

RETIREE ADVANTAGE PLAN (R-5)
SCHEDULE OF BENEFITS AND FIXED CO-PAYS

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

OFFICE VISIT CO-PAY	
9430 Office Visit (for observation)	\$5
9999 Office Visit (regular hours)	\$5

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	\$0
1120	Prophylaxis/Routine Cleaning - child	\$0
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	\$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 (T2 - Basic)		
2140	Amalgam Filling - one surface	\$20
2150	Amalgam Filling - two surfaces	\$25
2160	Amalgam Filling - three surfaces	\$30
2161	Amalgam Filling - four or more surfaces	\$45
2330	Composite Filling - one surface (anterior)	\$25
2331	Composite Filling - two surfaces (anterior)	\$35
2332	Composite Filling - three surfaces (anterior)	\$50
2335	Composite Filling - four surfaces (anterior/incisal angle)	\$65
2391	Composite Filling - one surface (posterior)	\$35
2392	Composite Filling - two surfaces (posterior)	\$50
2393	Composite Filling - three surfaces (posterior)	\$65
2394	Composite Filling - four surfaces (posterior)	\$75
ADJUNCTIVE SERVICES (T2 - Basic)		
0470	Diagnostic Casts (each)	\$20
1351	Sealant (per tooth)	\$9
1353	Repair to Sealant (per tooth)	\$9
1510	Unilateral - fixed (space maintainers)	\$100
1515	Bilateral - fixed (space maintainers)	\$130
1520	Unilateral - removable (space maintainers)	\$130
1525	Bilateral - removable (space maintainers)	\$145
1550	Re-cement or Re-bond space maintainer	\$15
2940	Protective Restoration (sedative filling)	\$15
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	\$15
9930	Treatment of Complications (post-surgical) - unusual circumstances	\$15
9940	Occlusal Guard (night guard)	\$200
9951	Occlusal Adjustment (limited)	\$30

code	description	co-pay
ENDODONTICS (T3 - Major)		
3110	Pulp Cap (direct)	\$15
3120	Pulp Cap (indirect)	\$15
3220	Therapeutic Pulpotomy	\$40
3310	Anterior Root Canal Therapy	\$250
3320	Bicuspid Root Canal Therapy	\$285
3330	Molar Root Canal Therapy	\$350
3346	Retreat of Previous Root Canal Therapy - anterior	\$270
3347	Retreat of Previous Root Canal Therapy - bicuspid	\$375
3348	Retreat of Previous Root Canal Therapy - molar	\$390
3410	Apicoectomy Surgery - anterior	\$275
3421	Apicoectomy Surgery - bicuspid (first root)	\$350
3425	Apicoectomy Surgery - molar (first root)	\$400
3426	Apicoectomy Surgery (each additional root)	\$150
3430	Retrograde Filling (per root)	\$50
PERIODONTICS (T3 - Major)		
0180	Comprehensive Periodontal Evaluation	\$25
4210	Gingivectomy/Gingivoplasty (4+ teeth or spaces)	\$235
4211	Gingivectomy/Gingivoplasty (1-3 teeth or spaces)	\$195
4212	Gingivectomy/Gingivoplasty (access for Restorative Procedure)	\$30
4240	Gingival Flap Procedure (4+ teeth or spaces)	\$290
4241	Gingival Flap Procedure (1-3 teeth or spaces)	\$260
4249	Clinical Crown Lengthening - Hard Tissue	\$350
4260	Osseous Surgery (4+ teeth or spaces)	\$385
4261	Osseous Surgery (1-3 teeth or spaces)	\$320
4341	Perio Scaling/Root Planing (4+ teeth)	\$50
4342	Perio Scaling/Root Planing (1-3 teeth)	\$45
4355	Full Mouth Debridement	\$30
4381	Site Specific Therapy (per tooth) - generic	\$15
4381	Site Specific Therapy (per tooth) - Arestin ©	\$50
4910	Periodontal Maintenance	\$35
4921	Gingival Irrigation (per quad)	\$5
ORAL SURGERY (T3 - Major)		
7111	Extraction - coronal remnants (deciduous tooth)	\$25
7140	Extraction - erupted tooth or exposed root	\$25
7210	Surgical Removal of an Erupted Tooth	\$50
7220	Removal of Impacted Tooth - soft tissue	\$70
7230	Removal of Impacted Tooth - partially bony	\$110
7240	Removal of Impacted Tooth - completely bony	\$170
7241	Removal of Impacted Tooth - complicated	\$225
7250	Surgical Removal of Residual Tooth Roots	\$95
7280	Surgical Access of an Unerupted Tooth	\$200
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)	\$40
7311	Alveoloplasty in Conjunction with Extractions (1-3 teeth or spaces)	\$35
7320	Alveoloplasty not in Conjunction with Extractions (4+ teeth or spaces)	\$75
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

RETIREE ADVANTAGE PLAN (R-5)
SCHEDULE OF BENEFITS AND FIXED CO-PAYS

code	description	co-pay	code	description	co-pay
CROWNS (T3 - Major)			PROSTHODONTICS (T3 - Major)		
2390	Crown - resin-based composite (anterior)	\$210	5110	Complete Upper Denture	\$400
2542	Onlay - metallic - two surfaces	\$370	5120	Complete Lower Denture	\$400
2543	Onlay - metallic - three surfaces	\$370	5130	Immediate Upper Denture	\$475
2544	Onlay - metallic - four surfaces	\$370	5140	Immediate Lower Denture	\$475
2642	Onlay - porcelain/ceramic - two surfaces	\$370	5211	Upper Partial Denture - Resin Base	\$360
2643	Onlay - porcelain/ceramic - three surfaces	\$370	5212	Lower Partial Denture - Resin Base	\$360
2644	Onlay - porcelain/ceramic - four surfaces	\$370	5213	Upper Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$500
2662	Onlay - resin-based composite - two surfaces	\$370	5214	Lower Partial Denture - Cast Metal Framework with Resin Base (including conventional clasps, rests and teeth)	\$500
2663	Onlay - resin-based composite - three surfaces	\$370	5225	Upper Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$535
2664	Onlay - resin-based composite - four surfaces	\$370	5226	Lower Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$535
2740	Crown - porcelain/ceramic substrate	\$575	5820	Interim Partial Denture - Upper	\$375
2750	Crown - porcelain fused to high noble metal	\$475	5821	Interim Partial Denture - Lower	\$375
2751	Crown - porcelain fused to predominantly base metal	\$350	5850	Tissue Conditioning - Upper	\$40
2752	Crown - porcelain fused to noble metal	\$375	5851	Tissue Conditioning - Lower	\$40
2780	Crown - 3/4 cast high noble metal	\$475	6010	Endosteal Implant in Conjunction with Denture	\$940
2781	Crown - 3/4 cast predominantly base metal	\$360	6012	Endosteal Implant in Conjunction with Denture	\$940
2782	Crown - 3/4 cast noble metal	\$375	6210	Pontic - cast high noble metal	\$440
2783	Crown - 3/4 porcelain/ceramic	\$575	6211	Pontic - cast predominantly base metal	\$350
2790	Crown - full cast high noble metal	\$475	6212	Pontic - cast noble metal	\$340
2791	Crown - full cast predominantly base metal	\$340	6240	Pontic - porcelain fused to high noble metal	\$465
2792	Crown - full cast noble metal	\$375	6241	Pontic - porcelain fused to predominantly base metal	\$350
2799	Crown - provisional	\$100	6242	Pontic - porcelain fused to noble metal	\$365
2930	Crown - prefabricated stainless steel - primary	\$110	6245	Pontic - porcelain/ceramic substrate	\$575
2931	Crown - prefabricated stainless steel - permanent	\$110	6740	Retainer Crown - porcelain/ceramic substrate	\$575
2932	Crown - prefabricated resin	\$110	6750	Retainer Crown - porcelain fused to high noble metal	\$475
2933	Crown - prefabricated stainless steel with window	\$110	6751	Retainer Crown - porcelain fused to predominantly base metal	\$360
2950	Core Buildup (including any pins)	\$100	6752	Retainer Crown - porcelain fused to noble metal	\$375
2952	Post and Core in addition to Crown	\$160	6780	Retainer Crown - 3/4 cast high noble metal	\$475
2954	Prefabricated Post and Core in addition to Crown	\$110	6781	Retainer Crown - 3/4 cast predominantly base metal	\$360
PROSTHETIC REPAIR (T2 - Basic)			ORTHODONTICS (T4 - Orthodontics)		
2910	Re-cement partial coverage restoration	\$10	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	\$10	Up to Age 19, \$1800 discount from usual and customary rate		
5410	Adjustment to Complete Denture - Upper	\$15	Over Age 19, \$1200 discount from usual and customary rate		
5411	Adjustment to Complete Denture - Lower	\$15	12 to 24 month standard braces		
5421	Adjustment to Partial Denture - Upper	\$15			
5422	Adjustment to Partial Denture - Lower	\$15			
5510	Repair to Broken Complete Denture Base	\$60			
5520	Replace missing or broken teeth - complete denture (each tooth)	\$35			
5610	Repair resin denture base	\$60			
5620	Repair cast framework	\$105			
5630	Repair or Replace broken clasp - per tooth	\$105			
5640	Replace missing or broken teeth - partial denture (each tooth)	\$35			
5650	Add Tooth to Existing Partial Denture	\$50			
5660	Add Clasp to Existing Partial Denture (per tooth)	\$120			
5730	Reline Complete Upper Denture (office)	\$110			
5731	Reline Complete Lower Denture (office)	\$110			
5740	Reline Partial Upper Denture (office)	\$110			
5741	Reline Partial Lower Denture (office)	\$110			
5750	Reline Complete Upper Denture (lab)	\$175			
5751	Reline Complete Lower Denture (lab)	\$175			
5760	Reline Partial Upper Denture (lab)	\$175			
5761	Reline Partial Lower Denture (lab)	\$175			
6930	Re-cement or Re-bond - fixed partial denture	\$20			

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.