85              | 85              |
| D5740 | Reline maxillary partial denture (chairside)  | 76              | 76              |
| D5741 | Reline mandibular partial denture (chairside)   | 78              | 78              |
| D5750 | Reline complete maxillary denture (laboratory)  | 180             | 180             |
| D5751 | Reline complete mandibular denture (laboratory)   | 113             | 113             |
| D5760 | Reline maxillary partial denture (laboratory)   | 110             | 110             |
| D5761 | Reline mandibular partial denture (laboratory)  | 111             | 111             |
| D5810 | Interim complete denture (maxillary)  | 186             | 186             |
| D5811 | Interim complete denture (mandibular)   | 195             | 195             |
| D5820 | Interim partial denture (maxillary)   | 255             | 255             |
| D5821 | Interim partial denture (mandibular)  | 232             | 232             |
| D5850 | Tissue conditioning, maxillary  | 41              | 41              |
| D5851 | Tissue conditioning, mandibular   | 40              | 40              |
| D6010 | Surgical placement of implant body: endosteal implant (*Only allowed up to age 19 (end of month))                                     | NA              | 375             |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant (*Only allowed up to age 19                 | NA              | 375             |
| D6040 | Surgical placement: endosteal implant (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6050 | Surgical placement: transosteal implant (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6055 | Dental implant supported connecting bar (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6056 | Prefabricated abutment - includes placement (*Only allowed up to age 19 (end of month))   | NA              | 314             |
| D6057 | Custom abutment - includes placement (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6058 | Abutment supported porcelain/ceramic crown  | 677             | 375             |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal)  | 676             | 375             |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal)  | 618             | 375             |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal)   | 644             | 375             |
| D6062 | Abutment supported cast metal crown (high noble metal)  | 641             | 375             |
| D6063 | Abutment supported cast metal crown (predominantly base metal)  | 610             | 375             |
| D6064 | Abutment supported cast metal crown (noble metal)   | 605             | 375             |
| D6065 | Implant supported porcelain/ceramic crown   | 640             | 375             |
| D6066 | Implant supported crown - porcelain fused to high noble alloys  | 683             | 375             |
| D6067 | Implant supported crown - high noble alloys   | 595             | 375             |

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* |
|-------|--|-----------------|-----------------|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))                                | NA              | 375             |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))                        | NA              | 375             |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) (*Only allowed up to age 19 (end of month))                                     | NA              | 375             |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) (*Only allowed up to age 19 (end of month))                                      | NA              | 375             |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6075 | Implant supported retainer for ceramic FPD (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys (*Only allowed up to age 19 (end of month))                                      | NA              | 375             |
| D6077 | Implant supported retainer for metal FPD - high noble alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and   | NA              | 57              |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6083 | Implant supported crown - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))                                      | NA              | 375             |
| D6086 | Implant supported crown - predominantly base alloys (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6087 | Implant supported crown - noble alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6088 | Implant supported crown - titanium and titanium alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6090 | Repair implant supported prosthesis, by report (*Only allowed up to age 19 (end of month))   | NA              | 76              |
| D6091 | Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment (*Only allowed up to age 19 (end of month)) | NA              | 182             |
| D6095 | Repair implant abutment, by report (*Only allowed up to age 19 (end of month))   | NA              | 114             |
| D6098 | Implant supported retainer - porcelain fused to predominantly base alloys (*Only allowed up to age 19 (end of month))                                      | NA              | 375             |
| D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6100 | Surgical removal of implant body (*Only allowed up to age 19 (end of month))   | NA              | 224             |
| D6101 | Debridement of peri-implant defect (*Only allowed up to age 19 (end of month))   | NA              | 190             |
| D6102 | Debridement of peri-implant defect (*Only allowed up to age 19 (end of month))   | NA              | 308             |
| D6103 | Bone graft repair of peri-implant (*Only allowed up to age 19 (end of month))  | NA              | 155             |
| D6104 | Bone graft at time of implant placement (*Only allowed up to age 19 (end of month))  | NA              | 138             |
| D6105 | Removal of implant body not requiring bone removal or flap elevation (*Only allowed up to age 19 (end of month))   | NA              | 70              |
| D6106 | Guided tissue regeneration - resorbable barrier, per implant (*Only allowed up to age 19 (end of month))   | NA              | 233             |
| D6107 | Guided tissue regeneration - non-resorbable barrier, per implant (*Only allowed up to age 19 (end of month))   | NA              | 252             |
| D6120 | Implant supported retainer - porcelain fused to titanium and titanium alloys (*Only allowed up to age 19 (end of month))                                   | NA              | 375             |
| D6121 | Implant supported retainer for metal FPD - predominantly base alloys (*Only allowed up to age 19 (end of month))   | NA              | 375             |
| D6122 | Implant supported retainer for metal FPD - noble alloys (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6123 | Implant supported retainer for metal FPD - titanium and titanium alloys (*Only allowed up to age 19 (end of month))  | NA              | 375             |
| D6190 | Radiographic/surgical implant index, by report (*Only allowed up to age 19 (end of month))   | NA              | 137             |
| D6210 | Pontic - cast high noble metal   | 351             | 351             |
| D6211 | Pontic - cast predominantly base metal   | 316             | 316             |
| D6212 | Pontic - cast noble metal  | 313             | 313             |
| D6214 | Pontic - titanium and titanium alloys  | 500             | 375             |
| D6240 | Pontic - porcelain fused to high noble metal   | 387             | 375             |
| D6241 | Pontic - porcelain fused to predominantly base metal   | 349             | 349             |
| D6242 | Pontic - porcelain fused to noble metal  | 368             | 368             |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys   | 350             | 350             |
| D6245 | Pontic - porcelain/ceramic   | 385             | 375             |
| D6250 | Pontic - resin with high noble metal   | 373             | 373             |
| D6251 | Pontic - resin with predominantly base metal   | 323             | 323             |
| D6252 | Pontic - resin with noble metal  | 363             | 363             |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis  | 214             | 214             |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis   | 308             | 308             |
| D6720 | Retainer crown - resin with high noble metal   | 337             | 337             |
| D6721 | Retainer crown - resin with predominantly base metal   | 335             | 335             |
| D6722 | Retainer crown - resin with noble metal  | 334             | 334             |
| D6740 | Retainer crown - porcelain/ceramic   | 391             | 375             |
| D6750 | Retainer crown - porcelain fused to high noble metal   | 396             | 375             |
| D6751 | Retainer crown - porcelain fused to predominantly base metal   | 366             | 366             |
| D6752 | Retainer crown - porcelain fused to noble metal  | 378             | 375             |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys   | 328             | 328             |
| D6780 | Retainer crown - 3/4 cast high noble metal   | 390             | 375             |
| D6781 | Retainer crown - 3/4 cast predominantly base metal   | 373             | 373             |
| D6782 | Retainer crown - 3/4 cast noble metal  | 353             | 353             |
| D6783 | Retainer crown - 3/4 porcelain/ceramic   | 396             | 375             |
| D6784 | Retainer crown 3/4 - titanium and titanium alloys  | 371             | 371             |
| D6790 | Retainer crown - full cast high noble metal  | 381             | 375             |
| D6791 | Retainer crown - full cast predominantly base metal  | 352             | 352             |
| D6792 | Retainer crown - full cast noble metal   | 367             | 367             |
| D6930 | Recent fixed partial denture   | 61              | 61              |
| D6980 | Fixed partial denture repair necessitated by restorative material failure  | 101             | 101             |
| D7111 | Coronal remnants - deciduous tooth   | 42              | 42              |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)   | 54              | 54              |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of   | 104             | 104             |
| D7220 | Removal of impacted tooth - soft tissue  | 132             | 132             |
| D7230 | Removal of impacted tooth - partially bony   | 160             | 160             |
| D7240 | Removal of impacted tooth - completely bony  | 213             | 213             |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications   | 254             | 254             |
| D7250 | Surgical removal of residual tooth roots (cutting procedure)   | 133             | 133             |
| D7251 | Coronectomy - intentional partial tooth removal, impacted teeth only   | 228             | 228             |
| D7270 | Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth   | 128             | 128             |
| D7280 | Surgical access of an unerupted tooth  | 223             | 223             |
| D7285 | Biopsy of oral tissue - hard (bone, tooth)   | 238             | 238             |

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* |
|-------------|---|-----------------|-----------------|
| D7286       | Biopsy of oral tissue - soft (all others)   | 114             | 114             |
| D7310       | Alveoplasty in conjunction with extractions - per quadrant  | 76              | 76              |
| D7311       | Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant        | 98              | 98              |
| D7320       | Alveoplasty not in conjunction with extractions - per quadrant  | 202             | 202             |
| D7321       | Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant    | 264             | 264             |
| D7471       | Removal of lateral exostosis (maxilla or mandible)  | 347             | 347             |
| D7510       | Incision and drainage of abscess - intraoral soft tissue  | 101             | 101             |
| D7910       | Suture of recent small wounds up to 5 cm  | 21              | 21              |
| D7921       | Collection and application of autologous blood concentrate product                                    | 99              | 99              |
| D7953       | Bone replacement graft for ridge preservation - per site  | 151             | 151             |
| D7956       | Guided tissue regeneration, edentulous area - resorbable barrier, per site                            | 233             | 233             |
| D7957       | Guided tissue regeneration, edentulous area - non-resorbable barrier, per site                        | 252             | 252             |
| D7961       | Buccal / labial frenectomy (frenulectomy)   | 254             | 254             |
| D7962       | Lingual frenectomy (frenulectomy)   | 254             | 254             |
| D7971       | Excision of pericoronal gingiva   | 56              | 56              |
| D8010-D8999 | Orthodontic services <b>(*Only allowed up to age 19 (end of month))</b>                               | NA              | 50%             |
| D9110       | Palliative (emergency) treatment of dental pain - minor procedure - per visit                         | 50              | 50              |
| D9215       | Local anesthesia  | 9               | 9               |
| D9222       | Deep sedation/general anesthesia - first 15 minutes   | 69              | 69              |
| D9223       | Deep sedation/general anesthesia - each subsequent 15 minute increment                                | 69              | 69              |
| D9230       | Analgesia, anxiolysis, inhalation of nitrous oxide  | 24              | 24              |
| D9239       | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes                                | 60              | 60              |
| D9243       | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment             | 60              | 60              |
| 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              |
| D9930       | Treatment of complications (post-surgical) - unusual circumstances, by report                         | 36              | 36              |
| D9944       | Occlusal guard - hard appliance, full arch  | 287             | 287             |
| D9945       | Occlusal guard - soft appliance, full arch  | 253             | 253             |
| D9946       | Occlusal guard - hard appliance, partial arch   | 275             | 275             |
| D9951       | Occlusal adjustment - limited   | 32              | 32              |
| D9995       | Teledentistry - synchronous; real-time encounter  | 0               | 0               |

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.