



# Dental

Samera Health - Copay

Plan Features	In-network	Out-of-network
<b>Deductible</b>		None
<b>Annual Maximum</b>		None
<b>Preventive Services</b> Exams, X-rays, cleanings <i>No Waiting Period</i>	See Copay Schedule	See Out of Network Payment Schedule
<b>Basic Services*</b> Restorations, extractions, oral surgery <i>No Waiting Period</i>	See Copay Schedule	See Out of Network Payment Schedule
<b>Major Services*</b> Crowns, dentures, bridges, endo-, perio- <i>No Waiting Period</i>	See Copay Schedule	See Out of Network Payment Schedule

\*The Copay Plan does not cover specialists except for pediatric dentists located in Cache County.

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**2024 COPAY SCHEDULE**

\*Member pays the listed copay in addition to any amount above the plan maximum allowable fee for Non-Network

D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$0.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$0.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$0.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$0.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$0.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0.00
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$0.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0.00
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
D1351	SEALANT - PER TOOTH	\$17.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$148.50
D1516	SPACE MAINTAINER – FIXED – BILATERAL, MAXILLARY	\$230.50
D1517	SPACE MAINTAINER – FIXED – BILATERAL, MANDIBULAR	\$230.50
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$166.50
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$15.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$28.50
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$37.50
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$60.50
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$38.50
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$44.50
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$92.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$100.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$184.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$47.50
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$65.50
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$87.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$93.00
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$307.00
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$374.50
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$432.50
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$459.50
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$259.50
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	\$301.00
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$305.00
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$331.50
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	\$354.50
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$276.50
D2740	CROWN - PORCELAIN/CERAMIC	\$508.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$480.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$448.50
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$471.50
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$478.50
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$524.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$449.50

D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$442.50
D2792	CROWN - FULL CAST NOBLE METAL	\$432.50
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$38.50
D2920	RE-CEMENT OR RE-BOND CROWN	\$40.50
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN – PRIMARY TOOTH	\$175.50
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$138.50
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$151.50
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$175.50
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$175.50
D2940	PROTECTIVE RESTORATION	\$38.50
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$133.50
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$24.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$224.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$177.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$383.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$475.50
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$32.50
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND	\$90.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$90.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$90.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$91.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$348.50
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$419.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$555.50
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$523.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$597.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$727.00
D3351	APEXIFICATION/RECALCIFICATION – INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$144.50
D3352	APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT	\$58.50
D3410	APICECTOMY - ANTERIOR	\$473.50
D3421	APICECTOMY - PREMOLAR (FIRST ROOT)	\$487.00
D3425	APICECTOMY - MOLAR (FIRST ROOT)	\$501.00
D3426	APICECTOMY (EACH ADDITIONAL ROOT)	\$179.00
D3430	RETROGRADE FILLING - PER ROOT	\$103.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$135.50
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$182.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$93.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$311.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$181.00
D4249	CLINICAL CROWN LENGTHENING – HARD TISSUE	\$366.50
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$576.50
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$402.00
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$286.00
D4264	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – EACH ADDITIONAL SITE IN QUADRANT	\$224.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$328.50
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	\$340.50
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$355.50
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH	\$514.00
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH	\$390.00
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH	\$362.50
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH	\$362.50
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH	\$514.00
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH	\$390.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$129.50
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$72.50
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$76.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$86.00

D4910	PERIODONTAL MAINTENANCE	\$67.50
D5110	COMPLETE DENTURE - MAXILLARY	\$688.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$761.50
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$761.50
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.50
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$475.50
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS	\$623.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RES	\$623.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$35.50
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$37.50
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$37.50
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$37.50
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$68.50
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS – PER TOOTH	\$93.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$70.50
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$99.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$105.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$147.50
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$147.50
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$137.50
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$137.50
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$205.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$205.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$186.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$186.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$235.50
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$284.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$69.50
D5851	TISSUE CONDITIONING, MANDIBULAR	\$69.50
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,311.00
D6056	PREFABRICATED ABUTMENT – INCLUDES MODIFICATION AND PLACEMENT	\$383.00
D6057	CUSTOM FABRICATED ABUTMENT – INCLUDES PLACEMENT	\$424.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$745.50
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$745.50
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$672.50
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$708.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$663.50
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$745.50
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	\$734.50
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	\$699.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$734.50
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$422.00
D6212	PONTIC - CAST NOBLE METAL	\$423.00
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$416.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$381.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$388.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$390.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$540.50
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$395.00
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$460.50
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$474.50
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$472.50
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$480.00
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$420.00
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$434.50
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$60.50
D7111	EXTRACTION, CORONAL REMNANTS – PRIMARY TOOTH	\$33.50

D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$52.50
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOP	\$123.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$134.50
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$194.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$268.50
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$242.50
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$131.50
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$227.50
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$239.50
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$169.50
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$164.50
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	\$46.50
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$110.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$93.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$164.50
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$98.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$46.50
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$31.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT	\$88.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTE INCREMENT	\$66.50
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$67.50

\*\*\*Unless noted otherwise, Copay Plans only cover General Dentists\*\*\*

The codes and fees listed on this summary are not a guarantee of coverage.

Coverage is subject to the benefits, limitations and exclusions of the member's plan.

Any alternative treatments noted in the member's plan document will be applied and copay adjusted accordingly.

Copay Schedules are subject to change without notice.