

ANNUAL MAXIMUMS (for each member)		\$3,300
Primary Care		\$2,500
Specialty Care		\$800

OFFICE VISIT CO-PAY		
9430 Office Visit (for observation)		\$0
9999 Office Visit (regular hours)		\$0

code	description	co-pay
DIAGNOSTIC (Class I - Preventative)		
0120	Periodic Oral Evaluation	\$0
0140	Limited Oral Evaluation - problem focused	\$0
0150	Comprehensive Oral Evaluation	\$0
0431	Prediagnostic Test	\$0
1110	Prophylaxis/Routine Cleaning - adult	\$0
1120	Prophylaxis/Routine Cleaning - child	\$0
PREVENTATIVE (Class I - Preventative)		
1206	Topical Application of Fluoride - varnish	\$0
1208	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0
RADIOGRAPHS (Class I - Preventative)		
0210	Intraoral - complete series	\$0
0220	Periapical - first radiographic image	\$0
0230	Periapical - each additional radiographic image	\$0
0240	Intraoral - occlusal radiographic image	\$0
0270	Bitewing - single radiographic image	\$0
0272	Bitewings - two radiographic images	\$0
0273	Bitewings - three radiographic images	\$0
0274	Bitewings - four radiographic images	\$0
0330	Panoramic Radiographic Image	\$0
RESTORATIVE (Class II - Basic)		
2140	Amalgam Filling - one surface	\$15
2150	Amalgam Filling - two surfaces	\$25
2160	Amalgam Filling - three surfaces	\$35
2161	Amalgam Filling - four or more surfaces	\$50
2330	Composite Filling - one surface (anterior)	\$20
2331	Composite Filling - two surfaces (anterior)	\$30
2332	Composite Filling - three surfaces (anterior)	\$40
2335	Composite Filling - four surfaces (anterior/incisal angle)	\$55
2391	Composite Filling - one surface (posterior)	\$40
2392	Composite Filling - two surfaces (posterior)	\$50
2393	Composite Filling - three surfaces (posterior)	\$60
2394	Composite Filling - four surfaces (posterior)	\$70
ADJUNCTIVE SERVICES (Class II - Basic)		
0470	Diagnostic Casts (each)	\$15
1351	Sealant (per tooth)	\$10
1353	Repair to Sealant (per tooth)	\$10
1510	Unilateral - fixed (space maintainers)	\$80
1515	Bilateral - fixed (space maintainers)	\$110
1520	Unilateral - removable (space maintainers)	\$100
1525	Bilateral - removable (space maintainers)	\$110
1550	Re-cement or Re-bond space maintainer	\$16
2940	Protective Restoration (sedative filling)	\$20
9110	Palliative (emergency) Treatment - minor procedure	\$20
9215	Local Anesthesia	\$0
9230	Inhalation of Nitrous Oxide	\$15
9243	IV Moderate (conscious) Sedation/Analgesia (each 15 minutes)	50%
9310	Consultation (second opinion)	\$40
9910	Application of Desensitizing Medicament	\$20
9930	Treatment of Complications (post-surgical) - unusual circumstances	\$15
9940	Occlusal Guard (night guard)	\$130
9951	Occlusal Adjustment (limited)	\$50

code	description	co-pay
ENDODONTICS (Class III - Major)		
3110	Pulp Cap (direct)	\$20
3120	Pulp Cap (indirect)	\$20
3220	Therapeutic Pulpotomy	\$45
3310	Anterior Root Canal Therapy	\$130
3320	Bicuspid Root Canal Therapy	\$155
3330	Molar Root Canal Therapy	\$205
3346	Retreat of Previous Root Canal Therapy - anterior	\$200
3347	Retreat of Previous Root Canal Therapy - bicuspid	\$250
3348	Retreat of Previous Root Canal Therapy - molar	\$300
3410	Apicoectomy Surgery - anterior	\$160
3421	Apicoectomy Surgery - bicuspid (first root)	\$160
3425	Apicoectomy Surgery - molar (first root)	\$160
3426	Apicoectomy Surgery (each additional root)	\$75
3430	Retrograde Filling (per root)	\$50
PERIODONTICS (Class III - Major)		
0180	Comprehensive Periodontal Evaluation	\$25
4210	Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$125
4211	Gingivectomy/Gingivoplasty (1-3 teeth or spaces)	\$90
4212	Gingivectomy/Gingivoplasty (access for Restorative Procedure)	\$30
4240	Gingival Flap Procedure (4+ teeth or spaces)	\$210
4241	Gingival Flap Procedure (1-3 teeth or spaces)	\$165
4249	Clinical Crown Lengthening - Hard Tissue	\$350
4260	Osseous Surgery (4+ teeth or spaces)	\$250
4261	Osseous Surgery (1-3 teeth or spaces)	\$210
4341	Perio Scaling/Root Planing (4+ teeth)	\$55
4342	Perio Scaling/Root Planing (1-3 teeth)	\$45
4355	Full Mouth Debridement	\$35
4381	Site Specific Therapy (per tooth) - generic	\$15
4381	Site Specific Therapy (per tooth) - Arestin ©	\$50
4910	Periodontal Maintenance	\$40
4921	Gingival Irrigation (per quad)	\$5
ORAL SURGERY (Class III - Major)		
7111	Extraction - coronal remnants (deciduous tooth)	\$30
7140	Extraction - erupted tooth or exposed root	\$30
7210	Surgical Removal of an Erupted Tooth	\$50
7220	Removal of Impacted Tooth - soft tissue	\$60
7230	Removal of Impacted Tooth - partially bony	\$75
7240	Removal of Impacted Tooth - completely bony	\$95
7241	Removal of Impacted Tooth - complicated	\$120
7250	Surgical Removal of Residual Tooth Roots	\$95
7280	Surgical Access of an Unerupted Tooth	\$130
7285	Incisional Biopsy of Oral Tissue - Hard	\$250
7286	Incisional Biopsy of Oral Tissue - Soft	\$150
7287	Exfoliative Cytological Sample Collection	\$40
7310	Alveoloplasty in Conjunction with Extractions (4+ teeth or spaces)	\$50
7311	Alveoloplasty in Conjunction with Extractions (1-3 teeth or spaces)	\$40
7320	Alveoloplasty not in Conjunction with Extractions (4+ teeth or spaces)	\$90
7321	Alveoloplasty not in Conjunction with Extractions (1-3 teeth or spaces)	\$70
7471	Removal of Lateral Exostosis	\$140
7472	Removal of Torus Palatinus	\$140
7473	Removal of Torus Mandibularis	\$140
7510	Incision and Drainage of Abscess (intraoral soft tissue)	\$35

Benefits are subject to change

code	description	co-pay	code	description	co-pay
CROWNS (Class III - Major)			PROSTHODONTICS (Class III - Major)		
2390	Crown - resin-based composite (anterior)	\$120	5110	Complete Upper Denture	\$275
2542	Onlay - metallic - two surfaces	\$300	5120	Complete Lower Denture	\$275
2543	Onlay - metallic - three surfaces	\$300	5130	Immediate Upper Denture	\$350
2544	Onlay - metallic - four surfaces	\$300	5140	Immediate Lower Denture	\$350
2642	Onlay - porcelain/ceramic - two surfaces	\$300	5211	Upper Partial Denture - Resin Base	\$350
2643	Onlay - porcelain/ceramic - three surfaces	\$300	5212	Lower Partial Denture - Resin Base	\$350
2644	Onlay - porcelain/ceramic - four surfaces	\$300	5213	Upper Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$390
2662	Onlay - resin-based composite - two surfaces	\$300	5214	Lower Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$390
2663	Onlay - resin-based composite - three surfaces	\$300	5225	Upper Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$425
2664	Onlay - resin-based composite - four surfaces	\$300	5226	Lower Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$425
2740	Crown - porcelain/ceramic substrate	\$455	5820	Interim Partial Denture - Upper	\$235
2750	Crown - porcelain fused to high noble metal	\$355	5821	Interim Partial Denture - Lower	\$235
2751	Crown - porcelain fused to predominantly base metal	\$240	5850	Tissue Conditioning - Upper	\$40
2752	Crown - porcelain fused to noble metal	\$255	5851	Tissue Conditioning - Lower	\$40
2780	Crown - 3/4 cast high noble metal	\$390	6010	Endosteal Implant in Conjunction with Denture	\$940
2781	Crown - 3/4 cast predominantly base metal	\$240	6012	Endosteal Implant in Conjunction with Denture	\$940
2782	Crown - 3/4 cast noble metal	\$290	6210	Pontic - cast high noble metal	\$420
2783	Crown - 3/4 porcelain/ceramic	\$490	6211	Pontic - cast predominantly base metal	\$275
2790	Crown - full cast high noble metal	\$390	6212	Pontic - cast noble metal	\$320
2791	Crown - full cast predominantly base metal	\$210	6240	Pontic - porcelain fused to high noble metal	\$410
2792	Crown - full cast noble metal	\$290	6241	Pontic - porcelain fused to predominantly base metal	\$290
2799	Crown - provisional	\$120	6242	Pontic - porcelain fused to noble metal	\$310
2930	Crown - prefabricated stainless steel - primary	\$75	6245	Pontic - porcelain/ceramic substrate	\$455
2931	Crown - prefabricated stainless steel - permanent	\$75	6740	Retainer Crown - porcelain/ceramic substrate	\$510
2932	Crown - prefabricated resin	\$75	6750	Retainer Crown - porcelain fused to high noble metal	\$410
2933	Crown - prefabricated stainless steel with window	\$75	6751	Retainer Crown - porcelain fused to predominantly base metal	\$290
2950	Core Buildup (including any pins)	\$75	6752	Retainer Crown - porcelain fused to noble metal	\$310
2952	Post and Core in addition to Crown	\$90	6780	Retainer Crown - 3/4 cast high noble metal	\$390
2954	Prefabricated Post and Core in addition to Crown	\$90	6781	Retainer Crown - 3/4 cast predominantly base metal	\$240
PROSTHETIC REPAIR (Class II - Basic)			6782	Retainer Crown - 3/4 cast noble metal	\$290
2910	Re-cement partial coverage restoration	\$20	6783	Retainer Crown - 3/4 porcelain/ceramic	\$490
2915	Re-cement indirectly fabricated or prefab post and core	\$20	6790	Retainer Crown - full cast high noble metal	\$390
2920	Re-cement or Re-bond crown	\$20	6791	Retainer Crown - full cast predominantly base metal	\$210
5410	Adjustment to Complete Denture - Upper	\$30	6792	Retainer Crown - full cast noble metal	\$290
5411	Adjustment to Complete Denture - Lower	\$30			
5421	Adjustment to Partial Denture - Upper	\$30			
5422	Adjustment to Partial Denture - Lower	\$30			
5510	Repair to Broken Complete Denture Base	\$45			
5520	Replace missing or broken teeth - complete denture (each tooth)	\$30			
5610	Repair resin denture base	\$45			
5620	Repair cast framework	\$85			
5630	Repair or Replace broken clasp - per tooth	\$85			
5640	Replace missing or broken teeth - partial denture (each tooth)	\$30			
5650	Add Tooth to Existing Partial Denture	\$50			
5660	Add Clasp to Existing Partial Denture (per tooth)	\$110			
5730	Reline Complete Upper Denture (office)	\$85			
5731	Reline Complete Lower Denture (office)	\$85			
5740	Reline Partial Upper Denture (office)	\$85			
5741	Reline Partial Lower Denture (office)	\$85			
5750	Reline Complete Upper Denture (lab)	\$120			
5751	Reline Complete Lower Denture (lab)	\$120			
5760	Reline Partial Upper Denture (lab)	\$120			
5761	Reline Partial Lower Denture (lab)	\$120			
6930	Re-cement or Re-bond - fixed partial denture	\$25			

ORTHODONTICS (Class IV - Orthodontics)
Approved referral from DENCAP is required
Members are referred to an in-network Orthodontist
Up to Age 19, \$1800 discount from usual and customary rate
Over Age 19, \$1200 discount from usual and customary rate
12 to 24 month standard braces

SPECIALTY CARE
- Endodontics - Oral Surgery - Periodontics - Pedodontics -
Approved referral from DENCAP is required
For members referred to an in-network DENCAP Specialist,
DENCAP will cover 50% up to the Specialty Care Annual Maximum
for covered services, including exams and x-rays.
The Member is responsible for the remaining amount.
Having x-rays sent from the Primary Care Dentist may be cost effective.

LAB WORK AND PRECIOUS METALS
Additional charges may apply for lab work and precious metals for procedures involving crowns, bridges, prosthodontics, space maintainers, appliances and any repairs to such items.

EMERGENCY TREATMENT FOR PAIN
DENCAP will reimburse 50% up to \$100 for emergency services which relieve severe pain and are covered benefits when member is 50 miles or further from their selected primary care dentist.