



**Advantage Co-Pay (Arizona Individual)
Sample Co-Pay & Claim Payment Schedule
Effective 1/1/2024**

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

Code	Code Name	In Network Patient Co-Pay*	Out of Network Claim Payment*
D0120	Periodic oral evaluation - established patient	0	28
D0140	Limited oral evaluation - problem focused	0	45
D0150	Comprehensive oral evaluation - new or established patient	0	48
D0210	Intraoral - complete comprehensive series of radiographic images	0	78
D0220	Intraoral - periapical first film	0	16
D0230	Intraoral - periapical each additional film	0	12
D0270	Bitewing - single film	0	16
D0272	Bitewings - two films	0	25
D0274	Bitewings - four films	0	36
D0330	Panoramic film	0	70
D1110	Prophylaxis - adult	0	54
D1120	Prophylaxis - child	0	40
D1208	Topical application of fluoride excl varnish (*Only allowed up to age 19 (end of month))	0	22
D1351	Sealant - per tooth (*Only allowed up to age 19 (end of month))	0	31
D2140	Amalgam - one surface, primary or permanent	28	44
D2150	Amalgam - two surfaces, primary or permanent	37	54
D2160	Amalgam - three surfaces, primary or permanent	56	53
D2161	Amalgam - four or more surfaces, primary or permanent	62	71
D2330	Resin-based composite - one surface, anterior	50	37
D2331	Resin-based composite - two surfaces, anterior	61	48
D2332	Resin-based composite - three surfaces, anterior	70	63
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	84	75
D2391	Resin-based composite - one surface, posterior	56	41
D2392	Resin-based composite - two surfaces, posterior	76	52
D2393	Resin-based composite - three surfaces, posterior	90	69
D2394	Resin-based composite - four or more surfaces, posterior	116	72
D2740	Crown - porcelain/ceramic	418	251
D2750	Crown - porcelain fused to high noble metal	419	226
D2751	Crown - porcelain fused to predominantly base metal	393	202
D2752	Crown - porcelain fused to noble metal	407	215
D2920	Recement crown	57	5
D2950	Core buildup, including any pins	148	15
D2954	Prefabricated post and core in addition to crown	183	20
D3120	Pulp cap - indirect (excluding final restoration)	30	7
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	94	11
D3310	Anterior (excluding final restoration)	317	119
D3320	Premolar (excluding final restoration)	387	135
D3330	Molar tooth (excluding final restoration)	513	155
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	136	24
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	89	15
D4910	Periodontal maintenance	79	17
D6240	Pontic - porcelain fused to high noble metal	416	203
D6750	Retainer crown - porcelain fused to high noble metal	423	227
D7111	Coronal remnants - deciduous tooth	45	23
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	59	30
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	116	42
D7230	Removal of impacted tooth - partially bony	183	66
D7240	Removal of impacted tooth - completely bony	243	50
D9110	Palliative (emergency) treatment of dental pain - minor procedure - per visit	58	6
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28	7

Co-Pays are subject to change January 1st of each year.

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 are 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.