

INDIVIDUAL VALUE DENTAL PLAN (IN-10)

SCHEDULE OF BENEFITS AND FIXED CO-PAYS

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

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

code	description	co-pay
DIAGNOSTIC (T1 - 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	\$10
1120	Prophylaxis/Routine Cleaning - child	\$10
PREVENTATIVE (T1 - Preventative)		
1206	Topical Application of Fluoride - varnish	\$5
1208	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0
RADIOGRAPHS (T1 - Preventative)		
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
RESTORATIVE (T2 - Basic)		
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
ADJUNCTIVE SERVICES (T2 - Basic)		
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	\$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)	\$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
ENDODONTICS (T3 - Major)		
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
PERIODONTICS (T3 - Major)		
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	\$20
4381	Site Specific Therapy (per tooth) - Arestin ©	\$50
4910	Periodontal Maintenance	\$50
4921	Gingival Irrigation (per quad)	\$10
ORAL SURGERY (T3 - Major)		
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

Benefits are Subject to Change

INDIVIDUAL VALUE DENTAL PLAN (IN-10)

SCHEDULE OF BENEFITS AND FIXED CO-PAYS

code	description	co-pay
CROWNS (T3 - Major)		
2390	Crown - resin-based composite (anterior)	\$185
2542	Onlay - metallic - two surfaces	\$400
2543	Onlay - metallic - three surfaces	\$400
2544	Onlay - metallic - four surfaces	\$400
2642	Onlay - porcelain/ceramic - two surfaces	\$400
2643	Onlay - porcelain/ceramic - three surfaces	\$400
2644	Onlay - porcelain/ceramic - four surfaces	\$400
2662	Onlay - resin-based composite - two surfaces	\$400
2663	Onlay - resin-based composite - three surfaces	\$400
2664	Onlay - resin-based composite - four surfaces	\$400
2740	Crown - porcelain/ceramic substrate	\$625
2750	Crown - porcelain fused to high noble metal	\$525
2751	Crown - porcelain fused to predominantly base metal	\$400
2752	Crown - porcelain fused to noble metal	\$425
2780	Crown - 3/4 cast high noble metal	\$525
2781	Crown - 3/4 cast predominantly base metal	\$425
2782	Crown - 3/4 cast noble metal	\$425
2783	Crown - 3/4 porcelain/ceramic	\$625
2790	Crown - full cast high noble metal	\$525
2791	Crown - full cast predominantly base metal	\$400
2792	Crown - full cast noble metal	\$425
2799	Crown - provisional	\$120
2930	Crown - prefabricated stainless steel - primary	\$150
2931	Crown - prefabricated stainless steel - permanent	\$150
2932	Crown - prefabricated resin	\$150
2933	Crown - prefabricated stainless steel with window	\$150
2950	Core Buildup (including any pins)	\$120
2952	Post and Core in addition to Crown	\$150
2954	Prefabricated Post and Core in addition to Crown	\$120
PROSTHETIC REPAIR (T2 - Basic)		
2910	Re-cement partial coverage restoration	\$20
2915	Re-cement indirectly fabricated or prefab post and core	\$20
2920	Re-cement or Re-bond crown	\$20
5410	Adjustment to Complete Denture - Upper	\$30
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	\$75
5520	Replace missing or broken teeth - complete denture (each tooth)	\$80
5610	Repair resin denture base	\$75
5620	Repair cast framework	\$90
5630	Repair or Replace broken clasp - per tooth	\$90
5640	Replace missing or broken teeth - partial denture (each tooth)	\$80
5650	Add Tooth to Existing Partial Denture	\$80
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.

code	description	co-pay
PROSTHODONTICS (T3 - Major)		
5110	Complete Upper Denture	\$495
5120	Complete Lower Denture	\$495
5130	Immediate Upper Denture	\$545
5140	Immediate Lower Denture	\$545
5211	Upper Partial Denture - Resin Base	\$445
5212	Lower Partial Denture - Resin Base	\$445
5213	Upper Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$545
5214	Lower Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$545
5225	Upper Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$595
5226	Lower Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$595
5820	Interim Partial Denture - Upper	\$330
5821	Interim Partial Denture - Lower	\$330
5850	Tissue Conditioning - Upper	\$120
5851	Tissue Conditioning - Lower	\$120
6010	Endosteal Implant in Conjunction with Denture	\$940
6012	Endosteal Implant in Conjunction with Denture	\$940
6210	Pontic - cast high noble metal	\$535
6211	Pontic - cast predominantly base metal	\$395
6212	Pontic - cast noble metal	\$435
6240	Pontic - porcelain fused to high noble metal	\$545
6241	Pontic - porcelain fused to predominantly base metal	\$445
6242	Pontic - porcelain fused to noble metal	\$445
6245	Pontic - porcelain/ceramic substrate	\$625
6740	Retainer Crown - porcelain/ceramic substrate	\$625
6750	Retainer Crown - porcelain fused to high noble metal	\$525
6751	Retainer Crown - porcelain fused to predominantly base metal	\$400
6752	Retainer Crown - porcelain fused to noble metal	\$425
6780	Retainer Crown - 3/4 cast high noble metal	\$525
6781	Retainer Crown - 3/4 cast predominantly base metal	\$425
6782	Retainer Crown - 3/4 cast noble metal	\$425
6783	Retainer Crown - 3/4 porcelain/ceramic	\$625
6790	Retainer Crown - full cast high noble metal	\$525
6791	Retainer Crown - full cast predominantly base metal	\$400
6792	Retainer Crown - full cast noble metal	\$425

ORTHODONTICS (T4 - 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 Annual Care 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.
Benefit available after 6 consecutive months of coverage.

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.