



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: 8/16/2021
Benefit Year: Calendar
Plan Type: Contributory / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
Type 4 - Orthodontics 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
Endodontics	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
Specialists (** 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.		
Waiting periods		
Type 2 - Basic	3 Month Waiting Period	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	N / A	
Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$25.00	\$25.00
Family Max	\$75.00	\$75.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	None	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	Advantage	Advantage
Monthly Rates		
Student	\$11.80	
+ Spouse	\$24.80	
+ Children	\$26.60	
+ Family	\$40.10	
Provisions / Limitations / Exclusions		
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.		



Group: University of Utah Subsidized Graduate Students (Plan #4752)
Plan: VSP Plus 10-130
Effective Date: 8/16/2021
Plan Type: Contributory

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	\$10 Co-pay	Up to \$65
Lenses (Glass or Plastic)		
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
Lens Options		
Progressive (Standard no-line)	\$0 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 Co-pay	
Coatings		
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	
Frames		
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
Elective Contact Lenses In Lieu of Frame & Lenses		
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
Frequency		
Exam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered
Monthly Rates	Contributory	
Student	\$5.20	
+ Spouse	\$10.20	
+ Children	\$16.30	
+ Family	\$16.30	

Notes

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



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	22
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	20% Discount	19
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0	20% Discount	20
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	22
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0	20% Discount	30
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	0	20% Discount	19
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	27
D0210	INTRAORAL-COMplete SERIES OF RADIOGRAPHIC IMAGES (Including bitewings)	0	20% Discount	40
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	13
D0250	EXTRAORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	0	20% Discount	15
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	0	20% Discount	14
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	27
D0330	PANORAMIC RADIOGRAPHIC IMAGE	0	20% Discount	41
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION MEASUREMENT AND ANALYSIS	51	20% Discount	0
D0460	PULP VITALITY TESTS	25	20% Discount	0
D1110	PROPHYLAXIS - ADULT	0	20% Discount	40
D1120	PROPHYLAXIS - CHILD	0	20% Discount	27
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 CARRIES 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)	100	20% Discount	0
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY (Verify age limits of the plan)	140	20% Discount	0
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR (Verify age limits of the plan)	140	20% Discount	0
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL - PER QUADRANT (Verify age limits of the plan)	110	20% Discount	0
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY (Verify age limits of the plan)	169	20% Discount	0
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR (Verify age limits of the plan)	169	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)	100	20% Discount	0
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	21	20% Discount	25
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	26	20% Discount	34
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	36	20% Discount	35
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	41	20% Discount	41
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	41	20% Discount	31
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	46	20% Discount	36
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	52	20% Discount	45
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	57	20% Discount	51
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	111	20% Discount	0
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	41	20% Discount	29
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	57	20% Discount	36
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	67	20% Discount	46
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	82	20% Discount	42
D2542	ONLAY - METALLIC - TWO SURFACES	186	20% Discount	132
D2543	ONLAY - METALLIC - THREE SURFACES	200	20% Discount	133
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	208	20% Discount	135
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	277	20% Discount	118
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	291	20% Discount	125
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	310	20% Discount	133
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	224	20% Discount	95
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	268	20% Discount	103
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	288	20% Discount	114
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	182	20% Discount	78
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	216	20% Discount	93
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	227	20% Discount	97
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	197	20% Discount	85
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	222	20% Discount	116
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	222	20% Discount	121
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	134	20% Discount	10
D2712	CROWN 3/4 RESIN-BASED COMPOSITE (INDIRECT)	133	20% Discount	58
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	328	20% Discount	177
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	308	20% Discount	197
D2722	CROWN - RESIN WITH NOBLE METAL	308	20% Discount	197
D2740	CROWN - PORCELAIN/CERAMIC	362	20% Discount	260
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	323	20% Discount	192
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	310	20% Discount	200
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	293	20% Discount	187
D2782	CROWN - 3/4 CAST NOBLE METAL	293	20% Discount	187
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	293	20% Discount	187
D2792	CROWN - FULL CAST NOBLE METAL	293	20% Discount	187
D2910	RECMT/REBND INLAY ONLAY/PART CVRGE RESTORATION	38	20% Discount	0
D2915	RECMT/REBND CAST OR PREFABRICATED POST AND CORE	28	20% Discount	0
D2920	RE-CEMENT OR RE-BOND CROWN	34	20% Discount	0
D2928	PREFABR PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	173	20% Discount	0
D2929	PREFABR PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	161	20% Discount	0
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	96	20% Discount	0
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	103	20% Discount	0

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D2932	PREFABRICATED RESIN CROWN	107	20% Discount	0
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	124	20% Discount	0
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	126	20% Discount	0
D2940	PROTECTIVE RESTORATION	34	20% Discount	0
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	106	20% Discount	0
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	21	20% Discount	0
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	118	20% Discount	0
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	59	20% Discount	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	107	20% Discount	0
D2955	POST REMOVAL	88	20% Discount	0
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	47	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	53	20% Discount	0
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	77	20% Discount	0
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	77	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>	31	20% Discount	0
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	26	20% Discount	0
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	63	20% Discount	0
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEEETH	63	20% Discount	0
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	62	20% Discount	0
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH <i>(Excluding final restoration)</i>	65	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	211	20% Discount	87
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	272	20% Discount	97
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	362	20% Discount	111
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	92	20% Discount	0
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	174	20% Discount	0
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	78	20% Discount	32
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	238	20% Discount	89
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	306	20% Discount	80
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	380	20% Discount	97
D3351	APEXIFICATION/RECALCIFICAT INIT VST	121	20% Discount	53
D3352	APEXIFICAT/RECALCIFICAT INT MED REPL	62	20% Discount	0
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	167	20% Discount	72
D3410	APICOECTOMY - ANTERIOR	390	20% Discount	0
D3421	APICOECTOMY - PREMOLAR <i>(FIRST ROOT)</i>	387	20% Discount	0
D3425	APICOECTOMY - MOLAR <i>(FIRST ROOT)</i>	392	20% Discount	0
D3426	APICOECTOMY <i>(EACH ADDITIONAL ROOT)</i>	136	20% Discount	0
D3430	RETROGRADE FILLING - PER ROOT	96	20% Discount	0
D3450	ROOT AMPUTATION - PER ROOT	166	20% Discount	0
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	390	20% Discount	0
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	387	20% Discount	0
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	392	20% Discount	0
D3501	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - AN	390	20% Discount	0
D3502	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - PR	387	20% Discount	0
D3503	SURGICAL EXPOSURE OF ROOT SURFACE W/O APICOECTOMY OR REPAIR OF ROOT RESORPTION - MC	392	20% Discount	0
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	141	20% Discount	0
D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	89	20% Discount	0
D4210	GINGIVECT/PLSTY 4>CNTIG/TOOTH BOUND SPACES-QUAD	245	20% Discount	0
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	92	20% Discount	0
D4212	GINGIVECT/PLSTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH	107	20% Discount	0
D4240	INGL FLP PROC 4> CONTIG/TOOTH BOUND SPACE-QUAD	264	20% Discount	0
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	182	20% Discount	0
D4245	APICALLY POSITIONED FLAP	259	20% Discount	0
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	302	20% Discount	0
D4260	OSSEOUS SURG 4> CNTIG TEETH QUAD	439	20% Discount	0
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	281	20% Discount	0
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	213	20% Discount	0
D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	134	20% Discount	0
D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	278	20% Discount	0
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	210	20% Discount	0
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	206	20% Discount	0
D4268	SURGICAL REVISION PROCEDURE PER TOOTH	245	20% Discount	0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	312	20% Discount	0
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGIC	453	20% Discount	0
D4274	MESIAL/DISTAL WEDGE PROCEDURE SINGLE TOOTH	189	20% Discount	0
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SURGICAL SITE AND DONOR	319	20% Discount	0
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	427	20% Discount	0
D4277	SOFT TISSUE GRAFT PROCEDURE FIRST TOOTH	344	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	401	20% Discount	0
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE	301	20% Discount	0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	145	20% Discount	0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	132	20% Discount	0
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	92	20% Discount	15
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	62	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	63	20% Discount	10
D4381	LOC DEL ANTIMICROB AGTS CREVICULAR TISS TOOTH BR	20% Discount	20% Discount	0
D4910	PERIODONTAL MAINTENANCE	62	20% Discount	13
D5110	COMPLETE DENTURE - MAXILLARY	433	20% Discount	264
D5120	COMPLETE DENTURE - MANDIBULAR	424	20% Discount	258
D5130	IMMEDIATE DENTURE - MAXILLARY	453	20% Discount	242
D5140	IMMEDIATE DENTURE - MANDIBULAR	453	20% Discount	242
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE <i>(Including retentive/clasping materials, rests and teeth)</i>	379	20% Discount	151
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE <i>(Including retentive/clasping materials, rests and teeth)</i>	386	20% Discount	155
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE <i>(Including retentive/clasping materials, rests and tee</i>	471	20% Discount	235
D5214	MAND PART DENTUR-CAST METL FRMEWRK W/RSN BASE <i>(Including retentive/clasping materials, rests and t</i>	444	20% Discount	262
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	418	20% Discount	105
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i>	421	20% Discount	105
D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY <i>(Including any clasps, rests and teeth)</i>	298	20% Discount	106
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR <i>(Including any clasps, rests and teeth)</i>	298	20% Discount	106
D5284	REMV UNILAT PART DENTUR - 1 PIECE FLEXIBLE BASE <i>(Including any clasps, rests and teeth)</i> - PER QUADR	298	20% Discount	106
D5286	REMV UNILAT PART DENTUR - 1 PIECE RESIN <i>(Including any clasps, rests and teeth)</i> - PER QUADRANT	298	20% Discount	106
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	35	20% Discount	0
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	35	20% Discount	0
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	36	20% Discount	0

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	36	20% Discount	0
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	76	20% Discount	0
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	76	20% Discount	0
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE (Each tooth)	66	20% Discount	0
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	56	20% Discount	0
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	56	20% Discount	0
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	60	20% Discount	0
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	60	20% Discount	0
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	72	20% Discount	0
D5640	REPLACE BROKEN TEETH - PER TOOTH	54	20% Discount	0
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	64	20% Discount	0
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	103	20% Discount	0
D5710	REBASE COMPLETE MAXILLARY DENTURE	297	20% Discount	0
D5711	REBASE COMPLETE MANDIBULAR DENTURE	297	20% Discount	0
D5720	REBASE MAXILLARY PARTIAL DENTURE	255	20% Discount	0
D5721	REBASE MANDIBULAR PARTIAL DENTURE	283	20% Discount	0
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	165	20% Discount	0
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	165	20% Discount	0
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	162	20% Discount	0
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	162	20% Discount	0
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	304	20% Discount	0
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	304	20% Discount	0
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	225	20% Discount	0
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	225	20% Discount	0
D5850	TISSUE CONDITIONING MAXILLARY	52	20% Discount	0
D5851	TISSUE CONDITIONING MANDIBULAR	52	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)	51	20% Discount	0
D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	152	20% Discount	0
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1198	20% Discount	0
D6012	SURG PLGCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1105	20% Discount	0
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	2695	20% Discount	0
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	2011	20% Discount	0
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	300	20% Discount	0
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	222	20% Discount	0
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	354	20% Discount	0
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	647	20% Discount	0
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	622	20% Discount	0
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	543	20% Discount	0
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	554	20% Discount	0
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	516	20% Discount	0
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	509	20% Discount	0
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	503	20% Discount	0
D6065	IMPL SUPP PORCELAIN/CERAMIC CROWN	573	20% Discount	0
D6066	IMPL SUPP CROWN PORCLN FUSED HIGH NOBL ALLOYS	558	20% Discount	0
D6067	IMPL SUPP CROWN HIGH NOBLE ALLOYS	542	20% Discount	0
D6068	ABUT SUPP RETAINER PORCELAIN/CERAMIC FPD	673	20% Discount	0
D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	664	20% Discount	0
D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	627	20% Discount	0
D6071	ABUT SUPP RETN PORCELN FUSD METAL FPD NOBLE METL	641	20% Discount	0
D6072	ABUT SUPP RETN CAST METL FPD HIGH NOBLE METL	654	20% Discount	0
D6073	ABUT RTNR CAST METL FPD PREDOM BASE METL	592	20% Discount	0
D6074	ABUTMENT RTNR CAST METAL FPD NOBLE METAL	638	20% Discount	0
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	662	20% Discount	0
D6076	IMPL SUPP RTNR FPD PORCLN FUSED HIGH NOBL ALLOYS	558	20% Discount	0
D6077	IMPL SUPP RTNR METL FPD HIGH NOBLE ALLOYS	625	20% Discount	0
D6080	IMPL MAINT PROC REMV CLEAN PROSTH & ABUT REINSRT	42	20% Discount	0
D6082	IMPL SUPP CROWN PORCLN FUSED PREDOMINANTLY BASE ALLOYS	532	20% Discount	0
D6083	IMPL SUPP CROWN PORCLN FUSED NOBLE ALLOYS	543	20% Discount	0
D6084	IMPL SUPP CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	496	20% Discount	0
D6086	IMPL SUPP CROWN PREDOMINANTLY BASE ALLOYS	614	20% Discount	0
D6087	IMPL SUPP CROWN NOBLE ALLOYS	643	20% Discount	0
D6088	IMPL SUPP CROWN TITANIUM AND TITANIUM ALLOYS	686	20% Discount	0
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	265	20% Discount	0
D6092	RECEMENT / REBOND IMPLANT/ABUTMENT SUPP CROWN	41	20% Discount	0
D6093	RECMNT/REBOND IMPL/ABUTMNT SUPP FIX PART DENTURE	81	20% Discount	0
D6094	ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	521	20% Discount	0
D6097	ABUTMENT SUPPORTED CROWN PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	653	20% Discount	0
D6098	IMPL SUPP RTNR PORCLN FUSED PREDOMINANTLY BASE ALLOYS	550	20% Discount	0
D6099	IMPL SUPP RTNR FPD PORCLN FUSED NOBLE ALLOYS	562	20% Discount	0
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	169	20% Discount	0
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	277	20% Discount	0
D6103	BONE GRAFT REPAIR OF PERI-IMPLANT	167	20% Discount	0
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	142	20% Discount	0
D6110	IMPL/ABUTMENT SUPPORTED RD - MAXILLARY	789	20% Discount	0
D6111	IMPL/ABUTMENT SUPPORTED RD - MANDIBULAR	789	20% Discount	0
D6112	IMPL/ABUTMENT SUPPORTED RPD - MAXILLARY	789	20% Discount	0
D6113	IMPLANT / ABUTMENT SUPPORTED RPD - MANDIBULAR	789	20% Discount	0
D6114	IMPLANT / ABUTMENT SUPPORTED FD - MAXILLARY	1382	20% Discount	0
D6115	IMPLANT/ABUTMENT SUPPORTED FD - MANDIBULAR	1382	20% Discount	0
D6116	IMPL/ABUTMENT SUPPORTED FD - MAXILLARY - PARTIAL	1039	20% Discount	0
D6117	IMPL/ABUT SUPPORTED FD - MANDIBULAR - PARTIAL	1039	20% Discount	0
D6120	IMPL SUPP RTNR PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	571	20% Discount	0
D6121	IMPL SUPP RTNR METAL FPD PREDOMINANTLY BASE ALLOYS	523	20% Discount	0
D6122	IMPL SUPP RTNR METAL FPD NOBLE ALLOYS	560	20% Discount	0
D6123	IMPL SUPP RTNR METAL FPD TITANIUM AND TITANIUM ALLOYS	553	20% Discount	0
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	118	20% Discount	0
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD TITANIUM AND TITANIUM ALLOYS	537	20% Discount	0
D6195	ABUTMENT SUPPORTED RETAINER PORCLN FUSED TITANIUM AND TITANIUM ALLOYS	637	20% Discount	0
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	132	20% Discount	106
D6210	PONTIC - CAST HIGH NOBLE METAL	253	20% Discount	156
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	214	20% Discount	143
D6212	PONTIC - CAST NOBLE METAL	217	20% Discount	162
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	296	20% Discount	143
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	290	20% Discount	144
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	283	20% Discount	141
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	290	20% Discount	144
D6245	PONTIC - PORCELAIN/CERAMIC	283	20% Discount	151

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	273	20% Discount	146
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	247	20% Discount	157
D6252	PONTIC - RESIN WITH NOBLE METAL	258	20% Discount	131
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	324	20% Discount	0
D6601	RETAINER INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	333	20% Discount	0
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL TWO SURFACES	339	20% Discount	0
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	371	20% Discount	0
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	333	20% Discount	0
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	352	20% Discount	0
D6606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	327	20% Discount	0
D6607	RETAINER INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	364	20% Discount	0
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	199	20% Discount	93
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	227	20% Discount	121
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	167	20% Discount	103
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	183	20% Discount	113
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	172	20% Discount	97
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	181	20% Discount	100
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	169	20% Discount	95
D6615	RETAINER ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	174	20% Discount	99
D6624	RETAINER INLAY - TITANIUM	339	20% Discount	0
D6634	RETAINER ONLAY - TITANIUM	357	20% Discount	0
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	287	20% Discount	183
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	323	20% Discount	182
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	308	20% Discount	197
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	308	20% Discount	197
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	359	20% Discount	262
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	323	20% Discount	192
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	310	20% Discount	200
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	293	20% Discount	187
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	293	20% Discount	187
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	300	20% Discount	200
D6784	RETAINER CROWN - 3/4 TITANIUM AND TITANIUM ALLOYS	295	20% Discount	197
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	295	20% Discount	205
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	293	20% Discount	187
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	293	20% Discount	187
D6930	RECEMENT /REBOND FIXED PARTIAL DENTURE	49	20% Discount	0
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	31	20% Discount	16
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	46	20% Discount	21
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	77	20% Discount	25
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	97	20% Discount	20
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	124	20% Discount	31
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	153	20% Discount	25
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	157	20% Discount	42
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	88	20% Discount	0
D7270	TOOTH REIMPL &OR STBL ACC EVLUSED/DISPLCD TOOTH	179	20% Discount	0
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	152	20% Discount	0
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	67	20% Discount	0
D7285	BIOPSY OF ORAL TISSUE HARD	210	20% Discount	0
D7286	BIOPSY OF ORAL TISSUE SOFT	160	20% Discount	0
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	58	20% Discount	0
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	58	20% Discount	0
D7290	SURGICAL REPOSITIONING OF TEETH	155	20% Discount	0
D7310	ALVEOLOPLASTY W/EXTRACTION 4> TEETH/SPACE QUAD	101	20% Discount	0
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	70	20% Discount	0
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4> TEETH/SPACE	165	20% Discount	0
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	105	20% Discount	0
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	266	20% Discount	0
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	420	20% Discount	0
D7471	REMOVAL OF LATERAL EXOSTOSIS	329	20% Discount	0
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	93	20% Discount	0
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	144	20% Discount	0
D7810-D7899	TMD THERAPY	20% Discount	20% Discount	0
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	300	20% Discount	0
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	139	20% Discount	0
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	139	20% Discount	0
D7971	EXCISION OF PERICORONAL GINGIVA	76	20% Discount	0
D8010-D8999	ORTHODONTIC SERVICES	25% Discount	25% Discount	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	41	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	97	20% Discount	0
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	73	20% Discount	0
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	21	20% Discount	0
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	80	20% Discount	0
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INC	62	20% Discount	0
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	110	20% Discount	0
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	64	20% Discount	0
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	25	20% Discount	0
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	45	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	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	157	20% Discount	0
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	157	20% Discount	0
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	157	20% Discount	0
D9951	OCCLUSAL ADJUSTMENT - LIMITED	34	20% Discount	0
D9972	EXTERNAL BLEACHING - PER ARCH	20% Discount	20% Discount	0
D9973	EXTERNAL BLEACHING - PER TOOTH	20% Discount	20% Discount	0
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	0	20% Discount	21