

CODE	PT CO-PAY	CODE	PT CO-PAY	CODE	PT CO-PAY
<b>DIAGNOSTIC and PREVENTIVE</b>					
9999/9430 Office 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
0120 Periodic Oral Evaluation	\$0.00	2751 Crown - porcelain fused to predominantly base metal	\$420.00	7140 Extraction - erupted tooth or exposed root	\$45.00
0140 Limited Oral Evaluation - Problem Focused	\$0.00	2752 Crown - porcelain fused to noble metal	\$460.00	7210 Surgical removal of an erupted tooth	\$80.00
0150 Comprehensive Oral Evaluation	\$0.00	2781 Crown - 3/4 cast predominantly base metal	\$440.00	7220 Removal impacted tooth - soft tissue	\$90.00
0431 Prediagnostic Test	\$0.00	2782 Crown - 3/4 cast noble metal	\$450.00	7230 Removal impacted tooth - partially bony	\$130.00
1110 Prophylaxis/Routine Cleaning - Adult	\$0.00	2791 Crown - full cast predominantly base metal	\$420.00	7240 Removal impacted tooth - completely bony	\$180.00
1120 Prophylaxis/Routine Cleaning - Child	\$0.00	2792 Crown - full cast noble metal	\$440.00	7241 Removal impacted tooth - completely bony (complicated)	\$205.00
1206 Topical Application of Fluoride - Varnish	\$0.00	2799 Crown - provisional	\$120.00	7250 Surgical removal of residual tooth roots	\$150.00
1208 Topical Application of Fluoride	\$0.00	2930/31/32/33 Crown - prefabricated stainless steel/resin	\$150.00	7280 Surgical access of an unerupted tooth	\$180.00
1330 Oral Hygiene Instructions	\$0.00	2950 Core Buildup (including any pins)	\$120.00	7310 Alveoplasty in conjunction with extractions (4+ teeth or spaces)	\$80.00
9215 Local Anesthesia	\$0.00	2952 Post and Core in addition to Crown	\$160.00	7311 Alveoplasty in conjunction with extractions (1-3 teeth or spaces)	\$60.00
<b>X-RAYS</b>					
0210 Intraoral - Complete Series	\$30.00	2954 Prefabricated Post and Core in addition to Crown	\$150.00	7320 Alveoplasty not in conjunction with extractions (4+ teeth or spaces)	\$120.00
0220 Periapical - First radiographic image	\$5.00	2542/43/44 Onlay - metallic	\$425.00	7321 Alveoplasty not in conjunction with extractions (1-3 teeth or spaces)	\$100.00
0230 Periapical - Each additional radiographic image	\$5.00	2642/43/44 Onlay - porcelain/ceramic	\$425.00	7471/2/3 Removal of exostosis/torus (per site)	\$205.00
0240 Intraoral - Occlusal radiographic image	\$15.00	2662/63/64 Onlay - resin-based composite	\$425.00	7510 Incision and drainage of abscess (intraoral soft tissue)	\$40.00
0270 Bitewing - Single radiographic image	\$6.00	<b>ENDODONTICS</b>			
0272 Bitewings - Two radiographic images	\$12.00	3110/20 Pulp Cap (direct/indirect)	\$30.00	9223 Deep sedation/general anesthesia - each 15 minute increment	50%
0273 Bitewings - Three radiographic images	\$18.00	3220 Therapeutic Pulpotomy	\$75.00	9230 Inhalation of nitrous oxide	\$15.00
0274 Bitewings - Four radiographic images	\$24.00	3310 Anterior Root Canal Therapy	\$280.00	<b>PERIODONTICS</b>	
0330 Panoramic radiographic image	\$30.00	3320 Bicuspid Root Canal Therapy	\$330.00	0180 Comprehensive Periodontal Evaluation	\$40.00
<b>RESTORATIVE</b>					
2140 Amalgam Filling - One Surface	\$25.00	3330 Molar Root Canal Therapy	\$400.00	4210 Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$260.00
2150 Amalgam Filling - Two Surfaces	\$35.00	3346 Retreatment of Previous Root Canal Therapy, anterior	\$350.00	4211 Gingivectomy/Gingivoplasty (1 - 3 teeth or spaces)	\$210.00
2160 Amalgam Filling - Three Surfaces	\$40.00	3347 Retreatment of Previous Root Canal Therapy, bicuspid	\$400.00	4240 Gingival Flap Procedure (4+ teeth or spaces)	\$310.00
2161 Amalgam Filling - Four or More Surfaces	\$50.00	3348 Retreatment of Previous Root Canal Therapy, molar	\$450.00	4241 Gingival Flap Procedure (1 - 3 teeth or spaces)	\$270.00
2330 Composite Filling - One Surface (Anterior)	\$35.00	3410 Apicoectomy/Periradicular Surgery, anterior	\$280.00	4260 Osseous Surgery (4+ teeth or spaces)	\$350.00
2331 Composite Filling - Two Surfaces (Anterior)	\$45.00	3421 Apicoectomy/Periradicular Surgery, bicuspid (first root)	\$310.00	4261 Osseous Surgery (1 - 3 teeth or spaces)	\$300.00
2332 Composite Filling - Three Surfaces (Anterior)	\$55.00	3425 Apicoectomy/Periradicular Surgery, molar (first root)	\$350.00	4341 Perio Scaling/Root Planning (4+ teeth)	\$80.00
2335 Composite Filling - Four Surfaces (Anterior)/IA	\$65.00	3426 Apicoectomy/Periradicular Surgery (each additional root)	\$100.00	4342 Perio Scaling/Root Planning (1 - 3 teeth)	\$65.00
2391 Composite Filling - One Surface (Posterior)	\$40.00	3430 Retrograde Filling (per root)	\$60.00	4355 Full Mouth Debridement	\$55.00
2392 Composite Filling - Two Surfaces (Posterior)	\$50.00	<b>PROSTHODONTICS</b>			
2393 Composite Filling - Three Surfaces (Posterior)	\$60.00	5110/20 Complete Upper/Lower Denture	\$580.00	4381 Site Specific Therapy (per tooth) - Arestin ©	\$50.00
2394 Composite Filling - Four Surfaces (Posterior)	\$90.00	5130/40 Immediate Upper/Lower Denture	\$620.00	4910 Periodontal Maintenance	\$50.00
<b>ADJUNCTIVE SERVICES</b>					
0470 Diagnostic Casts (each)	\$30.00	5211/12 Partial Upper/Lower Denture - resin base	\$480.00	4921 Gingival Irrigation - per quad	\$10.00
1351 Sealant - per tooth	\$15.00	5213/14 Partial Upper/Lower Denture- cast metal framework with resin bases (including conventional clasps, rests and teeth)	\$620.00	<b>TOTAL ANNUAL MAXIMUM</b>	
1510 Unilateral - fixed (space maintainers)	\$105.00	5820/21 Partial Denture (interim)	\$330.00	<b>\$2,500.00</b>	
1515 Bilateral - fixed (space maintainers)	\$135.00	5850/51 Tissue Conditioning (per arch)	\$70.00	▶ <b>Primary Care Dentistry</b>	
1520 Unilateral - removable (space maintainers)	\$135.00	6010/12 Endosteal implant in conjunction with denture	\$940.00	<b>\$2,000.00</b>	
1525 Bilateral - removable (space maintainers)	\$145.00	6211 Pontic - cast predominantly base metal	\$420.00	▶ <b>Specialty Care Dentistry</b>	
1550 Re-cementation of space maintainer	\$20.00	6212 Pontic - cast noble metal	\$420.00	<b>\$500.00</b>	
2910 Recement Inlay, Onlay or Partial Coverage Restoration	\$20.00	6241 Pontic - porcelain fused to predominantly base metal	\$430.00	<i>Maximums are for each member</i>	
2915 Recement cast or prefabricated Post and Core	\$20.00	6242 Pontic - porcelain fused to noble metal	\$430.00	<i>Benefits are subject to change</i>	
2920 Recement Crown	\$20.00	6751 Retainer Crown - porcelain fused to predominantly base metal	\$420.00		
2940 Protective Restoration (sedative filling)	\$20.00	6752 Retainer Crown - porcelain fused to noble metal	\$440.00		
6030 Recement Bridge (fixed partial denture)	\$35.00	6781 Retainer Crown - 3/4 cast predominantly base metal	\$440.00		
9110 Palliative (Emergency) Treatment, minor procedure	\$15.00	6782 Retainer Crown - 3/4 cast noble metal	\$450.00		
9310 Consultation (Second Opinion)	\$48.00	6791 Retainer Crown - full cast predominantly base metal	\$420.00		
9910 Application of Desensitizing Medicament	\$20.00	6792 Retainer Crown - full cast noble metal	\$440.00	There is no annual maximum on Pediatric Essential Health Benefits (EHB). The maximum out-of-pocket costs for Pediatric EHB services is \$350 for one child, and \$700 for more than one child.	
9940 Occlusal Guard (night guard)	\$225.00	<b>REPAIRS and RELINES</b>			
9951 Occlusal Adjustment (limited)	\$60.00	5410/11/21/22 Denture/Partial adjustment (existing)	\$20.00		
<b>EMERGENCY TREATMENT FOR PAIN</b>					
When 50 miles away from your primary care dentist, DENCAP will reimburse you or your covered Dep for fifty percent (50%) of the amount up to one hundred dollars (\$100.00) of those emergency services which relieve severe pain or discomfort that are covered benefits.					
<b>ORTHODONTICS (NO LIFETIME MAXIMUM)</b> (Approved referral from DENCAP required for all Orthodontic Care)					
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.					
<b>LAB WORK AND PRECIOUS METALS</b>					
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.					
<b>SPECIALTY CARE (Oral Surgery - Periodontics - Pedodontics - Endodontics)</b>					
(Approved referral from DENCAP required for all Specialty Care)					
Members referred to another DENCAP Dentist for Specialty Care are responsible for 50% of the fee for covered treatment, including evaluations and x-rays. *					
<b>\$500 ANNUAL MAXIMUM for Specialty Care (\$1,000.00 of Specialty Care at 50% Coverage)</b>					
*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 thereafter.					