

CODE	PT CO-PAY	CODE	PT CO-PAY	CODE	PT CO-PAY
DIAGNOSTIC and PREVENTIVE					
9999/9430 Office Visit (regular hours)/Office visit (observation only)	\$10.00	2390 Crown - resin-based composite (anterior)	\$185.00	5110/5120 Complete Upper/Lower Denture	\$495.00
0120 Periodic Oral Evaluation	\$0.00	2740 Crown - porcelain/ceramic substrate	\$625.00	5130/5140 Immediate Upper/Lower Denture	\$545.00
0140 Limited Oral Evaluation - problem focused	\$0.00	2750 Crown - porcelain fused to high noble metal	\$525.00	5211/5212 Partial Upper/Lower Denture - resin base	\$445.00
0150 Comprehensive Oral Evaluation	\$0.00	2751 Crown - porcelain fused to predominantly base metal	\$400.00	5213/5214 Partial Upper/Lower Denture - cast metal framework with resin bases (including conventional clasps, rests and teeth)	\$545.00
0431 Prediagnostic Test	\$0.00	2752 Crown - porcelain fused to noble metal	\$425.00	5820/5821 Partial Denture (interim)	\$330.00
1110 Prophylaxis/Routine Cleaning - adult	\$10.00	2780 Crown - 3/4 cast high noble metal	\$525.00	5850/5851 Tissue Conditioning (per arch)	\$120.00
1120 Prophylaxis/Routine Cleaning - child	\$10.00	2781 Crown - 3/4 cast predominantly base metal	\$425.00	6010/6012 Endosteal implant in Conjunction with Denture	\$940.00
1206 Topical Application of Fluoride - varnish	\$5.00	2782 Crown - 3/4 cast noble metal	\$425.00	6210 Pontic - cast high noble metal	\$535.00
1208 Topical Application of Fluoride - excluding varnish	\$0.00	2783 Crown - 3/4 porcelain/ceramic	\$625.00	6211 Pontic - cast predominantly base metal	\$395.00
1330 Oral Hygiene Instructions	\$0.00	2790 Crown - full cast high noble metal	\$525.00	6212 Pontic - cast noble metal	\$435.00
9215 Local Anesthesia	\$0.00	2791 Crown - full cast predominantly base metal	\$400.00	6240 Pontic - porcelain fused to high noble metal	\$545.00
		2792 Crown - full cast noble metal	\$425.00	6241 Pontic - porcelain fused to predominantly base metal	\$445.00
		2799 Crown - provisional	\$120.00	6242 Pontic - porcelain fused to noble metal	\$445.00
X-RAYS					
0210 Intraoral - complete series	\$30.00	2930/31/32/33 Crown - prefabricated stainless steel/resin	\$150.00	6740 Retainer Crown - porcelain/ceramic substrate	\$625.00
0220 Periapical - first radiographic image	\$5.00	2950 Core Buildup (including any pins)	\$120.00	6750 Retainer Crown - porcelain fused to high noble metal	\$525.00
0230 Periapical - each additional radiographic image	\$5.00	2952 Post and Core in addition to Crown	\$150.00	6751 Retainer Crown - porcelain fused to predominantly base metal	\$400.00
0240 Intraoral - occlusal radiographic image	\$15.00	2954 Prefabricated Post and Core in addition to Crown	\$120.00	6752 Retainer Crown - porcelain fused to noble metal	\$425.00
0270 Bitewing - single radiographic image	\$6.00	2542/2543/2544 Onlay - metallic	\$400.00	6780 Retainer Crown - 3/4 cast high noble metal	\$525.00
0272 Bitewings - two radiographic images	\$12.00	2642/2643/2644 Onlay - porcelain/ceramic	\$400.00	6781 Retainer Crown - 3/4 cast predominantly base metal	\$425.00
0273 Bitewings - three radiographic images	\$18.00	2662/2663/2664 Onlay - resin-based composite	\$400.00	6782 Retainer Crown - 3/4 cast noble metal	\$425.00
0274 Bitewings - four radiographic images	\$24.00			6783 Retainer Crown - 3/4 porcelain/ceramic	\$625.00
0330 Panoramic Radiographic Image	\$30.00	ENDODONTICS			
RESTORATIVE					
2140 Amalgam Filling - one surface	\$25.00	3110/3120 Pulp Cap (direct/indirect)	\$30.00	6790 Retainer Crown - full cast high noble metal	\$525.00
2150 Amalgam Filling - two surfaces	\$32.00	3220 Therapeutic Pulpotomy	\$70.00	6791 Retainer Crown - full cast predominantly base metal	\$400.00
2160 Amalgam Filling - three surfaces	\$40.00	3310 Anterior Root Canal Therapy	\$300.00	6792 Retainer Crown - full cast noble metal	\$425.00
2161 Amalgam Filling - four or more surfaces	\$50.00	3320 Bicuspid Root Canal Therapy	\$340.00		
2330 Composite Filling - one surface (anterior)	\$35.00	3330 Molar Root Canal Therapy	\$420.00	REPAIRS and RELINES	
2331 Composite Filling - two surfaces (anterior)	\$45.00	3346 Retreat of Previous Root Canal Therapy - anterior	\$350.00	5410/11/12/22 Denture/Partial Adjustment (existing)	\$30.00
2332 Composite Filling - three surfaces (anterior)	\$55.00	3347 Retreat of Previous Root Canal Therapy - bicuspid	\$400.00	5510/5610 Repair - denture/partial (resin base)	\$75.00
2335 Composite Filling - four surfaces (anterior/incisal angle)	\$65.00	3348 Retreat of Previous Root Canal Therapy - molar	\$470.00	5520/5640 Replace - missing/broken tooth on denture/partial	\$80.00
2391 Composite Filling - one surface (posterior)	\$40.00	3410 Apicoectomy Surgery - anterior	\$280.00	5620/2630 Repair Cast Framework/Repair or Replace Broken Clasp (per tooth)	\$90.00
2392 Composite Filling - two surfaces (posterior)	\$50.00	3421 Apicoectomy Surgery - bicuspid (first root)	\$310.00	5650 Add Tooth to Existing Partial Denture	\$90.00
2393 Composite Filling - three surfaces (posterior)	\$60.00	3425 Apicoectomy Surgery - molar (first root)	\$350.00	5660 Add Clasp to Existing Partial Denture (per tooth)	\$110.00
2394 Composite Filling - four surfaces (posterior)	\$80.00	3426 Apicoectomy Surgery (each additional root)	\$100.00	5730/31/40/41 Reline Complete or Partial Denture (office)	\$140.00
		3430 Retrograde Filling (per root)	\$60.00	5750/51/60/61 Reline Complete or Partial Denture (lab)	\$160.00
ADJUNCTIVE SERVICES					
0470 Diagnostic Casts (each)	\$30.00	PERIODONTICS			
1351/1353 Sealant or Repair to Sealant (per tooth)	\$15.00	0180 Comprehensive Periodontal Evaluation	\$40.00	7111 Extraction - coronal remnants (deciduous tooth)	\$40.00
1510 Unilateral - fixed (space maintainers)	\$105.00	4210 Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$260.00	7140 Extraction - erupted tooth or exposed root	\$40.00
1515 Bilateral - fixed (space maintainers)	\$135.00	4211 Gingivectomy/Gingivoplasty (1-3 teeth or spaces)	\$210.00	7210 Surgical removal of an Erupted Tooth	\$80.00
1520 Unilateral - removable (space maintainers)	\$135.00	4240 Gingival Flap Procedure (4+ teeth or spaces)	\$310.00	7220 Removal Impacted Tooth - soft tissue	\$90.00
1525 Bilateral - removable (space maintainers)	\$145.00	4241 Gingival Flap Procedure (1-3 teeth or spaces)	\$270.00	7230 Removal Impacted Tooth - partially bony	\$130.00
1550 Re-cement or Re-bond - space maintainer	\$20.00	4260 Osseous Surgery (4+ teeth or spaces)	\$350.00	7240 Removal Impacted Tooth - completely bony	\$180.00
2910 Re-cement - inlay, onlay, veneer or partial coverage restoration	\$20.00	4261 Osseous Surgery (1-3 teeth or spaces)	\$300.00	7241 Removal Impacted Tooth - completely bony (complicated)	\$205.00
2915 Re-cement - indirectly fabricated or prefabricated post and core	\$20.00	4341 Perio Scaling/Root Planing (4+ teeth)	\$75.00	7250 Surgical Removal of Residual Tooth Roots	\$150.00
2920 Re-cement or Re-bond - crown	\$20.00	4342 Perio Scaling/Root Planing (1-3 teeth)	\$55.00	7280 Surgical Access of an Unerrupted Tooth	\$180.00
2940 Protective Restoration (sedative filling)	\$20.00	4355 Full Mouth Debridement	\$50.00	7310 Alveoplasty in Conjunction with Extractions (4+ teeth or spaces)	\$90.00
6930 Re-cement or Re-bond - fixed partial denture	\$25.00	4381 Site Specific Therapy (per tooth) - generic	\$20.00	7311 Alveoplasty in Conjunction with Extractions (1-3 teeth or spaces)	\$60.00
9110 Palliative (emergency) Treatment - minor procedure	\$20.00	4381 Site Specific Therapy (per tooth) - Arestin ©	\$50.00	7320 Alveoplasty not in Conjunction with Exts. (4+ teeth or spaces)	\$120.00
9310 Consultation (second opinion)	\$48.00	4910 Periodontal Maintenance	\$50.00	7321 Alveoplasty not in Conjunction with Exts. (1-3 teeth or spaces)	\$100.00
9910 Application of Desensitizing Medicament	\$20.00	4921 Gingival Irrigation (per quad)	\$10.00	7471/172/73 Removal of Exostosis/Torus (per site)	\$205.00
9930 Treatment of Complications (post-surgical) - unusual circumstances	\$15.00			7510 Incision and Drainage of Abscess (intraoral soft tissue)	\$40.00
9940 Occlusal Guard (night guard)	\$225.00			9230 Inhalation of Nitrous Oxide	\$15.00
9951 Occlusal Adjustment (limited)	\$60.00			9243 IV Moderate (conscious) Sedation (each 15 minutes)	50%

EMERGENCY TREATMENT FOR PAIN
When 50 or more miles away from your primary care dentist, DENCAP will reimburse you or your covered dependent for fifty percent (50%) of the amount up to one hundred dollars (\$100.00) for those emergency services which relieve severe pain or discomfort and are covered benefits.

ORTHODONTICS (NO LIFETIME MAXIMUM)
(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.

SPECIALTY CARE (Oral Surgery - Periodontics - Pedodontics - Endodontics)

(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. *

\$500 ANNUAL MAXIMUM for Specialty Care
(\$1,000.00 of Specialty Care at 50% Coverage)

*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

LAB WORK AND PRECIOUS METALS
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.

TOTAL ANNUAL MAXIMUM	\$2,500.00
▶ Primary Care Dentistry	\$2,000.00
▶ Specialty Care Dentistry	\$500.00

Maximums are for each member
Benefits are subject to change