

ANNUAL MAXIMUMS (for each member)		\$2,000
Primary Care		\$1,500
Specialty Care		\$500

OFFICE VISIT CO-PAY		
9430 Office Visit (for observation)		\$10
9999 Office Visit (regular hours)		\$10

code	description	co-pay
<b>DIAGNOSTIC (Class I - Preventative)</b>		
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	\$10
1120	Prophylaxis/Routine Cleaning - child	\$10
<b>PREVENTATIVE (Class I - Preventative)</b>		
1206	Topical Application of Fluoride - varnish	\$5
1208	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0
<b>RADIOGRAPHS (Class I - Preventative)</b>		
0210	Intraoral - complete series	\$30
0220	Periapical - first radiographic image	\$5
0230	Periapical - each additional radiographic image	\$5
0240	Intraoral - occlusal radiographic image	\$15
0270	Bitewing - single radiographic image	\$6
0272	Bitewings - two radiographic images	\$12
0273	Bitewings - three radiographic images	\$18
0274	Bitewings - four radiographic images	\$24
0330	Panoramic Radiographic Image	\$30
<b>RESTORATIVE (Class II - Basic)</b>		
2140	Amalgam Filling - one surface	\$25
2150	Amalgam Filling - two surfaces	\$32
2160	Amalgam Filling - three surfaces	\$40
2161	Amalgam Filling - four or more surfaces	\$50
2330	Composite Filling - one surface (anterior)	\$35
2331	Composite Filling - two surfaces (anterior)	\$45
2332	Composite Filling - three surfaces (anterior)	\$55
2335	Composite Filling - four surfaces (anterior/incisal angle)	\$65
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)	\$80
<b>ADJUNCTIVE SERVICES (Class II - Basic)</b>		
0470	Diagnostic Casts (each)	\$30
1351	Sealant (per tooth)	\$15
1353	Repair to Sealant (per tooth)	\$15
1510	Unilateral - fixed (space maintainers)	\$105
1515	Bilateral - fixed (space maintainers)	\$135
1520	Unilateral - removable (space maintainers)	\$135
1525	Bilateral - removable (space maintainers)	\$145
1550	Re-cement or Re-bond space maintainer	\$20
2940	Protective Restoration (sedative filling)	\$20
9110	Palliative (emergency) Treatment - minor procedure	\$57
9215	Local Anesthesia	\$0
9230	Inhalation of Nitrous Oxide	\$15
9243	IV Moderate (conscious) Sedation/Analgesia (each 15 minutes)	50%
9310	Consultation (second opinion)	\$48
9910	Application of Desensitizing Medicament	\$20
9930	Treatment of Complications (post-surgical) - unusual circumstances	\$15
9940	Occlusal Guard (night guard)	\$225
9951	Occlusal Adjustment (limited)	\$60

code	description	co-pay
<b>ENDODONTICS (Class III - Major)</b>		
3110	Pulp Cap (direct)	\$30
3120	Pulp Cap (indirect)	\$30
3220	Therapeutic Pulpotomy	\$70
3310	Anterior Root Canal Therapy	\$300
3320	Bicuspid Root Canal Therapy	\$340
3330	Molar Root Canal Therapy	\$420
3346	Retreat of Previous Root Canal Therapy - anterior	\$350
3347	Retreat of Previous Root Canal Therapy - bicuspid	\$400
3348	Retreat of Previous Root Canal Therapy - molar	\$470
3410	Apicoectomy Surgery - anterior	\$280
3421	Apicoectomy Surgery - bicuspid (first root)	\$310
3425	Apicoectomy Surgery - molar (first root)	\$350
3426	Apicoectomy Surgery (each additional root)	\$100
3430	Retrograde Filling (per root)	\$60
<b>PERIODONTICS (Class III - Major)</b>		
0180	Comprehensive Periodontal Evaluation	\$40
4210	Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$260
4211	Gingivectomy/Gingivoplasty (1-3 teeth or spaces)	\$210
4212	Gingivectomy/Gingivoplasty (access for Restorative Procedure)	\$45
4240	Gingival Flap Procedure (4+ teeth or spaces)	\$310
4241	Gingival Flap Procedure (1-3 teeth or spaces)	\$270
4249	Clinical Crown Lengthening - Hard Tissue	\$395
4260	Osseous Surgery (4+ teeth or spaces)	\$350
4261	Osseous Surgery (1-3 teeth or spaces)	\$300
4341	Perio Scaling/Root Planing (4+ teeth)	\$75
4342	Perio Scaling/Root Planing (1-3 teeth)	\$55
4355	Full Mouth Debridement	\$50
4381	Site Specific Therapy (per tooth) - generic	\$15
4381	Site Specific Therapy (per tooth) - Arestin ©	\$50
4910	Periodontal Maintenance	\$50
4921	Gingival Irrigation (per quad)	\$5
<b>ORAL SURGERY (Class III - Major)</b>		
7111	Extraction - coronal remnants (deciduous tooth)	\$40
7140	Extraction - erupted tooth or exposed root	\$40
7210	Surgical Removal of an Erupted Tooth	\$80
7220	Removal of Impacted Tooth - soft tissue	\$90
7230	Removal of Impacted Tooth - partially bony	\$130
7240	Removal of Impacted Tooth - completely bony	\$180
7241	Removal of Impacted Tooth - complicated	\$205
7250	Surgical Removal of Residual Tooth Roots	\$150
7280	Surgical Access of an Unerupted Tooth	\$180
7285	Incisional Biopsy of Oral Tissue - Hard	\$275
7286	Incisional Biopsy of Oral Tissue - Soft	\$175
7287	Exfoliative Cytological Sample Collection	\$50
7310	Alveoloplasty in Conjunction with Extractions (4+ teeth or spaces)	\$80
7311	Alveoloplasty in Conjunction with Extractions (1-3 teeth or spaces)	\$60
7320	Alveoloplasty not in Conjunction with Extractions (4+ teeth or spaces)	\$120
7321	Alveoloplasty not in Conjunction with Extractions (1-3 teeth or spaces)	\$100
7471	Removal of Lateral Exostosis	\$205
7472	Removal of Torus Palatinus	\$205
7473	Removal of Torus Mandibularis	\$205
7510	Incision and Drainage of Abscess (intraoral soft tissue)	\$40

There is no annual maximum for Pediatric Essential Health Benefits (EHB).  
The maximum-out-of-pocket for Pediatric EHB services is \$350 for one child,  
and \$700 for more than one child.

*Benefits are subject to change*

code	description	co-pay	code	description	co-pay
<b>CROWNS (Class III - Major)</b>			<b>PROSTHODONTICS (Class III - Major)</b>		
2390	Crown - resin-based composite (anterior)	\$185	5110	Complete Upper Denture	\$495
2542	Onlay - metallic - two surfaces	\$425	5120	Complete Lower Denture	\$495
2543	Onlay - metallic - three surfaces	\$425	5130	Immediate Upper Denture	\$545
2544	Onlay - metallic - four surfaces	\$425	5140	Immediate Lower Denture	\$545
2642	Onlay - porcelain/ceramic - two surfaces	\$425	5211	Upper Partial Denture - Resin Base	\$445
2643	Onlay - porcelain/ceramic - three surfaces	\$425	5212	Lower Partial Denture - Resin Base	\$445
2644	Onlay - porcelain/ceramic - four surfaces	\$425	5213	Upper Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$545
2662	Onlay - resin-based composite - two surfaces	\$425	5214	Lower Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$545
2663	Onlay - resin-based composite - three surfaces	\$425	5225	Upper Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$595
2664	Onlay - resin-based composite - four surfaces	\$425	5226	Lower Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$595
2740	Crown - porcelain/ceramic substrate	\$625	5820	Interim Partial Denture - Upper	\$330
2750	Crown - porcelain fused to high noble metal	\$525	5821	Interim Partial Denture - Lower	\$330
2751	Crown - porcelain fused to predominantly base metal	\$400	5850	Tissue Conditioning - Upper	\$120
2752	Crown - porcelain fused to noble metal	\$425	5851	Tissue Conditioning - Lower	\$120
2780	Crown - 3/4 cast high noble metal	\$525	6010	Endosteal Implant in Conjunction with Denture	\$940
2781	Crown - 3/4 cast predominantly base metal	\$425	6012	Endosteal Implant in Conjunction with Denture	\$940
2782	Crown - 3/4 cast noble metal	\$425	6210	Pontic - cast high noble metal	\$545
2783	Crown - 3/4 porcelain/ceramic	\$625	6211	Pontic - cast predominantly base metal	\$435
2790	Crown - full cast high noble metal	\$525	6212	Pontic - cast noble metal	\$445
2791	Crown - full cast predominantly base metal	\$400	6240	Pontic - porcelain fused to high noble metal	\$545
2792	Crown - full cast noble metal	\$425	6241	Pontic - porcelain fused to predominantly base metal	\$445
2799	Crown - provisional	\$120	6242	Pontic - porcelain fused to noble metal	\$445
2930	Crown - prefabricated stainless steel - primary	\$150	6245	Pontic - porcelain/ceramic substrate	\$625
2931	Crown - prefabricated stainless steel - permanent	\$150	6740	Retainer Crown - porcelain/ceramic substrate	\$625
2932	Crown - prefabricated resin	\$150	6750	Retainer Crown - porcelain fused to high noble metal	\$525
2933	Crown - prefabricated stainless steel with window	\$150	6751	Retainer Crown - porcelain fused to predominantly base metal	\$400
2950	Core Buildup (including any pins)	\$120	6752	Retainer Crown - porcelain fused to noble metal	\$425
2952	Post and Core in addition to Crown	\$150	6780	Retainer Crown - 3/4 cast high noble metal	\$525
2954	Prefabricated Post and Core in addition to Crown	\$120	6781	Retainer Crown - 3/4 cast predominantly base metal	\$425
<b>PROSTHETIC REPAIR (Class II - Basic)</b>			<b>ORTHODONTICS (Class IV - Orthodontics)</b>		
2910	Re-cement partial coverage restoration	\$20	Approved referral from DENCAP is required		
2915	Re-cement indirectly fabricated or prefab post and core	\$20	Members are referred to an in-network Orthodontist		
2920	Re-cement or Re-bond crown	\$20	Up to Age 19, \$1800 discount from usual and customary rate		
5410	Adjustment to Complete Denture - Upper	\$30	Over Age 19, \$1200 discount from usual and customary rate		
5411	Adjustment to Complete Denture - Lower	\$30	12 to 24 month standard braces		
5421	Adjustment to Partial Denture - Upper	\$30	<b>SPECIALTY CARE</b>		
5422	Adjustment to Partial Denture - Lower	\$30	- Endodontics - Oral Surgery - Periodontics - Pedodontics -		
5510	Repair to Broken Complete Denture Base	\$75	Approved referral from DENCAP is required		
5520	Replace missing or broken teeth - complete denture (each tooth)	\$80	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.		
5610	Repair resin denture base	\$75	The Member is responsible for the remaining amount.		
5620	Repair cast framework	\$90	Having x-rays sent from the Primary Care Dentist may be cost effective.		
5630	Repair or Replace broken clasp - per tooth	\$90	Benefit available after 6 consecutive months of coverage.		
5640	Replace missing or broken teeth - partial denture (each tooth)	\$80	<b>EMERGENCY TREATMENT FOR PAIN</b>		
5650	Add Tooth to Existing Partial Denture	\$80	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.		
5660	Add Clasp to Existing Partial Denture (per tooth)	\$110			
5730	Reline Complete Upper Denture (office)	\$140			
5731	Reline Complete Lower Denture (office)	\$140			
5740	Reline Partial Upper Denture (office)	\$140			
5741	Reline Partial Lower Denture (office)	\$140			
5750	Reline Complete Upper Denture (lab)	\$160			
5751	Reline Complete Lower Denture (lab)	\$160			
5760	Reline Partial Upper Denture (lab)	\$160			
5761	Reline Partial Lower Denture (lab)	\$160			
6930	Re-cement or Re-bond - fixed partial denture	\$25			

**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.