

**SENIOR VALUE PLAN (S-5)**  
**SCHEDULE OF BENEFITS AND FIXED CO-PAYS**

<b>ANNUAL MAXIMUMS (for each member)</b>		<b>\$3,000</b>
<b>Primary Care</b>		<b>\$2,500</b>
<b>Specialty Care</b>		<b>\$500</b>

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

code description co-pay

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**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	\$0
<b>1120</b>	Prophylaxis/Routine Cleaning - child	\$0

<b>3110</b>	Pulp Cap - direct	\$18
<b>3120</b>	Pulp Cap - indirect	\$18
<b>3220</b>	Therapeutic Pulpotomy	\$48
<b>3310</b>	Root Canal Therapy - anterior tooth	\$300
<b>3320</b>	Root Canal Therapy - premolar tooth	\$340
<b>3330</b>	Root Canal Therapy - molar tooth	\$420
<b>3346</b>	Retreat of Previous Root Canal Therapy - anterior tooth	\$325
<b>3347</b>	Retreat of Previous Root Canal Therapy - premolar tooth	\$450
<b>3348</b>	Retreat of Previous Root Canal Therapy - molar tooth	\$470
<b>3410</b>	Apicoectomy Surgery - anterior tooth	\$330
<b>3421</b>	Apicoectomy Surgery - premolar tooth, first root	\$420
<b>3425</b>	Apicoectomy Surgery - molar tooth, first root	\$480
<b>3426</b>	Apicoectomy Surgery - each additional root	\$180
<b>3430</b>	Retrograde Filling - per root	\$60

**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	\$30
<b>4210</b>	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$282
<b>4211</b>	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$115
<b>4212</b>	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$36
<b>4240</b>	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$350
<b>4241</b>	Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$315
<b>4249</b>	Clinical Crown Lengthening - hard tissue	\$420
<b>4260</b>	Osseous Surgery - 4+ teeth or spaces per quad	\$465
<b>4261</b>	Osseous Surgery - 1-3 teeth or spaces per quad	\$390
<b>4341</b>	Perio Scaling and Root Planing - 4+ teeth per quad	\$60
<b>4342</b>	Perio Scaling and Root Planing - 1-3 teeth per quad	\$55
<b>4355</b>	Full Mouth Debridement	\$36
<b>4381</b>	Site Specific Therapy, generic - per tooth	\$18
<b>4381</b>	Site Specific Therapy, Arestin © - per tooth	\$60
<b>4910</b>	Periodontal Maintenance	\$42
<b>4921</b>	Gingival Irrigation - per quad	\$6

**RADIOGRAPHS (Class I - Preventative)**

<b>0210</b>	Intraoral - complete series	\$24
<b>0220</b>	Periapical - first radiographic image	\$0
<b>0230</b>	Periapical - each additional radiographic image	\$3
<b>0240</b>	Intraoral - occlusal radiographic image	\$0
<b>0270</b>	Bitewing - single radiographic image	\$0
<b>0272</b>	Bitewings - two radiographic images	\$9
<b>0273</b>	Bitewings - three radiographic images	\$12
<b>0274</b>	Bitewings - four radiographic images	\$14
<b>0330</b>	Panoramic Radiographic Image	\$24

**RESTORATIVE (Class II - Basic)**

<b>2140</b>	Amalgam Filling - one surface	\$24
<b>2150</b>	Amalgam Filling - two surfaces	\$30
<b>2160</b>	Amalgam Filling - three surfaces	\$36
<b>2161</b>	Amalgam Filling - four or more surfaces	\$54
<b>2330</b>	Composite Filling - one surface, anterior	\$30
<b>2331</b>	Composite Filling - two surfaces, anterior	\$42
<b>2332</b>	Composite Filling - three surfaces, anterior	\$60
<b>2335</b>	Composite Filling - four surfaces, anterior/incisal angle	\$75
<b>2391</b>	Composite Filling - one surface, posterior	\$42
<b>2392</b>	Composite Filling - two surfaces, posterior	\$60
<b>2393</b>	Composite Filling - three surfaces, posterior	\$80
<b>2394</b>	Composite Filling - four surfaces, posterior	\$90

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

<b>0470</b>	Diagnostic Casts (each)	\$24
<b>1351</b>	Sealant - per tooth	\$10
<b>1353</b>	Repair to Sealant - per tooth	\$10
<b>1510</b>	Fixed Space Maintainer - unilateral	\$120
<b>1515</b>	Fixed Space Maintainer - bilateral	\$150
<b>1520</b>	Removable Space Maintainer - unilateral	\$150
<b>1525</b>	Removable Space Maintainer - bilateral	\$175
<b>1550</b>	Re-cement or Re-bond Space Maintainer	\$18
<b>2940</b>	Protective Restoration (sedative filling)	\$18
<b>9110</b>	Palliative (Emergency) Treatment - minor procedure	\$18
<b>9215</b>	Local Anesthesia	\$0
<b>9230</b>	Inhalation of Nitrous Oxide	\$18
<b>9239</b>	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50%
<b>9243</b>	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50%
<b>9310</b>	Consultation (second opinion)	\$55
<b>9910</b>	Application of Desensitizing Medicament	\$24
<b>9930</b>	Treatment of Complications, Post-Surgical - unusual	\$18
<b>9940</b>	Occlusal Guard (night guard)	\$200
<b>9951</b>	Occlusal Adjustment - limited	\$36

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

<b>7111</b>	Extraction - coronal remnants (primary tooth)	\$36
<b>7140</b>	Extraction - erupted tooth or exposed root	\$36
<b>7210</b>	Surgical Removal of an Erupted Tooth	\$60
<b>7220</b>	Removal of Impacted Tooth - soft tissue	\$84
<b>7230</b>	Removal of Impacted Tooth - partially bony	\$132
<b>7240</b>	Removal of Impacted Tooth - completely bony	\$200
<b>7241</b>	Removal of Impacted Tooth - complicated	\$270
<b>7250</b>	Surgical Removal of Residual Tooth Roots	\$115
<b>7280</b>	Surgical Access of an Unerupted Tooth	\$240
<b>7285</b>	Incisional Biopsy of Oral Tissue - hard	\$300
<b>7286</b>	Incisional Biopsy of Oral Tissue - soft	\$190
<b>7287</b>	Exfoliative Cytological Sample Collection	\$55
<b>7310</b>	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$48
<b>7311</b>	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$42
<b>7320</b>	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$90
<b>7321</b>	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$90
<b>7471</b>	Removal of Lateral Exostosis	\$168
<b>7472</b>	Removal of Torus Palatinus	\$168
<b>7473</b>	Removal of Torus Mandibularis	\$168
<b>7510</b>	Incision and Drainage of Abscess - intraoral soft tissue	\$42

**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.

**SENIOR VALUE PLAN (S-5)**  
**SCHEDULE OF BENEFITS AND FIXED CO-PAYS**

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	\$252	5110	Complete Upper Denture	\$480
2542	Onlay - metallic, two surfaces	\$420	5120	Complete Lower Denture	\$480
2543	Onlay - metallic, three surfaces	\$420	5130	Immediate Upper Denture	\$570
2544	Onlay - metallic, four surfaces	\$420	5140	Immediate Lower Denture	\$570
2642	Onlay - porcelain/ceramic, two surfaces	\$420	5211	Upper Partial Denture - resin base	\$435
2643	Onlay - porcelain/ceramic, three surfaces	\$420	5212	Lower Partial Denture - resin base	\$435
2644	Onlay - porcelain/ceramic, four surfaces	\$420	5213	Upper Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$600
2662	Onlay - resin-based composite, two surfaces	\$420	5214	Lower Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$600
2663	Onlay - resin-based composite, three surfaces	\$420	5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$645
2664	Onlay - resin-based composite, four surfaces	\$420	5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$645
2740	Crown - porcelain/ceramic	\$650	5820	Interim Partial Denture - upper	\$450
2750	Crown - porcelain fused to high noble metal	\$570	5821	Interim Partial Denture - lower	\$450
2751	Crown - porcelain fused to predominantly base metal	\$430	5850	Tissue Conditioning - upper	\$48
2752	Crown - porcelain fused to noble metal	\$500	5851	Tissue Conditioning - lower	\$48
2780	Crown - 3/4 cast high noble metal	\$570	6010	Endosteal Implant in Conjunction with Denture	\$1,130
2781	Crown - 3/4 cast predominantly base metal	\$430	6012	Endosteal Implant in Conjunction with Denture	\$1,130
2782	Crown - 3/4 cast noble metal	\$500	6210	Pontic - cast high noble metal	\$570
2783	Crown - 3/4 porcelain/ceramic	\$650	6211	Pontic - cast predominantly base metal	\$430
2790	Crown - full cast high noble metal	\$570	6212	Pontic - cast noble metal	\$500
2791	Crown - full cast predominantly base metal	\$430	6240	Pontic - porcelain fused to high noble metal	\$570
2792	Crown - full cast noble metal	\$500	6241	Pontic - porcelain fused to predominantly base metal	\$430
2799	Crown - provisional	\$120	6242	Pontic - porcelain fused to noble metal	\$500
2930	Crown - prefabricated stainless steel, primary tooth	\$130	6245	Pontic - porcelain/ceramic	\$650
2931	Crown - prefabricated stainless steel, permanent tooth	\$130	6740	Retainer Crown - porcelain/ceramic	\$650
2932	Crown - prefabricated resin	\$130	6750	Retainer Crown - porcelain fused to high noble metal	\$570
2933	Crown - prefabricated stainless steel with window	\$130	6751	Retainer Crown - porcelain fused to predominantly base metal	\$430
2950	Core Buildup - including any pins	\$120	6752	Retainer Crown - porcelain fused to noble metal	\$500
2952	Post and Core in Addition to Crown	\$190	6780	Retainer Crown - 3/4 cast high noble metal	\$570
2954	Prefabricated Post and Core in Addition to Crown	\$190	6781	Retainer Crown - 3/4 cast predominantly base metal	\$430
<b>PROSTHETIC REPAIR (Class II - Basic)</b>			<b>LAB WORK AND PRECIOUS METALS</b>		
2910	Re-cement Partial Coverage Restoration	\$12	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	<b>ORTHODONTICS (Class IV - Orthodontics)</b>		
2920	Re-cement or Re-bond crown	\$12	Approved referral from DENCAP is required		
5410	Adjustment to Complete Denture - upper	\$18	Members are referred to an in-network Orthodontist		
5411	Adjustment to Complete Denture - lower	\$18	Up to Age 19, \$1800 discount from usual and customary rate		
5421	Adjustment to Partial Denture - upper	\$18	Over Age 19, \$1200 discount from usual and customary rate		
5422	Adjustment to Partial Denture - lower	\$18	12 to 24 month standard braces		
5511	Repair to Broken Complete Denture Base - lower	\$72	<b>SPECIALTY CARE</b>		
5512	Repair to Broken Complete Denture Base - upper	\$72	- Endodontics - Oral Surgery - Periodontics - Pedodontics -		
5520	Replace Missing or Broken Teeth - complete denture, each tooth	\$42	Approved referral from DENCAP is required		
5611	Repair Resin Partial Denture Base - lower	\$72	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	\$72	The Member is responsible for the remaining amount.		
5621	Repair Cast Partial Framework - lower	\$105	Having x-rays sent from the Primary Care Dentist may be cost effective.		
5622	Repair Cast Partial Framework - upper	\$105	Benefit available after 6 consecutive months of coverage.		
5630	Repair or Replace Broken Clasp - per tooth	\$105			
5640	Replace Missing or Broken Teeth - partial denture, each tooth	\$42			
5650	Add Tooth to Existing Partial Denture	\$60			
5660	Add Clasp to Existing Partial Denture - per tooth	\$120			
5730	Reline Complete Upper Denture - in office	\$132			
5731	Reline Complete Lower Denture - in office	\$132			
5740	Reline Partial Upper Denture - in office	\$132			
5741	Reline Partial Lower Denture - in office	\$132			
5750	Reline Complete Upper Denture - lab	\$210			
5751	Reline Complete Lower Denture - lab	\$210			
5760	Reline Partial Upper Denture - lab	\$210			
5761	Reline Partial Lower Denture - lab	\$210			
6930	Re-cement or Re-bond Fixed Partial Denture	\$24			

*Benefits are subject to change*