DENCAP Freedom Dental Plan (DF) Schedule of Benefits and Fixed Co-pays

313-972-1400 888-98-TEETH www.dencap.com

CODE		PT CO-PAY	CODE	PT CO-PAY	CODE	PT CO-PAY
DIAGNOSTIC and PREVENTIVE		CROWNS		ORAL SURGERY		
	ce Visit (regular hours)/Office visit (observation only)	\$5.00	2390 Crown - resin-based composite (anterior)	\$185.00	7111 Extraction - coronal remnants (deciduous tooth)	\$40.00
	odic Oral Evaluation	\$0.00	2751 Crown - porcelain fused to predominantly base metal	\$420.00	7140 Extraction - erupted tooth or exposed root	\$45.00
	ted Oral Evaluation - Problem Focused	\$0.00	2752 Crown - porcelain fused to noble metal	\$460.00	7210 Surgical removal of an erupted tooth	\$80.00
	prehensive Oral Evaluation	\$0.00	2781 Crown - 3/4 cast predominantly base metal	\$440.00	7220 Removal impacted tooth - soft tissue	\$90.00
	diagnostic Test	\$0.00	2782 Crown - 3/4 cast noble metal	\$450.00	7230 Removal impacted tooth - partially bony	\$130.00
	hylaxis/Routine Cleaning - Adult	\$0.00	2791 Crown - full cast predominantly base metal	\$420.00	7240 Removal impacted tooth - completely bony	\$180.00
	phylaxis/Routine Cleaning - Child	\$0.00	2792 Crown - full cast noble metal	\$440.00	7241 Removal impacted tooth - completely bony (complicated)	\$205.00
	cal Application of Fluoride - Varnish	\$0.00 \$0.00	2799 Crown - provisional	\$120.00	7250 Surgical removal of residual tooth roots	\$150.00 \$180.00
	cal Application of Fluoride		2930/31/32/33 Crown - prefabricated stainless steel/resin	\$150.00	7280 Surgical access of an unerupted tooth	\$180.00 \$80.00
	Hygiene Instructions al Anesthesia	\$0.00 \$0.00	2950 Core Buildup (including any pins) 2952 Post and Core in addition to Crown	\$120.00 \$160.00	7310 Alveoloplasty in conjunction with extractions (4+ teeth or spaces)7311 Alveoloplasty in conjunction with extractions (1-3 teeth or spaces)	\$60.00
9215 LOCA	ai Ariestriesia	\$0.00	2954 Prefabricated Post and Core in addition to Crown	\$150.00 \$150.00	7311 Alveolopiasty in conjunction with extractions (1-3 teeth or spaces) 7320 Alveoloplasty not in conjunction with extractions (4+ teeth or spaces)	\$120.00
X-RAYS			2542/43/44 Onlay - metallic	\$425.00	7321 Alveoloplasty not in conjunction with extractions (4+ teeth or spaces)	
	oral - Complete Series	\$30.00	2642/43/44 Onlay - porcelain/ceramic	\$425.00	7471/2/3 Removal of exostosis/torus (per site)	\$205.00
	apical - First radiographic image	\$5.00	2662/63/64 Onlay - porcelam/ceramic	\$425.00	7510 Incision and drainage of abscess (intraoral soft tissue)	\$40.00
	apical - First radiographic image	\$5.00	2002/03/04 Offiay - resili-based composite	ψ423.00	9223 Deep sedation/general anesthesia - each 15 minute increment	50%
	oral - Occlusal radiographic image	\$15.00	ENDODONTICS		9230 Inhalation of nitrous oxide	\$15.00
	wing - Single radiographic image	\$6.00	3110/20 Pulp Cap (direct/indirect)	\$30.00	3230 Illidiation of fittious oxide	ψ10.00
	wings - Two radiographic images	\$12.00	3220 Therapeutic Pulpotomy	\$75.00		
	wings - Three radiographic images	\$18.00	3310 Anterior Root Canal Therapy		PERIODONTICS	
	wings - Four radiographic images	\$24.00	3320 Bicuspid Root Canal Therapy	\$330.00	0180 Comprehensive Periodontal Evaluation	\$40.00
	pramic radiographic image	\$30.00	3330 Molar Root Canal Therapy	\$400.00	4210 Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$260.00
	Statillo tadiographilo intago	ψου.σσ	3346 Retreat of Previous Root Canal Therapy, anterior	\$350.00	4211 Gingivectomy/Gingivoplasty (1 - 3 teeth or spaces)	\$210.00
RESTORATIVE			3347 Retreat of Previous Root Canal Therapy, bicuspid	\$400.00	4240 Gingival Flap Procedure (4+ teeth or spaces)	\$310.00
	Ilgam Filling - One Surface	\$25.00	3348 Retreat of Previous Root Canal Therapy, molar	\$450.00	4241 Gingival Flap Procedure (1 - 3 teeth or spaces)	\$270.00
	Ilgam Filling - Two Surfaces	\$35.00	3410 Apicoectomy/Periradicular Surgery, anterior	\$280.00	4260 Osseous Surgery (4+ teeth or spaces)	\$350.00
	Ilgam Filling - Three Surfaces	\$40.00	3421 Apicoectomy/Periradicular Surgery, bicuspid (first root)	\$310.00	4261 Osseous Surgery (1 - 3 teeth or spaces)	\$300.00
	Ilgam Filling - Four or More Surfaces	\$50.00	3425 Apicoectomy/Periradicular Surgery, molar (first root)	\$350.00	4341 Perio Scaling/Root Planing (4+ teeth)	\$80.00
	posite Filling - One Surface (Anterior)	\$35.00	3426 Apicoectomy/Periradicular Surgery (each additional root)	\$100.00	4342 Perio Scaling/Root Planing (1 - 3 teeth)	\$65.00
	posite Filling - Two Surfaces (Anterior)	\$45.00	3430 Retrograde Filling (per root)	\$60.00	4355 Full Mouth Debridement	\$55.00
	posite Filling - Three Surfaces (Anterior)	\$55.00	5 4 7		4381 Site Specific Therapy (per tooth)	\$15.00
	posite Filling - Four Surfaces (Anterior)/IA	\$65.00	PROSTHODONTICS		4381 Site Specific Therapy (per tooth) - Arestin ©	\$50.00
	posite Filling - One Surface (Posterior)	\$40.00	5110/20 Complete Upper/Lower Denture	\$580.00	4910 Periodontal Maintenance	\$50.00
	posite Filling - Two Surfaces (Posterior)	\$50.00	5130/40 Immediate Upper/Lower Denture	\$620.00	4921 Gingival Irrigation - per quad	\$10.00
	posite Filling - Three Surfaces (Posterior)	\$60.00	5211/12 Partial Upper/Lower Denture - resin base	\$480.00		
2394 Com	posite Filling - Four Surfaces (Posterior)	\$90.00	5213/14 Partial Upper/Lower Denture- cast metal framework with resin bases	\$620.00	TOTAL ANNUAL MANAGEMENT	40.000.00
			(including conventional clasps, rests and teeth)		TOTAL ANNUAL MAXIMUM	\$2,000.00
ADJUNCTIVE SERVICE	ES		5820/21 Partial Denture (interim)	\$330.00	▶ Primary Care Dentistry	\$1.500.00
0470 Diag	nostic Casts (each)	\$30.00	5850/51 Tissue Conditioning (per arch)	\$70.00	, Timary Gard Bondony	ψ±,500.00
1351 Seal	ant - per tooth	\$15.00	6010/12 Endosteel implant in conjunction with denture	\$940.00	 Specialty Care Dentistry 	\$500.00
	ateral - fixed (space maintainers)	\$105.00	6211 Pontic - cast predominantly base metal	\$420.00	, opening one connent	3300.00
1515 Bilat	eral - fixed (space maintainers)	\$135.00	6212 Pontic - cast noble metal	\$420.00		
1520 Unila	ateral - removable (space maintainers)	\$135.00	6241 Pontic - porcelain fused to predominantly base metal	\$430.00	Maximums are for each member	
	eral - removable (space maintainers)	\$145.00	6242 Pontic - porcelain fused to noble metal	\$430.00	waximums are for each member	
	rementation of space maintainer	\$20.00	6751 Retainer Crown - porcelain fused to predominantly base metal	\$420.00	Benefits are subject to change	
	ement Inlay, Onlay or Partial Coverage Restoration	\$20.00	6752 Retainer Crown - porcelain fused to noble metal	\$440.00	zonomo ano campor to chango	
	ement cast or prefabricated Post and Core	\$20.00	6781 Retainer Crown - 3/4 cast predominantly base metal	\$440.00		
	ement Crown	\$20.00	6782 Retainer Crown - 3/4 cast noble metal	\$450.00	There is no annual maximum on Pediatric Essential Health Benefits (EHB). The	maximum
	ective Restoration (sedative filling)	\$20.00	6791 Retainer Crown - full cast predominantly base metal	\$420.00	out-of-pocket costs for Pediatric EHB services is \$350 for one child, and \$700 for mo	
	ement Bridge (fixed partial denture)	\$35.00	6792 Retainer Crown - full cast noble metal	\$440.00		
	ative (Emergency) Treatment, minor procedure	\$15.00				
	sultation (Second Opinion)	\$48.00				
	ication of Desensitizing Medicament	\$20.00	5410/11/21/22 Denture/Partial adjustment (existing)	\$20.00		
	usal Guard (night guard)	\$225.00	5510/5610 Repair denture/partial (resin base)	\$50.00		
9951 Occl	lusal Adjustment (limited)	\$60.00	5520/5640 Replace missing/broken tooth on denture/partial	\$80.00 \$80.00		
			5620/30 Partial cast framework/Repair or replace broken clasp			
EMERGENCY TREATMENT FOR PAIN			5650 Add doos to existing partial denture	\$70.00 \$105.00	SPECIALTY CARE (Oral Surgery - Periodontics - Pedodontics - Endo	dontics)
EMERGENCY TREATMENT FOR PAIN When 50 miles away from your primary care dentist, DENCAP will reimburse you or your covered Dep			5660 Add clasp to existing partial denture		SPECIAL I TOAKE (Oral Surgery - Periodontics - Pedodontics - Endo	ionacs)
for fifty percent (50%) of the amount up to one hundred dollars (\$100.00) of those emergency services		5730/31/40/41 Reline complete or partial denture (office) 5750/51/60/61 Reline complete or partial denture (lab)	\$125.00 \$150.00	(Approved referral from DENCAP required for all Specialty Car	e)	
which relieve severe pain or discomfort that are covered benefits.		57 507 5 7 500 FOT Trenine complete of partial defiture (lab)	φ130.00	Members referred to another DENCAP Dentist for Specialty Care are respi	1	
					for 50% of the fee for covered treatment, including evaluations and x-ra	
	ORTHODONTICS (NO LIFETIME MAXIMUM)					
(Approved referral from DENCAP required for all Orthodontic Care)		LAB WORK AND PRECIOUS METALS		\$500 ANNUAL MAXIMUM for Specialty Care	
·	DENCAR covers up to \$1,900,00 of the usual & customary for at		Additional charges will apply for Joh work and may apply for gold/precious metals		(\$1 000 00 of Specialty Care at 50% Coverage)	

Additional charges will apply for lab work and may apply for gold/precious metals

for all procedures involving crowns, bridges, prosthodontics, space maintainers,

appliances and any repairs to such items.

CDT thru 2016

DENCAP covers up to \$1,800.00 of the usual & customary fee at

authorized locations for members under age 19. Over age 19
DENCAP covers up to \$1,200.00 of the usual & customary fee.

(\$1,000.00 of Specialty Care at 50% Coverage)

EFFECTIVE 1/2016

*Having x-rays sent from the Primary Care Dentist to the Specialist may be cost effective.

** Benefit available after 6 continuous months of enrollment. Renews annually on that date therafter.