Advantage Copay AZ-1
Copay & Claim Payment Schedule
Effective 1/1/2026

Copay & Claim Payment Schedule

This schedule lists the member co-pay (what you pay) at in-network general and pediatric providers, and the maximum claim payment EMI Health makes to out-of-network providers. Use this document to verify charges against your benefits.

How to read this schedule

- **$0 In-Network Copay** means there is no out-of-pocket cost to you when you use an in-network general or pediatric provider.
- **Out-of-Network Claim Payment** is the maximum the plan pays toward the procedure if you see a non-network provider. You are responsible for any difference between the provider's charge and this payment.
- **Discount-only items** (highlighted) are not insured benefits. The member pays the discounted rate directly to the provider.
- **Age limits** apply to certain procedures (fluoride, sealants, space maintainers). Refer to your plan summary for specific age cutoffs.

Schedule of Co-Pays and Claim Payments

Code	Code Name	In-Network Patient Copay *(general & pediatric providers only)*	Out-of-Network Claim Payment
DIAGNOSTIC			
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	**$0**	**$25**
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	**$0**	**$36**
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	**$0**	**$28**
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	**$0**	**$35**
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	**$0**	**$88**
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	**$0**	**$20**
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	**$0**	**$36**
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES (Including bitewings)	**$0**	**$70**
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	**$0**	**$14**
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	**$0**	**$11**
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	**$0**	**$19**
D0250	EXTRAORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	**$0**	**$27**
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	**$0**	**$25**
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	**$0**	**$14**
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	**$0**	**$22**
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	**$0**	**$29**
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	**$0**	**$29**
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	**$0**	**$29**
D0330	PANORAMIC RADIOGRAPHIC IMAGE	**$0**	**$60**
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION MEASUREMENT AND ANALYSIS	**$0**	**$59**
D0460	PULP VITALITY TESTS	**$19**	**$3**
PREVENTIVE			
D1110	PROPHYLAXIS - ADULT	**$0**	**$56**

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D1120	PROPHYLAXIS - CHILD	$0	$42
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH (*Verify age limits of the plan)	$0	$17
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (*Verify age limits of the plan)	$0	$17
D1351	SEALANT - PER TOOTH (*Verify age limits of the plan)	$0	$27
D1353	SEALANT REPAIR PER TOOTH (*Verify age limits of the plan)	$31	$0
D1510	SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	$169	$18
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY (*Verify age limits of the plan)	$270	$30
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR (*Verify age limits of the plan)	$270	$30
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	$121	$119
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY (*Verify age limits of the plan)	$171	$169
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR (*Verify age limits of the plan)	$171	$169
D1551	RECMNT/REBND OF BILATERAL SPACE MAINTAINER - MAXILLARY (*Verify age limits of the plan)	$33	$9
D1552	RECMNT/REBND OF BILATERAL SPACE MAINTAINER - MANDIBULAR (*Verify age limits of the plan)	$33	$9
D1553	RECMNT/REBND OF UNILATERAL SPACE MAINTAINER - PER QUADRANT (*Verify age limits of the plan)	$21	$6
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT (*Verify age limits of the plan)	$23	$0
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY (*Verify age limits of the plan)	$36	$0
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR (*Verify age limits of the plan)	$36	$0
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT (*Verify age limits of the plan)	$187	$0
RESTORATIVE			
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	$25	$40
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	$33	$49
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	$52	$50
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	$56	$64
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	$46	$34
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	$56	$44
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	$63	$57
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ANTERIOR	$74	$66
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	$65	$65
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	$55	$40
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	$77	$53
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	$85	$65
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	$99	$61
D2542	ONLAY - METALLIC - TWO SURFACES	$317	$223
D2543	ONLAY - METALLIC - THREE SURFACES	$348	$232
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	$360	$234
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	$309	$131
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	$336	$144
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	$401	$174

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D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	**$393**	**$167**
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	**$459**	**$175**
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	**$474**	**$185**
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	**$252**	**$107**
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	**$300**	**$128**
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	**$316**	**$134**
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	**$317**	**$137**
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	**$345**	**$179**
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	**$355**	**$195**
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	**$138**	**$137**
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	**$275**	**$0**
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	**$353**	**$207**
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	**$292**	**$178**
D2722	CROWN - RESIN WITH NOBLE METAL	**$332**	**$208**
D2740	CROWN - PORCELAIN/CERAMIC	**$469**	**$281**
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	**$471**	**$254**
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	**$446**	**$229**
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	**$458**	**$242**
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	**$463**	**$237**
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	**$430**	**$245**
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	**$397**	**$218**
D2782	CROWN - 3/4 CAST NOBLE METAL	**$435**	**$240**
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	**$447**	**$253**
D2790	CROWN - FULL CAST HIGH NOBLE METAL	**$449**	**$251**
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	**$418**	**$232**
D2792	CROWN - FULL CAST NOBLE METAL	**$436**	**$239**
D2910	RECMNT/REBND INLAY ONLAY/PART CVRGE RESTORATION	**$21**	**$32**
D2915	RECMNT/REBND CAST OR PREFABRICATED POST AND CORE	**$58**	**$0**
D2920	RE-CEMENT OR RE-BOND CROWN	**$50**	**$4**
D2928	PREFABR PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	**$121**	**$65**
D2929	PREFABR PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	**$144**	**$34**
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	**$135**	**$15**
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	**$131**	**$32**
D2932	PREFABRICATED RESIN CROWN	**$88**	**$88**
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	**$147**	**$38**
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	**$160**	**$0**
D2940	PROTECTIVE RESTORATION	**$44**	**$4**
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	**$123**	**$12**
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	**$27**	**$6**
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	**$161**	**$39**
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	**$52**	**$52**
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	**$156**	**$17**
D2955	POST REMOVAL	**$55**	**$55**
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	**$19**	**$18**
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	**$293**	**$36**
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	**$575**	**$0**
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	**$650**	**$0**
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	**$80**	**$20**
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	**$79**	**$9**

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D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	**$79**	**$9**
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	**$79**	**$9**
ENDODONTICS			
D3110	PULP CAP - DIRECT (Excluding final restoration)	**$35**	**$5**
D3120	PULP CAP - INDIRECT (Excluding final restoration)	**$28**	**$6**
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	**$81**	**$9**
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	**$81**	**$9**
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH (Excluding final restoration)	**$54**	**$52**
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH (Excluding final restoration)	**$92**	**$22**
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)	**$294**	**$111**
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)	**$356**	**$124**
D3330	ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)	**$491**	**$149**
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	**$114**	**$111**
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	**$204**	**$51**
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	**$104**	**$44**
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	**$376**	**$124**
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	**$475**	**$165**
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	**$578**	**$192**
D3351	APEXIFICATION/RECALCIFICAT INIT VST	**$77**	**$123**
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	**$44**	**$44**
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	**$150**	**$210**
D3410	APICOECTOMY - ANTERIOR	**$372**	**$91**
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	**$248**	**$247**
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	**$446**	**$111**
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	**$140**	**$34**
D3430	RETROGRADE FILLING - PER ROOT	**$116**	**$27**
D3450	ROOT AMPUTATION - PER ROOT	**$128**	**$127**
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	**$446**	**$111**
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	**$266**	**$264**
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	**$457**	**$115**
D3501	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - ANTERIOR	**$357**	**$88**
D3502	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - PREMOLAR	**$212**	**$212**
D3503	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - MOLAR	**$365**	**$92**
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	**$112**	**$110**
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	**$45**	**$44**
PERIODONTICS			
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	**$252**	**$63**
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	**$119**	**$12**
D4212	GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH	**$54**	**$6**
D4240	GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	**$322**	**$80**
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	**$158**	**$39**
D4245	APICALLY POSITIONED FLAP	**$134**	**$131**
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	**$392**	**$96**

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D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	**$346**	**$344**
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	**$316**	**$79**
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	**$189**	**$21**
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	**$114**	**$111**
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN, PER SITE	**$145**	**$0**
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	**$217**	**$23**
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	**$241**	**$59**
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	**$251**	**$249**
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	**$202**	**$201**
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - FIRST T	**$463**	**$118**
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	**$250**	**$0**
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - FIRST	**$535**	**$133**
D4276	COMB CNCTIVE TISSUE & PEDICLE GRAFT PER TOOTH	**$688**	**$0**
D4277	SOFT TISSUE GRAFT PROCEDURE FIRST TOOTH	**$500**	**$55**
D4278	SOFT TISSUE GRAFT PROCEDURE EACH ADD TOOTH	**$200**	**$18**
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH A	**$396**	**$0**
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATE	**$309**	**$0**
D4322	SPLINT - INTRACORONAL; NATURAL TEETH OR PROSTH CROWNS	**$105**	**$103**
D4323	SPLINT - EXTRACORONAL; NATURAL TEETH OR PROSTH CROWNS	**$99**	**$96**
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	**$126**	**$22**
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	**$47**	**$12**
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION	**$61**	**$0**
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	**$65**	**$11**
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	**$75**	**$0**
D4910	PERIODONTAL MAINTENANCE	**$54**	**$12**
REMOVABLE PROSTHODONTICS			
D5110	COMPLETE DENTURE - MAXILLARY	**$666**	**$159**
D5120	COMPLETE DENTURE - MANDIBULAR	**$666**	**$159**
D5130	IMMEDIATE DENTURE - MAXILLARY	**$714**	**$161**
D5140	IMMEDIATE DENTURE - MANDIBULAR	**$720**	**$155**
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (Including retentive/clasping materials, rests and teeth)	**$522**	**$128**
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (Including retentive/clasping materials, rests and teeth)	**$521**	**$129**
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE (Including retentive/clasping materials, rests and teeth)	**$735**	**$165**
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE (Including retentive/clasping materials, rests and teeth)	**$736**	**$164**
D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE (Including any clasps, rests and teeth)	**$975**	**$0**
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE (Including any clasps, rests and teeth)	**$975**	**$0**
D5227	IMMEDIATE MAX PART DENTURE FLEX BASE (Including any clasps, rests and teeth)	**$985**	**$0**
D5228	IMMEDIATE MAND PART DENTURE FLEX BASE (Including any clasps, rests and teeth)	**$985**	**$0**

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D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY (Including any clasps, rests and teeth)	**$225**	**$225**
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR (Including any clasps, rests and teeth)	**$226**	**$224**
D5284	REMV UNILAT PART DENTUR - 1 PIECE FLEXIBLE BASE (Including any clasps, rests and teeth) - PER QUADRANT	**$226**	**$224**
D5286	REMV UNILAT PART DENTUR - 1 PIECE RESIN (Including any clasps, rests and teeth) - PER QUADRANT	**$226**	**$224**
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	**$21**	**$21**
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	**$22**	**$20**
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	**$22**	**$20**
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	**$22**	**$20**
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	**$93**	**$23**
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	**$93**	**$23**
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE (Each tooth)	**$47**	**$43**
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	**$72**	**$18**
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	**$72**	**$18**
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	**$90**	**$22**
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	**$90**	**$22**
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	**$51**	**$49**
D5640	REPLACE BROKEN TEETH - PER TOOTH	**$65**	**$15**
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	**$78**	**$20**
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	**$59**	**$58**
D5710	REBASE COMPLETE MAXILLARY DENTURE	**$157**	**$155**
D5711	REBASE COMPLETE MANDIBULAR DENTURE	**$157**	**$155**
D5720	REBASE MAXILLARY PARTIAL DENTURE	**$153**	**$152**
D5721	REBASE MANDIBULAR PARTIAL DENTURE	**$153**	**$152**
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	**$200**	**$50**
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	**$125**	**$125**
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	**$116**	**$115**
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	**$116**	**$115**
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	**$200**	**$200**
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	**$201**	**$199**
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	**$268**	**$30**
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	**$238**	**$60**
D5850	TISSUE CONDITIONING MAXILLARY	**$39**	**$37**
D5851	TISSUE CONDITIONING MANDIBULAR	**$39**	**$37**
D5863	OVERDENTURE - COMPLETE MAXILLARY	**$800**	**$0**
D5864	OVERDENTURE - PARTIAL MAXILLARY	**$666**	**$0**
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	**$90**	**$0**
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	*25% Discount*	$0
IMPLANT SERVICES			
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	**$1170**	**$130**
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	**$1170**	**$130**
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	**$1233**	**$137**
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	**$1233**	**$137**
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	**$1259**	**$141**
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	**$364**	**$36**

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Advantage Copay AZ-1

Copay & Claim Payment Schedule

Effective 1/1/2026

Code	Code Name	In-Network Patient Copay (general & pediatric providers only)	Out-of-Network Claim Payment
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	**$450**	**$50**
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	**$784**	**$106**
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	**$801**	**$89**
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	**$762**	**$38**
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	**$737**	**$83**
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	**$793**	**$87**
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	**$694**	**$76**
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	**$656**	**$74**
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	**$734**	**$156**
D6066	IMPL SUPP CROWN PORCLN FUSED HIGH NOBL ALLOYS	**$801**	**$89**
D6067	IMPL SUPP CROWN HIGH NOBLE ALLOYS	**$696**	**$174**
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	**$801**	**$89**
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	**$801**	**$89**
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	**$662**	**$73**
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	**$743**	**$82**
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	**$689**	**$76**
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	**$688**	**$77**
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	**$887**	**$98**
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	**$743**	**$82**
D6076	IMPL SUPP RTNR FPD PORCLN FUSED HIGH NOBL ALLOYS	**$801**	**$89**
D6077	IMPL SUPP RTNR METL FPD HIGH NOBLE ALLOYS	**$751**	**$84**
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	**$112**	**$9**
D6082	IMPL SUPP CROWN PORCLN FUSED PREDOMINANTLY BASE ALLOYS	**$801**	**$89**
D6083	IMPL SUPP CROWN PORCLN FUSED NOBLE ALLOYS	**$801**	**$89**
D6084	IMPL SUPP CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	**$801**	**$89**
D6086	IMPL SUPP CROWN PREDOMINANTLY BASE ALLOYS	**$772**	**$85**
D6087	IMPL SUPP CROWN NOBLE ALLOYS	**$773**	**$85**
D6088	IMPL SUPP CROWN TITANIUM AND TITANIUM ALLOYS	**$772**	**$86**
D6089	ACCESSING AND RETORQUING LOOSE IMPLANT SCREW - PER SCREW	**$53**	**$5**
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	**$240**	**$27**
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	**$65**	**$0**
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	**$75**	**$0**
D6094	ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	**$790**	**$0**
D6097	ABUTMENT SUPPORTED CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	**$820**	**$0**
D6098	IMPL SUPP RTNR PORCLN FUSED PREDOMINANTLY BASE ALLOYS	**$752**	**$83**
D6099	IMPL SUPP RTNR FPD PORCLN FUSED NOBLE ALLOYS	**$751**	**$84**
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	**$219**	**$24**
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	**$149**	**$17**
D6103	BONE GRAFT REPAIR OF PERI-IMPLANT	**$179**	**$20**
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	**$248**	**$27**
D6106	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER IMPLANT	**$217**	**$23**
D6107	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER IMPLANT	**$270**	**$30**
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	**$1226**	**$136**
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	**$1226**	**$136**
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	**$1226**	**$136**
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	**$1226**	**$136**
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	**$1402**	**$156**

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Advantage Copay AZ-1
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D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	**$1402**	**$156**
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	**$1076**	**$119**
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	**$1076**	**$119**
D6120	IMPL SUPP RTNR PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	**$752**	**$83**
D6121	IMPL SUPP RTNR METAL FPD PREDOMINANTLY BASE ALLOYS	**$725**	**$80**
D6122	IMPL SUPP RTNR METAL FPD NOBLE ALLOYS	**$906**	**$100**
D6123	IMPL SUPP RTNR METAL FPD TITANIUM AND TITANIUM ALLOYS	**$906**	**$100**
D6180	IMPL MAINT PROC NOT REMV CLEAN PROSTH & ABUT	**$109**	**$12**
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	**$148**	**$17**
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	**$393**	**$0**
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	**$294**	**$0**
D6193	REPLACEMENT OF AN IMPLANT SCREW	**$103**	**$11**
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD TITANIUM AND TITANIUM ALLOYS	**$940**	**$0**
D6195	ABUTMENT SUPPORTED RETAINER PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	**$825**	**$0**
FIXED PROSTHODONTICS			
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	**$400**	**$0**
D6210	PONTIC - CAST HIGH NOBLE METAL	**$396**	**$244**
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	**$354**	**$236**
D6212	PONTIC - CAST NOBLE METAL	**$349**	**$261**
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	**$470**	**$230**
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	**$449**	**$226**
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	**$466**	**$234**
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	**$466**	**$234**
D6245	PONTIC - PORCELAIN/CERAMIC	**$488**	**$262**
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	**$364**	**$196**
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	**$288**	**$182**
D6252	PONTIC - RESIN WITH NOBLE METAL	**$361**	**$184**
D6280	IMPL MAINT PROC REMOV IMP/ABUT DENTURE CLEANS & REINSRT	**$112**	**$9**
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	**$624**	**$0**
D6601	RETAINER INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	**$624**	**$0**
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL TWO SURFACES	**$452**	**$0**
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	**$488**	**$0**
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	**$444**	**$0**
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	**$488**	**$0**
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	**$452**	**$0**
D6607	RETAINER INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	**$488**	**$0**
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	**$600**	**$0**
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	**$625**	**$0**
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	**$495**	**$0**
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	**$540**	**$0**
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	**$534**	**$0**
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	**$578**	**$0**
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	**$518**	**$0**
D6615	RETAINER ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	**$578**	**$0**
D6624	RETAINER INLAY - TITANIUM	**$400**	**$0**
D6634	RETAINER ONLAY - TITANIUM	**$525**	**$0**

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Advantage Copay AZ-1
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Effective 1/1/2026

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D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	**$476**	**$0**
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	**$170**	**$100**
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	**$310**	**$190**
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	**$322**	**$203**
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	**$469**	**$281**
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	**$472**	**$253**
D6751	RETAINER CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	**$446**	**$229**
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	**$457**	**$243**
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	**$446**	**$229**
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	**$432**	**$244**
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	**$397**	**$218**
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	**$437**	**$238**
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	**$447**	**$253**
D6784	RETAINER CROWN - 3/4 TITANIUM AND TITANIUM ALLOYS	**$453**	**$247**
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	**$449**	**$251**
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	**$418**	**$232**
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	**$434**	**$241**
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	**$60**	**$15**
ORAL & MAXILLOFACIAL SURGERY			
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	**$40**	**$20**
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)	**$46**	**$24**
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	**$100**	**$36**
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	**$125**	**$35**
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	**$147**	**$53**
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	**$196**	**$40**
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	**$187**	**$49**
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	**$137**	**$13**
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	**$122**	**$120**
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	**$242**	**$61**
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	**$150**	**$0**
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	**$150**	**$38**
D7285	BIOPSY OF ORAL TISSUE HARD	**$90**	**$88**
D7286	BIOPSY OF ORAL TISSUE SOFT	**$93**	**$91**
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	**$125**	**$0**
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	**$45**	**$0**
D7290	SURGICAL REPOSITIONING OF TEETH	**$256**	**$0**
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	**$244**	**$238**
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	**$67**	**$16**
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	**$64**	**$64**
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	**$176**	**$49**
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	**$225**	**$0**
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	**$363**	**$0**
D7471	REMOVAL OF LATERAL EXOSTOSIS	**$267**	**$64**
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	**$67**	**$17**
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	**$178**	**$0**
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	**$402**	**$0**

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D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	**$304**	**$32**
D7956	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - RESORBABLE BARRIER, PER SITE	**$217**	**$23**
D7957	GUIDED TISSUE REGENERATION, EDENTULOUS AREA - NON-RESORBABLE BARRIER, PER SITE	**$241**	**$59**
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	**$203**	**$22**
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	**$203**	**$22**
D7971	EXCISION OF PERICORONAL GINGIVA	**$50**	**$47**
ADJUNCTIVE GENERAL SERVICES			
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	**$41**	**$4**
D9120	FIXED PARTIAL DENTURE SECTIONING	**$78**	**$0**
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	**$20**	**$0**
D9215	LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	**$21**	**$15**
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	**$64**	**$26**
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	**$64**	**$26**
D9224	GENERAL ANESTHESIA WITH ADVANCED AIRWAY – FIRST 15 MINUTES	**$64**	**$26**
D9225	GENERAL ANESTHESIA WITH ADVANCED AIRWAY – EACH SUBSEQUENT 15 MINUTE INCREMENT	**$64**	**$26**
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	**$26**	**$7**
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	**$51**	**$14**
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	**$51**	**$14**
D9244	IN-OFFICE ADMINISTRATION OF MINIMAL SEDATION – SINGLE DRUG – ENTERAL	**$58**	**$0**
D9245	ADMINISTRATION OF MODERATE SEDATION – ENTERAL	**$58**	**$0**
D9246	MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – FIRST 15 MINUTE INCREMENT	**$58**	**$0**
D9247	MODERATE SEDATION – NON-INTRAVENOUS PARENTERAL – EACH SUBSEQUENT 15 MINUTE INCREMENT	**$58**	**$0**
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	**$0**	**$55**
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	**$0**	**$33**
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	**$0**	**$70**
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	**$24**	**$6**
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	**$45**	**$0**
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	**$326**	**$29**
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	**$212**	**$19**
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	**$224**	**$20**
D9951	OCCLUSAL ADJUSTMENT - LIMITED	**$31**	**$29**
D9972	EXTERNAL BLEACHING - PER ARCH	**$262**	**$0**
D9973	EXTERNAL BLEACHING - PER TOOTH	**$219**	**$0**
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	**$0**	**$36**

Co-Pays and Claim Payments are subject to change January 1 of each year.

This schedule is a companion to the Advantage Co-Pay AZ-1 plan summary. For benefits, exclusions, and plan provisions, refer to your plan summary and member documents.

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