



Patient Copay Schedule

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PRODUCT: D0037643 (EmblemHealth VIP Gold Plus (HMO))

ADA	Description	MEMBER PAYS
Diagnostic		
D0120	periodic oral evaluation	\$0.00
D0140	limited oral evaluation - problem focused	\$0.00
D0150	comprehensive oral evaluation - new or established patient	\$0.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0.00
D0170	re-evaluation, limited, problem focused	\$0.00
D0180	comprehensive periodontal evaluation - new or established patient	\$0.00
D0210	intraoral - comprehensive series of radiographic images	\$0.00
D0220	intraoral - periapical first radiographic image	\$0.00
D0230	intraoral - periapical each additional radiographic image	\$0.00
D0270	bitewing - single radiographic image	\$0.00
D0272	bitewings - two radiographic images	\$0.00
D0273	bitewings - three radiographic images	\$0.00
D0274	bitewings - four radiographic images	\$0.00
D0277	vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	panoramic radiographic image	\$0.00
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	\$0.00
D0373	intraoral tomosynthesis - bitewing radiographic image	\$0.00
D0374	intraoral tomosynthesis - periapical radiographic image	\$0.00
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	\$0.00
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	\$0.00
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	\$0.00
D0601	caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	caries risk assessment and documentation, with a finding of high risk	\$0.00
Preventive		
D1110	prophylaxis - adult	\$0.00
D1120	prophylaxis - child	\$0.00
D1206	topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride - excluding varnish	\$0.00
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$0.00
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$0.00
D1703	Moderna Covid-19 vaccine administration - first dose	\$0.00
D1704	Moderna Covid-19 vaccine administration - second dose	\$0.00
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$0.00
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$0.00
D1707	Janssen Covid-19 vaccine administration	\$0.00
D1708	Pfizer-BioNTech Covid-19 vaccine administration-third dose	\$0.00
D1709	Pfizer-BioNTech Covid-19 vaccine administration-booster dose	\$0.00
D1710	Moderna Covid-19 vaccine administration-third dose	\$0.00
D1711	Moderna Covid-19 vaccine administration-booster dose	\$0.00
D1712	Janssen Covid-19 vaccine administration-booster dose	\$0.00



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D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-first dose	\$0.00
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-second dose	\$0.00
D1781	vaccine administration - human papillomavirus - Dose 1	\$0.00
D1782	vaccine administration - human papillomavirus - Dose 2	\$0.00
D1783	vaccine administration - human papillomavirus - Dose 3	\$0.00
Restorative		
D2140	amalgam - one surface, primary or permanent	\$0.00
D2150	amalgam - two surfaces, primary or permanent	\$0.00
D2160	amalgam - three surfaces, primary or permanent	\$0.00
D2161	amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	resin-based composite - one surface, anterior	\$0.00
D2331	resin-based composite - two surfaces, anterior	\$0.00
D2332	resin-based composite - three surfaces, anterior	\$0.00
D2335	resin-based composite - four or more surfaces (anterior)	\$0.00
D2390	resin-based composite crown, anterior	\$0.00
D2391	resin-based composite - one surface, posterior	\$0.00
D2392	resin-based composite - two surfaces, posterior	\$0.00
D2393	resin-based composite - three surfaces, posterior	\$0.00
D2394	resin-based composite - four or more surfaces, posterior	\$0.00
D2510	inlay - metallic - one surface	\$125.00
D2520	inlay - metallic - two surfaces	\$125.00
D2530	inlay - metallic - three or more surfaces	\$125.00
D2542	onlay metallic, two surfaces	\$125.00
D2543	onlay-metallic-three surfaces	\$125.00
D2544	onlay-metallic-four or more surfaces	\$125.00
D2610	inlay - porcelain/ceramic - one surface	\$125.00
D2620	inlay - porcelain/ceramic - two surfaces	\$125.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$125.00
D2642	onlay - porcelain/ceramic - two surfaces	\$125.00
D2643	onlay - porcelain/ceramic - three surfaces	\$125.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$125.00
D2710	crown, resin-based composite (indirect)	\$125.00
D2712	crown - 3/4 resin-based composite (indirect)	\$125.00
D2720	crown - resin with high noble metal	\$125.00
D2721	crown - resin with predominantly base metal	\$125.00
D2722	crown - resin with noble metal	\$125.00
D2740	crown - porcelain/ceramic	\$125.00
D2750	crown - porcelain fused to high noble metal	\$125.00
D2751	crown - porcelain fused to predominantly base metal	\$125.00
D2752	crown - porcelain fused to noble metal	\$125.00
D2780	crown, 3/4 cast high noble metal	\$125.00
D2781	crown, 3/4 cast predominantly base metal	\$125.00
D2782	crown, 3/4 cast noble metal	\$125.00



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PRODUCT: D0037643 (EmblemHealth VIP Gold Plus (HMO))

ADA	Description	MEMBER PAYS
D2783	crown, 3/4 porcelain/ceramic	\$125.00
D2790	crown - full cast high noble metal	\$125.00
D2791	crown - full cast predominantly base metal	\$125.00
D2792	crown - full cast noble metal	\$125.00
D2794	crown - titanium and titanium alloys	\$125.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$0.00
D2920	recement or re-bond crown	\$0.00
D2931	prefabricated stainless steel crown - permanent tooth	\$0.00
D2940	protective restoration	\$0.00
D2950	Core buildup, including any pins when required	\$0.00
D2951	pin retention - per tooth, in addition to restoration	\$0.00
D2952	cast post and core in addition to crown	\$0.00
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2980	crown repair necessitated by restorative material failure	\$0.00
D2989	excavation of a tooth resulting in the determination of non-restorability	\$0.00
Endodontics		
D3220	therapeutic pulpotomy (excluding final restoration)	\$0.00
D3221	pulpal debridement, primary and permanent teeth	\$0.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$20.00
D3331	treatment of root canal obstruction, non-surgical access	\$0.00
D3346	retreatment of previous root canal therapy - anterior	\$0.00
D3347	retreatment of previous root canal therapy - bicuspid	\$0.00
D3348	retreatment of previous root canal therapy - molar	\$20.00
D3410	Apicoectomy - anterior	\$20.00
D3421	Apicoectomy - premolar (first root)	\$20.00
D3425	Apicoectomy - molar (first root)	\$20.00
D3426	Apicoectomy (each additional root)	\$20.00
D3430	retrograde filling - per root	\$20.00
D3911	intraorifice barrier	\$0.00
Periodontics		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$20.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$20.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	\$20.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	\$20.00
D4249	clinical crown lengthening - hard tissue	\$20.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$75.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$0.00



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PRODUCT: D0037643 (EmblemHealth VIP Gold Plus (HMO))

ADA	Description	MEMBER PAYS
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$0.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0.00
D4910	periodontal maintenance	\$0.00
Prostodontics, Removable		
D5110	complete denture - maxillary	\$150.00
D5120	complete denture - mandibular	\$150.00
D5130	immediate denture - maxillary	\$150.00
D5140	immediate denture - mandibular	\$150.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$150.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$150.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$150.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$150.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$150.00
D5222	immediate mandibular partial denture - resin base	\$150.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$150.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$150.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$150.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$150.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$150.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$150.00
D5410	adjust complete denture - maxillary	\$0.00
D5411	adjust complete denture - mandibular	\$0.00
D5421	adjust partial denture - maxillary	\$0.00
D5422	adjust partial denture - mandibular	\$0.00
D5511	repair broken complete denture base, mandibular	\$0.00
D5512	repair broken complete denture base, maxillary	\$0.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$0.00
D5611	repair resin partial denture base, mandibular	\$0.00
D5612	repair resin partial denture base, maxillary	\$0.00
D5621	repair cast partial framework, mandibular	\$0.00
D5622	repair cast partial framework, maxillary	\$0.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$0.00
D5640	replace broken teeth - per tooth	\$0.00
D5650	add tooth to existing partial denture	\$0.00
D5660	add clasp to existing partial denture - per tooth	\$0.00
D5710	rebase complete maxillary denture	\$0.00
D5711	rebase complete mandibular denture	\$0.00
D5720	rebase maxillary partial denture	\$0.00
D5721	rebase mandibular partial denture	\$0.00
D5725	rebase hybrid prosthesis	\$0.00
D5730	reline complete maxillary denture (direct)	\$0.00
D5731	reline complete mandibular denture (direct)	\$0.00
D5740	reline maxillary partial denture (direct)	\$0.00



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PRODUCT: D0037643 (EmblemHealth VIP Gold Plus (HMO))

ADA	Description	MEMBER PAYS
D5741	reline mandibular partial denture (direct)	\$0.00
D5750	reline complete maxillary denture (indirect)	\$0.00
D5751	reline complete mandibular denture (indirect)	\$0.00
D5760	reline maxillary partial denture (indirect)	\$0.00
D5761	reline mandibular partial denture (indirect)	\$0.00
D5765	soft liner for complete or partial removable denture - indirect	\$0.00
D5850	tissue conditioning, maxillary	\$0.00
D5851	tissue conditioning, mandibular	\$0.00
D5863	Overdenture-complete maxillary	\$150.00
D5864	Overdenture-partial maxillary	\$150.00
D5865	Overdenture - complete mandibular	\$150.00
D5866	Overdenture-partial mandibular	\$150.00
Prosthodontics, Fixed		
D6205	pontic - indirect resin based composite	\$150.00
D6210	pontic - cast high noble metal	\$150.00
D6211	pontic - cast predominantly base metal	\$150.00
D6212	pontic - cast noble metal	\$150.00
D6214	pontic - titanium and titanium alloys	\$150.00
D6240	pontic - porcelain fused to high noble metal	\$150.00
D6241	pontic - porcelain fused to predominantly base metal	\$150.00
D6242	pontic - porcelain fused to noble metal	\$150.00
D6245	pontic-porcelain/ceramic	\$150.00
D6250	pontic - resin with high noble metal	\$150.00
D6251	pontic - resin with predominantly base metal	\$150.00
D6252	pontic - resin with noble metal	\$150.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$150.00
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	\$150.00
D6549	resin retainer - for resin bonded fixed prosthesis	\$150.00
D6602	retainer inlay - cast high noble metal, two surfaces	\$150.00
D6603	retainer inlay - cast high noble metal, three or more surfaces	\$150.00
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$150.00
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$150.00
D6606	retainer inlay - cast noble metal, two surfaces	\$150.00
D6607	retainer inlay - cast noble metal, three or more surfaces	\$150.00
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$150.00
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$150.00
D6610	retainer onlay - cast high noble metal, two surfaces	\$150.00
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$150.00
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$150.00
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$150.00
D6614	retainer onlay - cast noble metal, two surfaces	\$150.00
D6615	retainer onlay - cast noble metal, three or more surfaces	\$150.00
D6624	retainer inlay - titanium	\$150.00



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ADA	Description	MEMBER PAYS
D6634	retainer onlay - titanium	\$150.00
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$150.00
D6720	retainer crown - resin with high noble metal	\$150.00
D6721	retainer crown - resin with predominantly base metal	\$150.00
D6722	retainer crown - resin with noble metal	\$150.00
D6740	retainer crown-porcelain/ceramic	\$150.00
D6750	retainer crown - porcelain fused to high noble metal	\$150.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$150.00
D6752	retainer crown - porcelain fused to noble metal	\$150.00
D6780	retainer crown - 3/4 cast high noble metal	\$150.00
D6781	retainer crown-3/4 cast predominantly based metal	\$150.00
D6782	retainer crown-3/4 cast noble metal	\$150.00
D6790	retainer crown - full cast high noble metal	\$150.00
D6791	retainer crown - full cast predominantly base metal	\$150.00
D6792	retainer crown - full cast noble metal	\$150.00
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	\$150.00
D6794	retainer crown - titanium and titanium alloys	\$150.00
D6930	recement or re-bond fixed partial denture	\$0.00
D6980	fixed partial denture repair, necessitated by restorative material failure	\$0.00
Oral Surgery		
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	\$0.00
D7220	removal of impacted tooth - soft tissue	\$0.00
D7230	removal of impacted tooth - partially bony	\$50.00
D7240	removal of impacted tooth - completely bony	\$50.00
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$50.00
D7250	removal of residual tooth roots (cutting procedure)	\$0.00
D7260	oroantral fistula closure	\$50.00
D7261	primary closure of a sinus perforation	\$50.00
D7286	incisional biopsy of oral tissue - soft (all others)	\$0.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00
D7410	excision of benign lesion up to 1.25 cm	\$50.00
D7411	excision of benign lesion greater than 1.25 cm	\$50.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$50.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$50.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$50.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$50.00
D7509	marsupialization of odontogenic cyst	\$50.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$50.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$50.00



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D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$50.00
D7820	closed reduction of dislocation	\$0.00
D7961	buccal / labial frenectomy (frenulectomy)	\$50.00
D7963	frenuloplasty	\$50.00
D7970	excision of hyperplastic tissue - per arch	\$50.00
D7971	excision of pericoronal gingiva	\$50.00
Adjunctive General Services		
D9110	palliative treatment of dental pain - per visit	\$0.00
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$0.00
D9223	deep sedation/general anesthesia-each 15 minute increment	\$0.00
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$0.00
D9243	intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$0.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9912	pre-visit patient screening	\$0.00
D9951	occlusal adjustment - limited	\$0.00
D9952	occlusal adjustment - complete	\$0.00
D9995	teledentistry - synchronous; real-time encounter	\$0.00
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00