



Value Discount Plan (Utah)
Sample Schedule of Member Fees
Effective 1/1/2022
 Corporate (801)262-7475 Customer Service (800)662-5851
emihealth.com

CDT	CDT Name	Member Fee*
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	18
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	15
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	19
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	35
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	8
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	6
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	8
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	12
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	15
D0330	PANORAMIC RADIOGRAPHIC IMAGE	36
D1110	PROPHYLAXIS - ADULT	35
D1120	PROPHYLAXIS - CHILD	24
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Verify age limits of the plan)</i>	6
D1351	SEALANT - PER TOOTH <i>(*Verify age limits of the plan)</i>	16
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	41
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	52
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	62
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	74
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	61
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	73
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	87
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	96
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	62
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	82
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	101
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	111
D2740	CROWN - PORCELAIN/CERAMIC	505
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	480
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	450
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	450
D2920	RE-CEMENT OR RE-BOND CROWN	28
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	92
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	83
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	21
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	54
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	258
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	323
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	420
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	96
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	64
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	67
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	391
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	468
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	38
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)	54
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	89
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	139
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	160
D7810-D7899	TMD THERAPY	20% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	36
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	18

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.

*Member Fees apply to General Dentists only. Specialists provide a 20% discount off of billed charges.