

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

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

code description co-pay

code description co-pay

**DIAGNOSTIC (Class I - Preventative)**

**ENDODONTICS (Class III - Major)**

<b>0120</b>	Periodic Oral Evaluation	\$0
<b>0140</b>	Limited Oral Evaluation - problem focused	\$0
<b>0150</b>	Comprehensive Oral Evaluation	\$0
<b>0431</b>	Prediagnostic Test	\$0
<b>1110</b>	Prophylaxis/Routine Cleaning - adult	\$10
<b>1120</b>	Prophylaxis/Routine Cleaning - child	\$10

<b>3110</b>	Pulp Cap - direct	\$36
<b>3120</b>	Pulp Cap - indirect	\$36
<b>3220</b>	Therapeutic Pulpotomy	\$84
<b>3310</b>	Root Canal Therapy - anterior tooth	\$325
<b>3320</b>	Root Canal Therapy - premolar tooth	\$375
<b>3330</b>	Root Canal Therapy - molar tooth	\$450
<b>3346</b>	Retreat of Previous Root Canal Therapy - anterior tooth	\$400
<b>3347</b>	Retreat of Previous Root Canal Therapy - premolar tooth	\$465
<b>3348</b>	Retreat of Previous Root Canal Therapy - molar tooth	\$500
<b>3410</b>	Apicoectomy Surgery - anterior tooth	\$335
<b>3421</b>	Apicoectomy Surgery - premolar tooth, first root	\$370
<b>3425</b>	Apicoectomy Surgery - molar tooth, first root	\$420
<b>3426</b>	Apicoectomy Surgery - each additional root	\$120
<b>3430</b>	Retrograde Filling - per root	\$72

**PREVENTATIVE (Class I - Preventative)**

**PERIODONTICS (Class III - Major)**

<b>1206</b>	Topical Application of Fluoride - varnish	\$6
<b>1208</b>	Topical Application of Fluoride - excluding varnish	\$0
<b>1330</b>	Oral Hygiene Instructions	\$0

<b>0180</b>	Comprehensive Periodontal Evaluation	\$48
<b>4210</b>	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$300
<b>4211</b>	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$120
<b>4212</b>	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$54
<b>4240</b>	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$365
<b>4241</b>	Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$300
<b>4249</b>	Clinical Crown Lengthening - hard tissue	\$475
<b>4260</b>	Osseous Surgery - 4+ teeth or spaces per quad	\$435
<b>4261</b>	Osseous Surgery - 1-3 teeth or spaces per quad	\$370
<b>4341</b>	Perio Scaling and Root Planing - 4+ teeth per quad	\$90
<b>4342</b>	Perio Scaling and Root Planing - 1-3 teeth per quad	\$68
<b>4355</b>	Full Mouth Debridement	\$60
<b>4381</b>	Site Specific Therapy, generic - per tooth	\$20
<b>4381</b>	Site Specific Therapy, Arestin © - per tooth	\$60
<b>4910</b>	Periodontal Maintenance	\$60
<b>4921</b>	Gingival Irrigation - per quad	\$10

**RADIOGRAPHS (Class I - Preventative)**

<b>0210</b>	Intraoral - complete series	\$36
<b>0220</b>	Periapical - first radiographic image	\$6
<b>0230</b>	Periapical - each additional radiographic image	\$6
<b>0240</b>	Intraoral - occlusal radiographic image	\$18
<b>0270</b>	Bitewing - single radiographic image	\$7
<b>0272</b>	Bitewings - two radiographic images	\$14
<b>0273</b>	Bitewings - three radiographic images	\$22
<b>0274</b>	Bitewings - four radiographic images	\$29
<b>0330</b>	Panoramic Radiographic Image	\$36

**RESTORATIVE (Class II - Basic)**

<b>2140</b>	Amalgam Filling - one surface	\$30
<b>2150</b>	Amalgam Filling - two surfaces	\$39
<b>2160</b>	Amalgam Filling - three surfaces	\$48
<b>2161</b>	Amalgam Filling - four or more surfaces	\$60
<b>2330</b>	Composite Filling - one surface, anterior	\$42
<b>2331</b>	Composite Filling - two surfaces, anterior	\$54
<b>2332</b>	Composite Filling - three surfaces, anterior	\$66
<b>2335</b>	Composite Filling - four surfaces, anterior/incisal angle	\$78
<b>2391</b>	Composite Filling - one surface, posterior	\$48
<b>2392</b>	Composite Filling - two surfaces, posterior	\$60
<b>2393</b>	Composite Filling - three surfaces, posterior	\$72
<b>2394</b>	Composite Filling - four surfaces, posterior	\$98

**ADJUNCTIVE SERVICES (Class II - Basic)**

<b>0470</b>	Diagnostic Casts (each)	\$36
<b>1351</b>	Sealant - per tooth	\$18
<b>1353</b>	Repair to Sealant - per tooth	\$18
<b>1510</b>	Fixed Space Maintainer - unilateral	\$126
<b>1515</b>	Fixed Space Maintainer - bilateral	\$162
<b>1520</b>	Removable Space Maintainer - unilateral	\$162
<b>1525</b>	Removable Space Maintainer - bilateral	\$174
<b>1550</b>	Re-cement or Re-bond Space Maintainer	\$24
<b>2940</b>	Protective Restoration (sedative filling)	\$24
<b>9110</b>	Palliative (Emergency) Treatment - minor procedure	\$20
<b>9215</b>	Local Anesthesia	\$0
<b>9230</b>	Inhalation of Nitrous Oxide	\$18
<b>9243</b>	IV Moderate (Conscious) Sedation/Analgesia - each 15 minute increment	50%
<b>9310</b>	Consultation (second opinion)	\$55
<b>9910</b>	Application of Desensitizing Medicament	\$25
<b>9930</b>	Treatment of Complications, Post-Surgical - unusual circumstances	\$18
<b>9940</b>	Occlusal Guard (night guard)	\$270
<b>9951</b>	Occlusal Adjustment - limited	\$72

**ORAL SURGERY (Class III - Major)**

<b>7111</b>	Extraction - coronal remnants (primary tooth)	\$50
<b>7140</b>	Extraction - erupted tooth or exposed root	\$50
<b>7210</b>	Surgical Removal of an Erupted Tooth	\$96
<b>7220</b>	Removal of Impacted Tooth - soft tissue	\$108
<b>7230</b>	Removal of Impacted Tooth - partially bony	\$156
<b>7240</b>	Removal of Impacted Tooth - completely bony	\$200
<b>7241</b>	Removal of Impacted Tooth - complicated	\$240
<b>7250</b>	Surgical Removal of Residual Tooth Roots	\$185
<b>7280</b>	Surgical Access of an Unerupted Tooth	\$216
<b>7285</b>	Incisional Biopsy of Oral Tissue - hard	\$330
<b>7286</b>	Incisional Biopsy of Oral Tissue - soft	\$210
<b>7287</b>	Exfoliative Cytological Sample Collection	\$60
<b>7310</b>	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$96
<b>7311</b>	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$72
<b>7320</b>	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$144
<b>7321</b>	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$120
<b>7471</b>	Removal of Lateral Exostosis	\$246
<b>7472</b>	Removal of Torus Palatinus	\$246
<b>7473</b>	Removal of Torus Mandibularis	\$246
<b>7510</b>	Incision and Drainage of Abscess - intraoral soft tissue	\$48

**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.

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	\$222	5110	Complete Upper Denture	\$535
2542	Onlay - metallic, two surfaces	\$475	5120	Complete Lower Denture	\$535
2543	Onlay - metallic, three surfaces	\$475	5130	Immediate Upper Denture	\$595
2544	Onlay - metallic, four surfaces	\$475	5140	Immediate Lower Denture	\$595
2642	Onlay - porcelain/ceramic, two surfaces	\$475	5211	Upper Partial Denture - resin base	\$475
2643	Onlay - porcelain/ceramic, three surfaces	\$475	5212	Lower Partial Denture - resin base	\$475
2644	Onlay - porcelain/ceramic, four surfaces	\$475	5213	Upper Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$650
2662	Onlay - resin-based composite, two surfaces	\$475	5214	Lower Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$650
2663	Onlay - resin-based composite, three surfaces	\$475	5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$710
2664	Onlay - resin-based composite, four surfaces	\$475	5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$710
2740	Crown - porcelain/ceramic	\$715	5820	Interim Partial Denture - upper	\$395
2750	Crown - porcelain fused to high noble metal	\$595	5821	Interim Partial Denture - lower	\$395
2751	Crown - porcelain fused to predominantly base metal	\$465	5850	Tissue Conditioning - upper	\$85
2752	Crown - porcelain fused to noble metal	\$475	5851	Tissue Conditioning - lower	\$85
2780	Crown - 3/4 cast high noble metal	\$595	6010	Endosteal Implant in Conjunction with Denture	\$1,128
2781	Crown - 3/4 cast predominantly base metal	\$465	6012	Endosteal Implant in Conjunction with Denture	\$1,128
2782	Crown - 3/4 cast noble metal	\$475	6210	Pontic - cast high noble metal	\$595
2783	Crown - 3/4 porcelain/ceramic	\$715	6211	Pontic - cast predominantly base metal	\$465
2790	Crown - full cast high noble metal	\$595	6212	Pontic - cast noble metal	\$475
2791	Crown - full cast predominantly base metal	\$465	6240	Pontic - porcelain fused to high noble metal	\$595
2792	Crown - full cast noble metal	\$475	6241	Pontic - porcelain fused to predominantly base metal	\$465
2799	Crown - provisional	\$144	6242	Pontic - porcelain fused to noble metal	\$475
2930	Crown - prefabricated stainless steel, primary tooth	\$180	6245	Pontic - porcelain/ceramic	\$715
2931	Crown - prefabricated stainless steel, permanent tooth	\$180	6740	Retainer Crown - porcelain/ceramic	\$715
2932	Crown - prefabricated resin	\$180	6750	Retainer Crown - porcelain fused to high noble metal	\$595
2933	Crown - prefabricated stainless steel with window	\$180	6751	Retainer Crown - porcelain fused to predominantly base metal	\$465
2950	Core Buildup - including any pins	\$120	6752	Retainer Crown - porcelain fused to noble metal	\$475
2952	Post and Core in Addition to Crown	\$150	6780	Retainer Crown - 3/4 cast high noble metal	\$595
2954	Prefabricated Post and Core in Addition to Crown	\$140	6781	Retainer Crown - 3/4 cast predominantly base metal	\$465
<b>PROSTHETIC REPAIR (Class II - Basic)</b>			6782	Retainer Crown - 3/4 cast noble metal	\$475
2910	Re-cement Partial Coverage Restoration	\$24	6783	Retainer Crown - 3/4 porcelain/ceramic	\$715
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$24	6790	Retainer Crown - full cast high noble metal	\$595
2920	Re-cement or Re-bond crown	\$25	6791	Retainer Crown - full cast predominantly base metal	\$465
5410	Adjustment to Complete Denture - upper	\$30	6792	Retainer Crown - full cast noble metal	\$475
5411	Adjustment to Complete Denture - lower	\$30			
5421	Adjustment to Partial Denture - upper	\$30			
5422	Adjustment to Partial Denture - lower	\$30			
5511	Repair to Broken Complete Denture Base - lower	\$70			
5512	Repair to Broken Complete Denture Base - upper	\$70			
5520	Replace Missing or Broken Teeth - complete denture, each tooth	\$80			
5611	Repair Resin Partial Denture Base - lower	\$70			
5612	Repair Resin Partial Denture Base - upper	\$70			
5621	Repair Cast Partial Framework - lower	\$95			
5622	Repair Cast Partial Framework - upper	\$95			
5630	Repair or Replace Broken Clasp - per tooth	\$95			
5640	Replace Missing or Broken Teeth - partial denture, each tooth	\$89			
5650	Add Tooth to Existing Partial Denture	\$85			
5660	Add Clasp to Existing Partial Denture - per tooth	\$130			
5730	Reline Complete Upper Denture - in office	\$150			
5731	Reline Complete Lower Denture - in office	\$150			
5740	Reline Partial Upper Denture - in office	\$150			
5741	Reline Partial Lower Denture - in office	\$150			
5750	Reline Complete Upper Denture - lab	\$180			
5751	Reline Complete Lower Denture - lab	\$180			
5760	Reline Partial Upper Denture - lab	\$180			
5761	Reline Partial Lower Denture - lab	\$180			
6930	Re-cement or Re-bond Fixed Partial Denture	\$30			

*Benefits are subject to change*

**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.

**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.  
Benefit available after 6 consecutive months of coverage.