



#### DENTAL COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT  
INTENDED TO COVER ALL DENTAL EXPENSES

#### OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

**Group:** University of Utah Subsidized Graduate Students (Plan #4752)  
**Plan:** Advantage Co-Pay  
**Underwritten & Administered by:** Educators Health Plans Life, Accident & Health, a Utah Company  
**Effective Date:** 8/16/2020  
**Benefit Year:** Calendar  
**Plan Type:** Contributory / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>100%</b>	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only (Up to 25%)	No Coverage
Adults	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	No Coverage
<b>Endodontics</b>	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
<b>Specialists</b> (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
**All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.		
<b>Waiting periods</b>		
Type 2 - Basic	3 Month Waiting Period	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	N / A	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$25.00	\$25.00
Family Max	\$75.00	\$75.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	None	
<b>Orthodontic Lifetime Maximum</b>	N / A	
<b>Network / Reimbursement Schedule</b>	Advantage	Advantage
<b>Monthly Rates</b>		
Student	\$13.10	
+ Spouse	\$27.50	
+ Children	\$29.50	
+ Family	\$44.50	
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Up to age 16	
Sealants	Up to age 16	
Space Maintainers	Up to age 16	
Bitewing X-Rays	Up to 4, twice per year	
Periapical X-Rays	6 per year	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia- (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major*	
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major*	
Implants / Implant Abutments	Covered in Type 3 - Major	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.		
* Anesthesia is not subject to waiting periods.		
Co-Pays are subject to change, January 1st of each year.		



Corporate (801)262-7475  
Customer Service (800)662-5851  
[EMIHealth.com](http://EMIHealth.com)

**Group:** University of Utah Subsidized Graduate Students (Plan #4752)  
**Plan:** VSP Plus 10-130  
**Effective Date:** 8/16/2020  
**Plan Type:** Contributory

	In-Network	Out-of-Network
<b>Network</b>	<b>VSP Choice Plus</b>	
<b>WellVision Exam</b>	\$10 Co-pay	Up to \$65
<b>Lenses (Glass or Plastic)</b>		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
<b>Lens Options</b>		
Progressive (Standard no-line)	\$55 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$70 Co-pay SV/\$82 Co-Pay Multifocal	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Copay	
<b>Coatings</b>		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
<b>Elective Contact Lenses In Lieu of Frame &amp; Lenses</b>		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
<b>Frequency</b>		
Exam, Lenses, Frame or Contacts	Every 12 Months	
<b>Refractive Surgery</b>		
LASIK***	Up to \$500 in Savings	Not Covered
<b>Monthly Rates</b>	<b>Contributory</b>	
Student	\$5.80	
+ Spouse	\$11.30	
+ Children	\$18.10	
+ Family	\$18.10	

<b>Notes</b>
This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.
** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.
*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3



Advantage Co-Pay (Utah)  
Co-Pay & Claim Payment Schedule  
Effective 1/1/2020

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emihealth.com

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	0	20% Discount	21
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	20% Discount	18
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0	20% Discount	19
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	21
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0	20% Discount	26
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	0	20% Discount	19
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	26
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES (including bitewings)	0	20% Discount	38
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0	20% Discount	9
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0	20% Discount	8
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	0	20% Discount	12
D0250	EXTRAORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	0	20% Discount	14
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0	20% Discount	13
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	0	20% Discount	10
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	0	20% Discount	14
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	0	20% Discount	18
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	0	20% Discount	19
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	0	20% Discount	26
D0330	PANORAMIC RADIOGRAPHIC IMAGE	0	20% Discount	41
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION MEASUREMENT AND ANALYSIS	50	20% Discount	0
D0460	PULP VITALITY TESTS	25	20% Discount	0
D1110	PROPHYLAXIS - ADULT	0	20% Discount	38
D1120	PROPHYLAXIS - CHILD	0	20% Discount	26
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH (Verify age limits of the plan)	0	20% Discount	14
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH (Verify age limits of the plan)	0	20% Discount	9
D1351	SEALANT - PER TOOTH (Verify age limits of the plan)	14	20% Discount	5
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH (Verify age limits of the plan)	26	20% Discount	0
D1353	SEALANT REPAIR PER TOOTH (Verify age limits of the plan)	26	20% Discount	0
D1510	SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT (Verify age limits of the plan)	98	20% Discount	0
D1516	SPACE MAINTAINER - FIXED - BILATERAL MAXILLARY (Verify age limits of the plan)	137	20% Discount	0
D1517	SPACE MAINTAINER - FIXED - BILATERAL MANDIBULAR (Verify age limits of the plan)	137	20% Discount	0
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL - PER QUADRANT (Verify age limits of the plan)	108	20% Discount	0
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILLARY (Verify age limits of the plan)	166	20% Discount	0
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MANDIBULAR (Verify age limits of the plan)	166	20% Discount	0
D1551	RECMT/REBND OF BILATERAL SPACE MAINTAINER - MAXILLARY (Verify age limits of the plan)	21	20% Discount	0
D1552	RECMT/REBND OF BILATERAL SPACE MAINTAINER - MANDIBULAR (Verify age limits of the plan)	21	20% Discount	0
D1553	RECMT/REBND OF UNILATERAL SPACE MAINTAINER - PER QUADRANT (Verify age limits of the plan)	21	20% Discount	0
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT (Verify age limits of the plan)	25	20% Discount	0
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY (Verify age limits of the plan)	25	20% Discount	0
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR (Verify age limits of the plan)	25	20% Discount	0
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT (Verify age limits of the plan)	98	20% Discount	0
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	20	20% Discount	25
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	26	20% Discount	33
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	36	20% Discount	34
D2161	AMALGAM-FOURMORE SURFACES PRIMARY/PERMANENT	40	20% Discount	40
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	41	20% Discount	30
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	46	20% Discount	35
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	51	20% Discount	45
D2335	RESIN-BASED COMPOSITE 4/- SURFACES INCISAL ANGLE (ANTERIOR)	56	20% Discount	51
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	110	20% Discount	0
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	41	20% Discount	28
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	56	20% Discount	35
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	66	20% Discount	45
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	80	20% Discount	40
D2542	ONLAY - METALLIC - TWO SURFACES	181	20% Discount	128
D2543	ONLAY - METALLIC - THREE SURFACES	194	20% Discount	129
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	204	20% Discount	132
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	274	20% Discount	117
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	288	20% Discount	124
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	307	20% Discount	132
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	217	20% Discount	93
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	260	20% Discount	100
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	280	20% Discount	110
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	180	20% Discount	77
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	214	20% Discount	92
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	225	20% Discount	96
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	195	20% Discount	84
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	220	20% Discount	115
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	220	20% Discount	120
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	131	20% Discount	10
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	132	20% Discount	57
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	325	20% Discount	175
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	305	20% Discount	195
D2722	CROWN - RESIN WITH NOBLE METAL	305	20% Discount	195
D2740	CROWN - PORCELAIN/CERAMIC	355	20% Discount	255
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	355	20% Discount	200
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	320	20% Discount	190
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	320	20% Discount	190
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	320	20% Discount	190
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	310	20% Discount	200
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	290	20% Discount	185
D2782	CROWN - 3/4 CAST NOBLE METAL	290	20% Discount	185
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	300	20% Discount	200
D2790	CROWN - FULL CAST HIGH NOBLE METAL	306	20% Discount	212
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	290	20% Discount	185
D2792	CROWN - FULL CAST NOBLE METAL	290	20% Discount	185
D2910	RECMT/REBND INLAY ONLAY/PART CVRGE RESTORATION	38	20% Discount	0
D2915	RECMT/REBND CAST OR PREFABRICATED POST AND CORE	27	20% Discount	0
D2920	RE-CEMENT OR RE-BOND CROWN	32	20% Discount	0
D2929	PREFABR STAINLESS PORC CROWN - PRIMARY TOOTH	159	20% Discount	0
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	93	20% Discount	0
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	100	20% Discount	0
D2932	PREFABRICATED RESIN CROWN	104	20% Discount	0

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	120	20% Discount	0
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	120	20% Discount	0
D2940	PROTECTIVE RESTORATION	33	20% Discount	0
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	101	20% Discount	0
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	20	20% Discount	0
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	112	20% Discount	0
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	56	20% Discount	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	104	20% Discount	0
D2955	POST REMOVAL	85	20% Discount	0
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	45	20% Discount	0
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	20% Discount	20% Discount	0
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	20% Discount	20% Discount	0
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	20% Discount	20% Discount	0
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	52	20% Discount	0
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	76	20% Discount	0
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	76	20% Discount	0
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	20% Discount	20% Discount	0
D3110	PULP CAP - DIRECT <i>(Excluding final restoration)</i>	30	20% Discount	0
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	26	20% Discount	0
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	62	20% Discount	0
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEE TH	62	20% Discount	0
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	60	20% Discount	0
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	62	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	209	20% Discount	86
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	269	20% Discount	96
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	345	20% Discount	105
D3331	TREATMENT RC OBSTRUCTION- NON-SURGICAL ACCESS	90	20% Discount	0
D3332	INCOMPLETE ENDO TX- INOP UNRESTORABLE/FX TOOTH	171	20% Discount	0
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	77	20% Discount	32
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	233	20% Discount	88
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	300	20% Discount	78
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	373	20% Discount	95
D3351	APEXIFICATION/RECALCIFICAT INIT VST	120	20% Discount	52
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	60	20% Discount	0
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	165	20% Discount	72
D3410	APICOECTOMY - ANTERIOR	386	20% Discount	0
D3421	APICOECTOMY - PREMOLAR <i>(FIRST ROOT)</i>	383	20% Discount	0
D3425	APICOECTOMY - MOLAR <i>(FIRST ROOT)</i>	388	20% Discount	0
D3426	APICOECTOMY <i>(EACH ADDITIONAL ROOT)</i>	135	20% Discount	0
D3430	RETROGRADE FILLING - PER ROOT	95	20% Discount	0
D3450	ROOT AMPUTATION - PER ROOT	163	20% Discount	0
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	140	20% Discount	0
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	88	20% Discount	0
D4210	GINGIVECT/PLSTY 4/-CNTIG/TOOTH BOUND SPACES-QUAD	238	20% Discount	0
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	90	20% Discount	0
D4212	GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH	106	20% Discount	0
D4240	GINGL FLP PROC 4/- CONTIG/TOOTH BOUND SPACE-QUAD	256	20% Discount	0
D4241	GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	177	20% Discount	0
D4245	APICALLY POSITIONED FLAP	254	20% Discount	0
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	280	20% Discount	0
D4260	OSSEOUS SURG 4/- CNTIG TEETH QUAD	426	20% Discount	0
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	273	20% Discount	0
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	211	20% Discount	0
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	130	20% Discount	0
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	275	20% Discount	0
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	208	20% Discount	0
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	202	20% Discount	0
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	243	20% Discount	0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	303	20% Discount	0
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGIC	440	20% Discount	0
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	180	20% Discount	0
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SURGICAL SITE AND DONOR	310	20% Discount	0
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	415	20% Discount	0
D4277	SOFT TISSUE GRAFT PROCEDURE FIRST TOOTH	334	20% Discount	0
D4278	SOFT TISSUE GRAFT PROCEDURE EACH ADD TOOTH	200	20% Discount	0
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGIC	397	20% Discount	0
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE	298	20% Discount	0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	141	20% Discount	0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	128	20% Discount	0
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	91	20% Discount	15
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	61	20% Discount	10
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION	106	20% Discount	0
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	62	20% Discount	10
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount	20% Discount	0
D4910	PERIODONTAL MAINTENANCE	61	20% Discount	13
D5110	COMPLETE DENTURE - MAXILLARY	429	20% Discount	261
D5120	COMPLETE DENTURE - MANDIBULAR	420	20% Discount	255
D5130	IMMEDIATE DENTURE - MAXILLARY	440	20% Discount	235
D5140	IMMEDIATE DENTURE - MANDIBULAR	440	20% Discount	235
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE <i>(Including retentive/clasping materials, rests and teeth)</i>	375	20% Discount	150
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE <i>(Including retentive/clasping materials, rests and teeth)</i>	375	20% Discount	150
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE <i>(Including retentive/clasping materials, rests and te</i>	466	20% Discount	233
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE <i>(Including retentive/clasping materials, rests and</i>	440	20% Discount	259
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	414	20% Discount	104
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	409	20% Discount	102
D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY <i>(Including any clasps, rests and teeth)</i>	295	20% Discount	105
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR <i>(Including any clasps, rests and teeth)</i>	295	20% Discount	105
D5284	REMV UNILAT PART DENTUR - 1 PIECE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i> - PER QUAD	295	20% Discount	105
D5286	REMV UNILAT PART DENTUR - 1 PIECE RESIN <i>(Including any clasps, rests and teeth)</i> - PER QUADRANT	295	20% Discount	105
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	35	20% Discount	0
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	35	20% Discount	0
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	35	20% Discount	0
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	35	20% Discount	0
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	75	20% Discount	0
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	75	20% Discount	0
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE <i>(Each tooth)</i>	65	20% Discount	0
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	53	20% Discount	0
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	53	20% Discount	0
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	57	20% Discount	0

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D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	57	20% Discount	0
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	69	20% Discount	0
D5640	REPLACE BROKEN TEETH - PER TOOTH	52	20% Discount	0
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	61	20% Discount	0
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	100	20% Discount	0
D5710	REBASE COMPLETE MAXILLARY DENTURE	294	20% Discount	0
D5711	REBASE COMPLETE MANDIBULAR DENTURE	294	20% Discount	0
D5720	REBASE MAXILLARY PARTIAL DENTURE	250	20% Discount	0
D5721	REBASE MANDIBULAR PARTIAL DENTURE	280	20% Discount	0
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	160	20% Discount	0
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	160	20% Discount	0
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	157	20% Discount	0
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	157	20% Discount	0
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	295	20% Discount	0
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	295	20% Discount	0
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	223	20% Discount	0
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	223	20% Discount	0
D5850	TISSUE CONDITIONING MAXILLARY	50	20% Discount	0
D5851	TISSUE CONDITIONING MANDIBULAR	50	20% Discount	0
D5863	OVERDENTURE - COMPLETE MAXILLARY	20% Discount	20% Discount	0
D5864	OVERDENTURE - PARTIAL MAXILLARY	20% Discount	20% Discount	0
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	50	20% Discount	0
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	150	20% Discount	0
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1186	20% Discount	0
D6012	SURG PLACMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1083	20% Discount	0
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	2567	20% Discount	0
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	1915	20% Discount	0
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	291	20% Discount	0
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	220	20% Discount	0
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	350	20% Discount	0
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	634	20% Discount	0
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	610	20% Discount	0
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	527	20% Discount	0
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	538	20% Discount	0
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	491	20% Discount	0
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	499	20% Discount	0
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	488	20% Discount	0
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	556	20% Discount	0
D6066	IMPL SUPP CROWN PORCLN FUSED HIGH NOBL ALLOYS	542	20% Discount	0
D6067	IMPL SUPP CROWN HIGH NOBLE ALLOYS	526	20% Discount	0
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	660	20% Discount	0
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	651	20% Discount	0
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	615	20% Discount	0
D6071	ABUT SUPP RETN PORCLN FUSD METAL FPD NOBLE METL	628	20% Discount	0
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	641	20% Discount	0
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	580	20% Discount	0
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	625	20% Discount	0
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	649	20% Discount	0
D6076	IMPL SUPP RTNR FPD PORCLN FUSED HIGH NOBL ALLOYS	542	20% Discount	0
D6077	IMPL SUPP RTNR METL FPD HIGH NOBLE ALLOYS	613	20% Discount	0
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	41	20% Discount	0
D6082	IMPL SUPP CROWN PORCLN FUSED PREDOMINANTLY BASE ALLOYS	527	20% Discount	0
D6083	IMPL SUPP CROWN PORCLN FUSED NOBLE ALLOYS	538	20% Discount	0
D6084	IMPL SUPP CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	491	20% Discount	0
D6086	IMPL SUPP CROWN PREDOMINANTLY BASE ALLOYS	608	20% Discount	0
D6087	IMPL SUPP CROWN NOBLE ALLOYS	637	20% Discount	0
D6088	IMPL SUPP CROWN TITANIUM AND TITANIUM ALLOYS	679	20% Discount	0
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	260	20% Discount	0
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	39	20% Discount	0
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	79	20% Discount	0
D6094	ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	516	20% Discount	0
D6097	ABUTMENT SUPPORTED CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	647	20% Discount	0
D6098	IMPL SUPP RTNR PORCLN FUSED PREDOMINANTLY BASE ALLOYS	545	20% Discount	0
D6099	IMPL SUPP RTNR FPD PORCLN FUSED NOBLE ALLOYS	556	20% Discount	0
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	167	20% Discount	0
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	274	20% Discount	0
D6103	BONE GRAFT REPAIR OF PERI-IMPLANT	162	20% Discount	0
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	139	20% Discount	0
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	766	20% Discount	0
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	766	20% Discount	0
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	766	20% Discount	0
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	766	20% Discount	0
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	1342	20% Discount	0
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	1342	20% Discount	0
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	1029	20% Discount	0
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	1029	20% Discount	0
D6120	IMPL SUPP RTNR PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	565	20% Discount	0
D6121	IMPL SUPP RTNR METAL FPD PREDOMINANTLY BASE ALLOYS	518	20% Discount	0
D6122	IMPL SUPP RTNR METAL FPD NOBLE ALLOYS	554	20% Discount	0
D6123	IMPL SUPP RTNR METAL FPD TITANIUM AND TITANIUM ALLOYS	548	20% Discount	0
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	116	20% Discount	0
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD TITANIUM AND TITANIUM ALLOYS	532	20% Discount	0
D6195	ABUTMENT SUPPORTED RETAINER PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	631	20% Discount	0
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	129	20% Discount	104
D6210	PONTIC - CAST HIGH NOBLE METAL	250	20% Discount	155
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	210	20% Discount	140
D6212	PONTIC - CAST NOBLE METAL	215	20% Discount	160
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	293	20% Discount	142
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	287	20% Discount	143
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	280	20% Discount	140
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	287	20% Discount	143
D6245	PONTIC - PORCELAIN/CERAMIC	280	20% Discount	150
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	270	20% Discount	145
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	245	20% Discount	155
D6252	PONTIC - RESIN WITH NOBLE METAL	255	20% Discount	130
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	321	20% Discount	0
D6601	RETAINER INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	330	20% Discount	0
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL TWO SURFACES	336	20% Discount	0
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	360	20% Discount	0



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D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	330	20% Discount	0
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	349	20% Discount	0
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	324	20% Discount	0
D6607	RETAINER INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	360	20% Discount	0
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	195	20% Discount	91
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	225	20% Discount	120
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	159	20% Discount	98
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	174	20% Discount	108
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	164	20% Discount	92
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	172	20% Discount	96
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	161	20% Discount	90
D6615	RETAINER ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	166	20% Discount	94
D6624	RETAINER INLAY - TITANIUM	336	20% Discount	0
D6634	RETAINER ONLAY - TITANIUM	353	20% Discount	0
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	287	20% Discount	183
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	320	20% Discount	180
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	305	20% Discount	195
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	305	20% Discount	195
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	355	20% Discount	260
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	355	20% Discount	200
D6751	RETAINER CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	320	20% Discount	190
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	320	20% Discount	190
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	320	20% Discount	190
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	310	20% Discount	200
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	290	20% Discount	185
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	290	20% Discount	185
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	300	20% Discount	200
D6784	RETAINER CROWN - 3/4 TITANIUM AND TITANIUM ALLOYS	292	20% Discount	195
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	295	20% Discount	205
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	290	20% Discount	185
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	290	20% Discount	185
D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	48	20% Discount	0
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	31	20% Discount	16
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (Elevation and/or forceps removal)	46	20% Discount	20
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	76	20% Discount	25
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	96	20% Discount	20
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	120	20% Discount	30
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	151	20% Discount	25
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	154	20% Discount	41
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	85	20% Discount	0
D7270	TOOTH REIMPL & OR STBL ACC EVLSED/DISPLCD TOOTH	175	20% Discount	0
D7280	SURGICAL ACCESS OF AN ERUPTED TOOTH	148	20% Discount	0
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	66	20% Discount	0
D7285	BIOPSY OF ORAL TISSUE HARD	200	20% Discount	0
D7286	BIOPSY OF ORAL TISSUE SOFT	155	20% Discount	0
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	56	20% Discount	0
D7288	BRUSH BIOPSY - TRANSEPIITHELIAL SAMPLE COLLECTION	56	20% Discount	0
D7290	SURGICAL REPOSITIONING OF TEETH	150	20% Discount	0
D7310	ALVEOLOPLASTY W/EXTRACTION 4/- TEETH/SPACE QUAD	98	20% Discount	0
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	67	20% Discount	0
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/- TEETH/SPACE	160	20% Discount	0
D7321	ALVEOLOPLSTY NOT CNJNC XTRACT 1-3 TEETH/SPCE QUAD	100	20% Discount	0
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	253	20% Discount	0
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	400	20% Discount	0
D7471	REMOVAL OF LATERAL EXOSTOSIS	313	20% Discount	0
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	91	20% Discount	0
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	137	20% Discount	0
D7810-D7899	TMD THERAPY	20% Discount	20% Discount	0
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	297	20% Discount	0
D7960	FRENULECTOMY SEP PROC NOT INCIDENTL ANOTHER PROC	135	20% Discount	0
D7971	EXCISION OF PERICORONAL GINGIVA	74	20% Discount	0
D8010-D8999	ORTHODONTIC SERVICES	25% Discount	25% Discount	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	40	20% Discount	0
D9120	FIXED PARTIAL DENTURE SECTIONING	20% Discount	20% Discount	0
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	15	20% Discount	0
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	11	20% Discount	0
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	96	20% Discount	0
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	72	20% Discount	0
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	21	20% Discount	0
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	79	20% Discount	0
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INC	61	20% Discount	0
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110	20% Discount	0
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	61	20% Discount	0
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	25	20% Discount	0
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	44	20% Discount	0
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	20% Discount	20% Discount	0
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	20% Discount	20% Discount	0
D9944	OCCUSAL GUARD - HARD APPLIANCE, FULL ARCH	155	20% Discount	0
D9945	OCCUSAL GUARD - SOFT APPLIANCE, FULL ARCH	155	20% Discount	0
D9946	OCCUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	155	20% Discount	0
D9951	OCCUSAL ADJUSTMENT - LIMITED	32	20% Discount	0
D9972	EXTERNAL BLEACHING - PER ARCH	20% Discount	20% Discount	0
D9973	EXTERNAL BLEACHING - PER TOOTH	20% Discount	20% Discount	0