

Value AZ-1

Schedule of Member Fees — Arizona

Effective January 1, 2026

DISCOUNT PROGRAM — NOT INSURANCE

Value AZ-1 is a dental discount program, not an insurance policy. The program pays nothing toward your dental care. Instead, when you visit a participating Careington network dentist, you pay the discounted Member Fee shown in this schedule directly to the provider.

How to use this schedule

Find the procedure you need. The Member Fee column shows your cost at a participating general dentist. Some procedures are shown as "20% Discount" — for those, you pay 20% less than the dentist's usual billed charge.

Specialists (endodontists, periodontists, oral surgeons, etc.) provide a 20% discount off their billed charges for all covered procedures. Listed Member Fees apply only to general dentists.

** Indicates a procedure where age limits or other plan rules may apply. Verify eligibility with your dentist or EMI Health Customer Service before treatment.*

Before your visit

Confirm your dentist participates in the Careington network. Show your EMI Health ID card at every appointment. Ask the dental office to confirm the Member Fee for your procedure before treatment begins.

Diagnostic

Code	Procedure	Member Fee
D0120	Periodic oral evaluation — established patient	\$30
D0140	Limited oral evaluation — problem focused	\$48
D0145	Oral evaluation, patient under 3 yr, counseling with primary caregiver	20% Discount
D0150	Comprehensive oral evaluation — new or established patient	\$53
D0160	Detailed & extensive oral evaluation — problem focused, by report	\$97
D0170	Re-evaluation — limited, problem focused	\$37
D0180	Comprehensive periodontal evaluation — new or established patient	\$56
D0210	Intraoral — complete series of radiographic images (including bitewings)	\$81
D0220	Intraoral — periapical, first radiographic image	\$17
D0230	Intraoral — periapical, each additional film	\$15
D0240	Intraoral — occlusal radiographic image	\$25
D0250	Extraoral — 2D projection radiographic image	\$33
D0251	Extraoral posterior dental radiographic image	20% Discount
D0270	Bitewing — single radiographic image	\$16
D0272	Bitewings — two radiographic images	\$26
D0273	Bitewings — three radiographic images	\$32
D0274	Bitewings — four radiographic images	\$37
D0277	Vertical bitewings — 7 to 8 radiographic images	\$55

D0330	Panoramic radiographic image	\$67
D0340	2D cephalometric radiographic image — acquisition, measurement, and analysis	\$74
D0460	Pulp vitality tests	\$30

Preventive

Code	Procedure	Member Fee
D1110	Prophylaxis — adult	\$58
D1120	Prophylaxis — child	\$42
D1206	Topical application of fluoride varnish *	\$28
D1208	Topical application of fluoride, excluding varnish *	\$22
D1351	Sealant — per tooth *	\$35
D1353	Sealant repair — per tooth *	20% Discount
D1510	Space maintainer — fixed, unilateral, per quadrant *	\$206
D1516	Space maintainer — fixed, bilateral, maxillary *	\$272
D1517	Space maintainer — fixed, bilateral, mandibular *	20% Discount
D1520	Space maintainer — removable, unilateral, per quadrant *	\$234
D1526	Space maintainer — removable, bilateral, maxillary *	\$320
D1527	Space maintainer — removable, bilateral, mandibular *	20% Discount
D1551	Recementation/rebonding of bilateral space maintainer — maxillary *	\$50
D1552	Recementation/rebonding of bilateral space maintainer — mandibular *	\$51
D1553	Recementation/rebonding of unilateral space maintainer — per quadrant *	20% Discount
D1556	Removal of fixed unilateral space maintainer — per quadrant *	20% Discount
D1557	Removal of fixed bilateral space maintainer — maxillary *	20% Discount
D1558	Removal of fixed bilateral space maintainer — mandibular *	20% Discount
D1575	Distal shoe space maintainer — fixed, unilateral, per quadrant *	20% Discount

Restorative

Code	Procedure	Member Fee
D2140	Amalgam — one surface, primary or permanent	\$81
D2150	Amalgam — two surfaces, primary or permanent	\$104
D2160	Amalgam — three surfaces, primary or permanent	\$126
D2161	Amalgam — four or more surfaces, primary or permanent	\$152
D2330	Resin-based composite — one surface, anterior	\$91
D2331	Resin-based composite — two surfaces, anterior	\$113
D2332	Resin-based composite — three surfaces, anterior	\$138
D2335	Resin-based composite — four or more surfaces, anterior	\$168
D2390	Resin-based composite crown, anterior	\$210
D2391	Resin-based composite — one surface, posterior	\$103
D2392	Resin-based composite — two surfaces, posterior	\$134



D2393	Resin-based composite — three surfaces, posterior	\$165
D2394	Resin-based composite — four or more surfaces, posterior	\$199
D2542	Onlay — metallic, two surfaces	\$577
D2543	Onlay — metallic, three surfaces	\$598
D2544	Onlay — metallic, four or more surfaces	\$624
D2610	Inlay — porcelain/ceramic, one surface	\$536
D2620	Inlay — porcelain/ceramic, two surfaces	\$557
D2630	Inlay — porcelain/ceramic, three or more surfaces	\$586
D2642	Onlay — porcelain/ceramic, two surfaces	\$577
D2643	Onlay — porcelain/ceramic, three surfaces	\$612
D2644	Onlay — porcelain/ceramic, four or more surfaces	\$644
D2650	Inlay — resin-based composite, one surface	\$417
D2651	Inlay — resin-based composite, two surfaces	\$456
D2652	Inlay — resin-based composite, three or more surfaces	\$474
D2662	Onlay — resin-based composite, two surfaces	\$441
D2663	Onlay — resin-based composite, three surfaces	\$488
D2664	Onlay — resin-based composite, four or more surfaces	\$513
D2710	Crown — resin-based composite (indirect)	\$367
D2712	Crown — 3/4 resin-based composite (indirect)	20% Discount
D2720	Crown — resin with high noble metal	\$613
D2721	Crown — resin with predominantly base metal	\$576
D2722	Crown — resin with noble metal	\$585
D2740	Crown — porcelain/ceramic	\$638
D2750	Crown — porcelain fused to high noble metal	\$638
D2751	Crown — porcelain fused to predominantly base metal	\$592
D2752	Crown — porcelain fused to noble metal	\$605
D2753	Crown — porcelain fused to titanium and titanium alloys	20% Discount
D2780	Crown — 3/4 cast high noble metal	\$618
D2781	Crown — 3/4 cast predominantly base metal	\$578
D2782	Crown — 3/4 cast noble metal	\$594
D2783	Crown — 3/4 porcelain/ceramic	\$622
D2790	Crown — full cast high noble metal	\$627
D2791	Crown — full cast predominantly base metal	\$578
D2792	Crown — full cast noble metal	\$595
D2910	Recementation/rebonding of inlay, onlay, or partial coverage restoration	\$62
D2915	Recementation/rebonding of cast or prefabricated post and core	20% Discount
D2920	Recement or re-bond crown	\$63
D2928	Prefabricated porcelain/ceramic crown — permanent tooth	20% Discount

D2929	Prefabricated porcelain/ceramic crown — primary tooth	20% Discount
D2930	Prefabricated stainless steel crown — primary tooth	\$157
D2931	Prefabricated stainless steel crown — permanent tooth	\$182
D2932	Prefabricated resin crown	\$195
D2933	Prefabricated stainless steel crown with resin window	\$215
D2934	Prefabricated esthetic coated stainless steel crown — primary tooth	20% Discount
D2940	Protective restoration	\$67
D2950	Core buildup, including any pins when required	\$153
D2951	Pin retention — per tooth, in addition to restoration	\$39
D2952	Post and core, in addition to crown, indirectly fabricated	\$238
D2953	Each additional indirectly fabricated post, same tooth	\$145
D2954	Prefabricated post and core, in addition to crown	\$191
D2955	Post removal	\$156
D2957	Each additional prefabricated post, same tooth	\$103
D2960	Labial veneer (resin laminate) — chairside	\$439
D2961	Labial veneer (resin laminate) — laboratory	20% Discount
D2962	Labial veneer (porcelain laminate) — laboratory	20% Discount
D2980	Crown repair necessitated by restorative material failure	20% Discount
D2981	Inlay repair necessitated by restorative material failure	20% Discount
D2982	Onlay repair necessitated by restorative material failure	20% Discount
D2983	Veneer repair necessitated by restorative material failure	20% Discount

Endodontics

Code	Procedure	Member Fee
D3110	Pulp cap — direct (excluding final restoration)	\$53
D3120	Pulp cap — indirect (excluding final restoration)	\$46
D3220	Therapeutic pulpotomy — removal of pulp coronal to dentinocemental junction	\$118
D3221	Pulpal debridement, primary and permanent teeth	\$129
D3230	Pulpal therapy — anterior, primary tooth (excluding final restoration)	\$129
D3240	Pulpal therapy — posterior, primary tooth (excluding final restoration)	\$146
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$421
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$505
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$623
D3331	Treatment of root canal obstruction; non-surgical access	\$232
D3332	Incomplete endodontic treatment; inoperable, unrestorable, or fractured tooth	\$291
D3333	Internal root repair of perforation defects	\$166
D3346	Retreatment of previous root canal therapy — anterior	\$536
D3347	Retreatment of previous root canal therapy — premolar	\$622

D3348	Retreatment of previous root canal therapy — molar	\$762
D3351	Apexification/recalcification — initial visit	\$238
D3352	Apexification/recalcification — interim medication replacement	\$128
D3353	Apexification/recalcification — final visit	\$330
D3410	Apicoectomy — anterior	\$476
D3421	Apicoectomy — premolar (first root)	\$528
D3425	Apicoectomy — molar (first root)	\$597
D3426	Apicoectomy (each additional root)	\$227
D3430	Retrograde filling — per root	\$163
D3450	Root amputation — per root	\$318
D3471	Surgical repair of root resorption — anterior	20% Discount
D3472	Surgical repair of root resorption — premolar	20% Discount
D3473	Surgical repair of root resorption — molar	20% Discount
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption — anterior	20% Discount
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption — premolar	20% Discount
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption — molar	20% Discount
D3920	Hemisection, not including root canal therapy	\$258
D3950	Canal preparation and fitting of preformed dowel or post	\$126

Periodontics

Code	Procedure	Member Fee
D4210	Gingivectomy/gingivoplasty — 4 or more contiguous teeth or bounded spaces, per quadrant	\$376
D4211	Gingivectomy/gingivoplasty — 1 to 3 contiguous teeth or bounded spaces, per quadrant	\$181
D4212	Gingivectomy/gingivoplasty to allow access for restorative procedure, per tooth	20% Discount
D4240	Gingival flap procedure — 4 or more contiguous teeth or bounded spaces, per quadrant	\$471
D4241	Gingival flap procedure — 1 to 3 contiguous teeth or bounded spaces, per quadrant	\$317
D4245	Apically positioned flap	\$400
D4249	Clinical crown lengthening — hard tissue	\$503
D4260	Osseous surgery — 4 or more contiguous teeth, per quadrant	\$753
D4261	Osseous surgery — 1 to 3 contiguous teeth, per quadrant	\$470
D4263	Bone replacement graft — first site in quadrant	\$324
D4264	Bone replacement graft — each additional site in quadrant	\$274
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	20% Discount
D4266	Guided tissue regeneration — resorbable barrier, per site	\$340
D4267	Guided tissue regeneration — non-resorbable barrier, per site	\$425
D4268	Surgical revision procedure, per tooth	\$431

D4270	Pedicle soft tissue graft procedure	\$559
D4273	Autogenous connective tissue graft procedure — first tooth, implant, or edentulous site	20% Discount
D4274	Mesial/distal wedge procedure, single tooth	20% Discount
D4275	Non-autogenous connective tissue graft — first tooth, implant, or edentulous site	20% Discount
D4276	Combined connective tissue and pedicle graft, per tooth	20% Discount
D4277	Soft tissue graft procedure — first tooth	20% Discount
D4278	Soft tissue graft procedure — each additional tooth	20% Discount
D4283	Autogenous connective tissue graft procedure — each additional contiguous tooth	20% Discount
D4285	Non-autogenous connective tissue graft procedure — each additional contiguous tooth	20% Discount
D4322	Splint — intracoronal; natural teeth or prosthetic crowns	20% Discount
D4323	Splint — extracoronal; natural teeth or prosthetic crowns	20% Discount
D4341	Periodontal scaling and root planing — 4 or more teeth, per quadrant	\$138
D4342	Periodontal scaling and root planing — 1 to 3 teeth, per quadrant	\$89
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation	20% Discount
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	\$96
D4381	Localized delivery of antimicrobial agents via crevicular tissue, per tooth	20% Discount
D4910	Periodontal maintenance	\$80

Prosthodontics — Removable

Code	Procedure	Member Fee
D5110	Complete denture — maxillary	\$963
D5120	Complete denture — mandibular	\$966
D5130	Immediate denture — maxillary	\$1039
D5140	Immediate denture — mandibular	\$1043
D5211	Maxillary partial denture — resin base (including retentive/clasping materials, rests, and teeth)	\$792
D5212	Mandibular partial denture — resin base (including retentive/clasping materials, rests, and teeth)	\$864
D5213	Maxillary partial denture — cast metal framework with resin base	\$1034
D5214	Mandibular partial denture — cast metal framework with resin base	\$1034
D5225	Maxillary partial denture — flexible base	20% Discount
D5226	Mandibular partial denture — flexible base	20% Discount
D5227	Immediate maxillary partial denture — flexible base	20% Discount
D5228	Immediate mandibular partial denture — flexible base	20% Discount
D5282	Removable unilateral partial denture — one piece cast metal, maxillary	\$581
D5283	Removable unilateral partial denture — one piece cast metal, mandibular	20% Discount
D5284	Removable unilateral partial denture — one piece flexible base, per quadrant	20% Discount
D5286	Removable unilateral partial denture — one piece resin, per quadrant	20% Discount

D5410	Adjust complete denture — maxillary	\$52
D5411	Adjust complete denture — mandibular	\$52
D5421	Adjust partial denture — maxillary	\$51
D5422	Adjust partial denture — mandibular	\$52
D5511	Repair broken complete denture base, mandibular	20% Discount
D5512	Repair broken complete denture base, maxillary	20% Discount
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$96
D5611	Repair resin partial denture base, mandibular	\$112
D5612	Repair resin partial denture base, maxillary	\$110
D5621	Repair cast partial framework, mandibular	\$128
D5622	Repair cast partial framework, maxillary	20% Discount
D5630	Repair or replace broken retentive/clasping materials — per tooth	\$148
D5640	Replace broken teeth — per tooth	\$101
D5650	Add tooth to existing partial denture	\$128
D5660	Add clasp to existing partial denture	\$152
D5710	Rebase complete maxillary denture	\$363
D5711	Rebase complete mandibular denture	\$350
D5720	Rebase maxillary partial denture	\$341
D5721	Rebase mandibular partial denture	\$341
D5750	Reline complete maxillary denture (laboratory)	\$277
D5751	Reline complete mandibular denture (laboratory)	\$278
D5760	Reline maxillary partial denture (laboratory)	\$273
D5761	Reline mandibular partial denture (laboratory)	\$273
D5810	Interim complete denture (maxillary)	\$475
D5811	Interim complete denture (mandibular)	\$498
D5820	Interim partial denture (maxillary)	\$366
D5821	Interim partial denture (mandibular)	\$360
D5850	Tissue conditioning, maxillary	\$102
D5851	Tissue conditioning, mandibular	\$101
D5863	Overdenture — complete, maxillary	20% Discount
D5864	Overdenture — partial, maxillary	20% Discount
D5876	Add metal substructure to acrylic full denture (per arch)	20% Discount
D5899	Unspecified removable prosthodontic procedure, by report	20% Discount

Implant Services & Fixed Prosthodontics

Code	Procedure	Member Fee
D6010	Surgical placement of implant body: endosteal implant	20% Discount
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	20% Discount



D6040	Surgical placement: eposteal implant	20% Discount
D6050	Surgical placement: transosteal implant	20% Discount
D6055	Connecting bar, implant or abutment supported	20% Discount
D6056	Prefabricated abutment, includes placement	20% Discount
D6057	Custom fabricated abutment, includes placement	20% Discount
D6058	Abutment supported porcelain/ceramic crown	20% Discount
D6059	Abutment supported porcelain fused to metal crown — high noble metal	20% Discount
D6060	Abutment supported porcelain fused to metal crown — predominantly base metal	20% Discount
D6061	Abutment supported porcelain fused to metal crown — noble metal	20% Discount
D6062	Abutment supported cast metal crown — high noble metal	20% Discount
D6063	Abutment supported cast metal crown — predominantly base metal	20% Discount
D6064	Abutment supported cast metal crown — noble metal	20% Discount
D6065	Implant supported porcelain/ceramic crown	20% Discount
D6066	Implant supported crown — porcelain fused to high noble alloys	20% Discount
D6067	Implant supported crown — high noble alloys	20% Discount
D6068	Abutment supported retainer for porcelain/ceramic FPD	20% Discount
D6069	Abutment supported retainer — porcelain fused to metal FPD, high noble metal	20% Discount
D6070	Abutment supported retainer — porcelain fused to metal FPD, predominantly base metal	20% Discount
D6071	Abutment supported retainer — porcelain fused to metal FPD, noble metal	20% Discount
D6072	Abutment supported retainer — cast metal FPD, high noble metal	20% Discount
D6073	Abutment supported retainer — cast metal FPD, predominantly base metal	20% Discount
D6074	Abutment supported retainer — cast metal FPD, noble metal	20% Discount
D6075	Implant supported retainer for ceramic FPD	20% Discount
D6076	Implant supported retainer — porcelain fused to high noble alloys FPD	20% Discount
D6077	Implant supported retainer — metal FPD, high noble alloys	20% Discount
D6080	Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments, and reinsertion	20% Discount
D6082	Implant supported crown — porcelain fused to predominantly base alloys	20% Discount
D6083	Implant supported crown — porcelain fused to noble alloys	20% Discount
D6084	Implant supported crown — porcelain fused to titanium and titanium alloys	20% Discount
D6086	Implant supported crown — predominantly base alloys	20% Discount
D6087	Implant supported crown — noble alloys	20% Discount
D6088	Implant supported crown — titanium and titanium alloys	20% Discount
D6089	Accessing and retorquing loose implant screw — per screw	20% Discount
D6091	Replacement of attachment, implant or abutment supported prosthesis, per attachment	20% Discount
D6092	Recement/rebond implant or abutment supported crown	20% Discount
D6093	Recement/rebond implant or abutment supported fixed partial denture	20% Discount
D6094	Abutment supported crown — titanium and titanium alloys	20% Discount



D6097	Abutment supported crown — porcelain fused to titanium and titanium alloys	20% Discount
D6098	Implant supported retainer — porcelain fused to predominantly base alloys	20% Discount
D6099	Implant supported retainer — porcelain fused to noble alloys FPD	20% Discount
D6101	Debridement of peri-implant defect	20% Discount
D6102	Debridement and osseous contouring of peri-implant defect	20% Discount
D6103	Bone graft for repair of peri-implant defect	20% Discount
D6104	Bone graft at time of implant placement	20% Discount
D6106	Guided tissue regeneration — resorbable barrier, per implant	20% Discount
D6107	Guided tissue regeneration — non-resorbable barrier, per implant	20% Discount
D6110	Implant/abutment supported removable denture — maxillary	20% Discount
D6111	Implant/abutment supported removable denture — mandibular	20% Discount
D6112	Implant/abutment supported removable partial denture — maxillary	20% Discount
D6113	Implant/abutment supported removable partial denture — mandibular	20% Discount
D6114	Implant/abutment supported fixed denture — maxillary	20% Discount
D6115	Implant/abutment supported fixed denture — mandibular	20% Discount
D6116	Implant/abutment supported fixed denture — maxillary, partial	20% Discount
D6117	Implant/abutment supported fixed denture — mandibular, partial	20% Discount
D6120	Implant supported retainer — porcelain fused to titanium and titanium alloys	20% Discount
D6121	Implant supported retainer — metal FPD, predominantly base alloys	20% Discount
D6122	Implant supported retainer — metal FPD, noble alloys	20% Discount
D6123	Implant supported retainer — metal FPD, titanium and titanium alloys	20% Discount
D6180	Implant maintenance procedures, without removal of prosthesis	20% Discount
D6190	Radiographic/surgical implant index, by report	20% Discount
D6191	Semi-precision abutment — placement	20% Discount
D6192	Semi-precision attachment — placement	20% Discount
D6193	Replacement of an implant screw	20% Discount
D6194	Abutment supported retainer crown for FPD — titanium and titanium alloys	20% Discount
D6195	Abutment supported retainer — porcelain fused to titanium and titanium alloys	20% Discount
D6205	Pontic — indirect resin based composite	20% Discount
D6210	Pontic — cast high noble metal	\$639
D6211	Pontic — cast predominantly base metal	\$602
D6212	Pontic — cast noble metal	\$621
D6240	Pontic — porcelain fused to high noble metal	\$638
D6241	Pontic — porcelain fused to predominantly base metal	\$592
D6242	Pontic — porcelain fused to noble metal	\$617
D6243	Pontic — porcelain fused to titanium and titanium alloys	20% Discount
D6245	Pontic — porcelain/ceramic	\$650
D6250	Pontic — resin with high noble metal	\$620



D6251	Pontic — resin with predominantly base metal	\$582
D6252	Pontic — resin with noble metal	\$589
D6600	Retainer inlay — porcelain/ceramic, two surfaces	20% Discount
D6601	Retainer inlay — porcelain/ceramic, three or more surfaces	20% Discount
D6602	Retainer inlay — cast high noble metal, two surfaces	20% Discount
D6603	Retainer inlay — cast high noble metal, three or more surfaces	20% Discount
D6604	Retainer inlay — cast predominantly base metal, two surfaces	20% Discount
D6605	Retainer inlay — cast predominantly base metal, three or more surfaces	20% Discount
D6606	Retainer inlay — cast noble metal, two surfaces	20% Discount
D6607	Retainer inlay — cast noble metal, three or more surfaces	20% Discount
D6608	Retainer onlay — porcelain/ceramic, two surfaces	20% Discount
D6609	Retainer onlay — porcelain/ceramic, three or more surfaces	20% Discount
D6610	Retainer onlay — cast high noble metal, two surfaces	20% Discount
D6611	Retainer onlay — cast high noble metal, three or more surfaces	20% Discount
D6612	Retainer onlay — cast predominantly base metal, two surfaces	20% Discount
D6613	Retainer onlay — cast predominantly base metal, three or more surfaces	20% Discount
D6614	Retainer onlay — cast noble metal, two surfaces	20% Discount
D6615	Retainer onlay — cast noble metal, three or more surfaces	20% Discount
D6624	Retainer inlay — titanium	20% Discount
D6634	Retainer onlay — titanium	20% Discount
D6710	Retainer crown — indirect resin based composite	20% Discount
D6720	Retainer crown — resin with high noble metal	\$617
D6721	Retainer crown — resin with predominantly base metal	\$591
D6722	Retainer crown — resin with noble metal	\$596
D6740	Retainer crown — porcelain/ceramic	\$655
D6750	Retainer crown — porcelain fused to high noble metal	\$647
D6751	Retainer crown — porcelain fused to predominantly base metal	\$606
D6752	Retainer crown — porcelain fused to noble metal	\$616
D6753	Retainer crown — porcelain fused to titanium and titanium alloys	20% Discount
D6780	Retainer crown — 3/4 cast high noble metal	\$613
D6781	Retainer crown — 3/4 cast predominantly base metal	\$613
D6782	Retainer crown — 3/4 cast noble metal	\$578
D6783	Retainer crown — 3/4 porcelain/ceramic	\$624
D6784	Retainer crown — 3/4 titanium and titanium alloys	20% Discount
D6790	Retainer crown — full cast high noble metal	\$632
D6791	Retainer crown — full cast predominantly base metal	\$594
D6792	Retainer crown — full cast noble metal	\$613
D6930	Recement/rebond fixed partial denture	\$100

Oral & Maxillofacial Surgery		
Code	Procedure	Member Fee
D7111	Extraction of coronal remnants — deciduous tooth	\$79
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$107
D7210	Surgical removal of erupted tooth, requiring removal of bone and/or sectioning of tooth, with elevation of flap	\$160
D7220	Removal of impacted tooth — soft tissue	\$193
D7230	Removal of impacted tooth — partially bony	\$248
D7240	Removal of impacted tooth — completely bony	\$298
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications	\$360
D7250	Surgical removal of residual tooth roots	\$172
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$337
D7280	Surgical access of an unerupted tooth	\$308
D7283	Placement of device to facilitate eruption of impacted tooth	20% Discount
D7284	Excisional biopsy of minor salivary glands	20% Discount
D7285	Biopsy of oral tissue — hard	\$510
D7286	Biopsy of oral tissue — soft	\$247
D7287	Exfoliative cytological sample collection	20% Discount
D7288	Brush biopsy — transepithelial sample collection	20% Discount
D7290	Surgical repositioning of teeth	20% Discount
D7310	Alveoplasty with extractions — 4 or more teeth or tooth spaces, per quadrant	\$189
D7311	Alveoplasty with extractions — 1 to 3 teeth or tooth spaces, per quadrant	20% Discount
D7320	Alveoplasty not with extractions — 4 or more teeth or tooth spaces, per quadrant	\$295
D7321	Alveoplasty not with extractions — 1 to 3 teeth or tooth spaces, per quadrant	20% Discount
D7410	Excision of benign lesion up to 1.25 cm	20% Discount
D7411	Excision of benign lesion greater than 1.25 cm	20% Discount
D7471	Removal of lateral exostosis	20% Discount
D7510	Incision and drainage of abscess — intraoral soft tissue	\$183
D7511	Incision and drainage of abscess — intraoral soft tissue, complicated	20% Discount
D7810– D7899	TMD therapy	20% Discount
D7952	Sinus augmentation via a vertical approach	20% Discount
D7953	Bone replacement graft for ridge preservation — per site	20% Discount
D7956	Guided tissue regeneration, edentulous area — resorbable barrier, per site	20% Discount
D7957	Guided tissue regeneration, edentulous area — non-resorbable barrier, per site	20% Discount
D7961	Buccal/labial frenectomy (frenulectomy)	20% Discount
D7962	Lingual frenectomy (frenulectomy)	20% Discount
D7971	Excision of pericoronal gingiva	\$152

Adjunctive General Services		
Code	Procedure	Member Fee
D9110	Palliative emergency treatment of dental pain — minor procedure	\$78
D9120	Fixed partial denture sectioning	\$100
D9210	Local anesthesia not in conjunction with operative or surgical procedure	20% Discount
D9215	Local anesthesia in conjunction with operative or surgical procedure	\$28
D9222	Deep sedation/general anesthesia — first 15 minutes	20% Discount
D9223	Deep sedation/general anesthesia — each subsequent 15-minute increment	\$123
D9230	Inhalation of nitrous oxide — anxiolysis, analgesia	\$48
D9239	Intravenous moderate (conscious) sedation/anesthesia — first 15 minutes	20% Discount
D9243	Intravenous moderate (conscious) sedation/anesthesia — each subsequent 15-minute increment	\$117
D9310	Consultation — diagnostic services by dentist or physician other than requesting dentist or physician	\$83
D9430	Office visit for observation, no other service performed	\$50
D9440	Office visit — after regularly scheduled hours	\$75
D9610	Therapeutic parenteral drug, single administration	20% Discount
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	20% Discount
D9944	Occlusal guard — hard appliance, full arch	20% Discount
D9945	Occlusal guard — soft appliance, full arch	20% Discount
D9946	Occlusal guard — hard appliance, partial arch	20% Discount
D9951	Occlusal adjustment — limited	\$99
D9972	External bleaching — per arch	20% Discount
D9973	External bleaching — per tooth	20% Discount
D9995	Teledentistry — synchronous, real-time encounter	20% Discount

Important notes

- This is a discount program, not insurance. No benefits are paid by the program. Members are responsible for paying the full Member Fee directly to the dental provider at the time of service.
- Member Fees apply to general dentists in the Careington network only. Specialists provide a 20% discount off billed charges for covered procedures.
- Procedures shown as "20% Discount" indicate that the member pays 20% less than the dentist's usual billed charge for that procedure.
- Discounts apply only when services are provided by a participating Careington network dentist in Arizona. Out-of-network providers are not eligible.
- Member Fees may change on January 1 each year.
- This schedule is a companion to the Value AZ-1 program summary. For full program details, exclusions, and provisions, refer to your program documents.

Questions? Call EMI Health Customer Service at (800) 662-5851 or visit emihealth.com.