

| 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

code description co-pay

DIAGNOSTIC (Class I - Preventative)

ENDODONTICS (Class III - Major)

| | | |
|------|---|------|
| 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 |

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

PREVENTATIVE (Class I - Preventative)

PERIODONTICS (Class III - Major)

| | | |
|------|---|-----|
| 1206 | Topical Application of Fluoride - varnish | \$6 |
| 1208 | Topical Application of Fluoride - excluding varnish | \$0 |
| 1330 | Oral Hygiene Instructions | \$0 |

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

RADIOGRAPHS (Class I - Preventative)

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

RESTORATIVE (Class II - Basic)

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

ADJUNCTIVE SERVICES (Class II - Basic)

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

ORAL SURGERY (Class III - Major)

| | | |
|------|--|-------|
| 7111 | Extraction - coronal remnants (primary tooth) | \$50 |
| 7140 | Extraction - erupted tooth or exposed root | \$50 |
| 7210 | Surgical Removal of an Erupted Tooth | \$96 |
| 7220 | Removal of Impacted Tooth - soft tissue | \$108 |
| 7230 | Removal of Impacted Tooth - partially bony | \$156 |
| 7240 | Removal of Impacted Tooth - completely bony | \$200 |
| 7241 | Removal of Impacted Tooth - complicated | \$240 |
| 7250 | Surgical Removal of Residual Tooth Roots | \$185 |
| 7280 | Surgical Access of an Unerupted Tooth | \$216 |
| 7285 | Incisional Biopsy of Oral Tissue - hard | \$330 |
| 7286 | Incisional Biopsy of Oral Tissue - soft | \$210 |
| 7287 | Exfoliative Cytological Sample Collection | \$60 |
| 7310 | Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad | \$96 |
| 7311 | Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad | \$72 |
| 7320 | Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces | \$144 |
| 7321 | Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces | \$120 |
| 7471 | Removal of Lateral Exostosis | \$246 |
| 7472 | Removal of Torus Palatinus | \$246 |
| 7473 | Removal of Torus Mandibularis | \$246 |
| 7510 | 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 |
|---|--|--------|--|--|---------|
| CROWNS (Class III - Major) | | | PROSTHODONTICS (Class III - Major) | | |
| 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 |
| PROSTHETIC REPAIR (Class II - Basic) | | | LAB WORK AND PRECIOUS METALS | | |
| 2910 | Re-cement Partial Coverage Restoration | \$24 | 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. | | |
| 2915 | Re-cement Indirectly Fabricated or Prefab Post and Core | \$24 | ORTHODONTICS (Class IV - Orthodontics) | | |
| 2920 | Re-cement or Re-bond crown | \$25 | Approved referral from DENCAP is required | | |
| 5410 | Adjustment to Complete Denture - upper | \$30 | Members are referred to an in-network Orthodontist | | |
| 5411 | Adjustment to Complete Denture - lower | \$30 | Up to Age 19, \$1800 discount from usual and customary rate | | |
| 5421 | Adjustment to Partial Denture - upper | \$30 | Over Age 19, \$1200 discount from usual and customary rate | | |
| 5422 | Adjustment to Partial Denture - lower | \$30 | 12 to 24 month standard braces | | |
| 5511 | Repair to Broken Complete Denture Base - lower | \$70 | SPECIALTY CARE | | |
| 5512 | Repair to Broken Complete Denture Base - upper | \$70 | - Endodontics - Oral Surgery - Periodontics - Pedodontics - | | |
| 5520 | Replace Missing or Broken Teeth - complete denture, each tooth | \$80 | Approved referral from DENCAP is required | | |
| 5611 | Repair Resin Partial Denture Base - lower | \$70 | 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. | | |
| 5612 | Repair Resin Partial Denture Base - upper | \$70 | The Member is responsible for the remaining amount. | | |
| 5621 | Repair Cast Partial Framework - lower | \$95 | Having x-rays sent from the Primary Care Dentist may be cost effective. | | |
| 5622 | Repair Cast Partial Framework - upper | \$95 | Benefit available after 6 consecutive months of coverage. | | |
| 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