

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

OFFICE VISIT CO-PAY		
9430 Office Visit (for observation)		\$0
9999 Office Visit (regular hours)		\$0

code description co-pay

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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	\$0
1120 Prophylaxis/Routine Cleaning - child	\$0

3110 Pulp Cap - direct	\$20
3120 Pulp Cap - indirect	\$20
3220 Therapeutic Pulpotomy	\$45
3310 Root Canal Therapy - anterior tooth	\$130
3320 Root Canal Therapy - premolar tooth	\$155
3330 Root Canal Therapy - molar tooth	\$205
3346 Retreat of Previous Root Canal Therapy - anterior tooth	\$200
3347 Retreat of Previous Root Canal Therapy - premolar tooth	\$250
3348 Retreat of Previous Root Canal Therapy - molar tooth	\$300
3410 Apicoectomy Surgery - anterior tooth	\$160
3421 Apicoectomy Surgery - premolar tooth, first root	\$160
3425 Apicoectomy Surgery - molar tooth, first root	\$160
3426 Apicoectomy Surgery - each additional root	\$75
3430 Retrograde Filling - per root	\$50

PREVENTATIVE (Class I - Preventative)

PERIODONTICS (Class III - Major)

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

0180 Comprehensive Periodontal Evaluation	\$25
4210 Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$125
4211 Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$90
4212 Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$30
4240 Gingival Flap Procedure - 4+ teeth or spaces per quad	\$210
4241 Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$165
4249 Clinical Crown Lengthening - hard tissue	\$350
4260 Osseous Surgery - 4+ teeth or spaces per quad	\$250
4261 Osseous Surgery - 1-3 teeth or spaces per quad	\$210
4341 Perio Scaling and Root Planing - 4+ teeth per quad	\$55
4342 Perio Scaling and Root Planing - 1-3 teeth per quad	\$45
4355 Full Mouth Debridement	\$35
4381 Site Specific Therapy, generic - per tooth	\$15
4381 Site Specific Therapy, Arestin © - per tooth	\$50
4910 Periodontal Maintenance	\$40
4921 Gingival Irrigation - per quad	\$5

RADIOGRAPHS (Class I - Preventative)

ORAL SURGERY (Class III - Major)

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

7111 Extraction - coronal remnants (primary tooth)	\$30
7140 Extraction - erupted tooth or exposed root	\$30
7210 Surgical Removal of an Erupted Tooth	\$50
7220 Removal of Impacted Tooth - soft tissue	\$60
7230 Removal of Impacted Tooth - partially bony	\$75
7240 Removal of Impacted Tooth - completely bony	\$95
7241 Removal of Impacted Tooth - complicated	\$120
7250 Surgical Removal of Residual Tooth Roots	\$95
7280 Surgical Access of an Unerupted Tooth	\$130
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 per quad	\$50
7311 Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$40
7320 Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$90
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

RESTORATIVE (Class II - Basic)

2140 Amalgam Filling - one surface	\$15
2150 Amalgam Filling - two surfaces	\$25
2160 Amalgam Filling - three surfaces	\$35
2161 Amalgam Filling - four or more surfaces	\$50
2330 Composite Filling - one surface, anterior	\$20
2331 Composite Filling - two surfaces, anterior	\$30
2332 Composite Filling - three surfaces, anterior	\$40
2335 Composite Filling - four surfaces, anterior/incisal angle	\$55
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	\$70

ADJUNCTIVE SERVICES (Class II - Basic)

0470 Diagnostic Casts (each)	\$15
1351 Sealant - per tooth	\$10
1353 Repair to Sealant - per tooth	\$10
1510 Fixed Space Maintainer - unilateral	\$80
1516 Fixed Space Maintainer - bilateral, upper	\$110
1517 Fixed Space Maintainer - bilateral, lower	\$110
1520 Removable Space Maintainer - unilateral	\$100
1526 Removable Space Maintainer - bilateral, upper	\$110
1527 Removable Space Maintainer - bilateral, lower	\$110
1550 Re-cement or Re-bond Space Maintainer	\$16
2940 Protective Restoration (sedative filling)	\$20
9110 Palliative (Emergency) Treatment - minor procedure	\$20
9215 Local Anesthesia	\$0
9230 Inhalation of Nitrous Oxide	\$15
9239 IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50%
9243 IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50%
9310 Consultation (second opinion)	\$40
9910 Application of Desensitizing Medicament	\$20
9930 Treatment of Complications, Post-Surgical - unusual	\$15
9944 Hard Occlusal Guard (night guard) - full arch	\$130
9945 Soft Occlusal Guard (night guard) - full arch	\$130
9946 Hard Occlusal Guard (night guard) - partial arch	\$130
9951 Occlusal Adjustment - limited	\$50

Benefits are subject to change

code	description	co-pay	code	description	co-pay
CROWNS (Class III - Major)			PROSTHODONTICS (Class III - Major)		
2390	Crown - resin-based composite, anterior	\$120	5110	Complete Upper Denture	\$275
2542	Onlay - metallic, two surfaces	\$300	5120	Complete Lower Denture	\$275
2543	Onlay - metallic, three surfaces	\$300	5130	Immediate Upper Denture	\$350
2544	Onlay - metallic, four surfaces	\$300	5140	Immediate Lower Denture	\$350
2642	Onlay - porcelain/ceramic, two surfaces	\$300	5211	Upper Partial Denture - resin base	\$350
2643	Onlay - porcelain/ceramic, three surfaces	\$300	5212	Lower Partial Denture - resin base	\$350
2644	Onlay - porcelain/ceramic, four surfaces	\$300	5213	Upper Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$390
2662	Onlay - resin-based composite, two surfaces	\$300	5214	Lower Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$390
2663	Onlay - resin-based composite, three surfaces	\$300	5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$425
2664	Onlay - resin-based composite, four surfaces	\$300	5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$425
2740	Crown - porcelain/ceramic	\$455	5820	Interim Partial Denture - upper	\$235
2750	Crown - porcelain fused to high noble metal	\$355	5821	Interim Partial Denture - lower	\$235
2751	Crown - porcelain fused to predominantly base metal	\$240	5850	Tissue Conditioning - upper	\$40
2752	Crown - porcelain fused to noble metal	\$255	5851	Tissue Conditioning - lower	\$40
2780	Crown - 3/4 cast high noble metal	\$390	6010	Endosteal Implant in Conjunction with Denture	\$940
2781	Crown - 3/4 cast predominantly base metal	\$240	6012	Endosteal Implant in Conjunction with Denture	\$940
2782	Crown - 3/4 cast noble metal	\$290	6210	Pontic - cast high noble metal	\$420
2783	Crown - 3/4 porcelain/ceramic	\$490	6211	Pontic - cast predominantly base metal	\$275
2790	Crown - full cast high noble metal	\$390	6212	Pontic - cast noble metal	\$320
2791	Crown - full cast predominantly base metal	\$210	6240	Pontic - porcelain fused to high noble metal	\$410
2792	Crown - full cast noble metal	\$290	6241	Pontic - porcelain fused to predominantly base metal	\$290
2799	Crown - provisional	\$120	6242	Pontic - porcelain fused to noble metal	\$310
2930	Crown - prefabricated stainless steel, primary tooth	\$75	6245	Pontic - porcelain/ceramic	\$455
2931	Crown - prefabricated stainless steel, permanent tooth	\$75	6740	Retainer Crown - porcelain/ceramic	\$510
2932	Crown - prefabricated resin	\$75	6750	Retainer Crown - porcelain fused to high noble metal	\$410
2933	Crown - prefabricated stainless steel with window	\$75	6751	Retainer Crown - porcelain fused to predominantly base metal	\$290
2950	Core Buildup - including any pins	\$75	6752	Retainer Crown - porcelain fused to noble metal	\$310
2952	Post and Core in Addition to Crown	\$90	6780	Retainer Crown - 3/4 cast high noble metal	\$390
2954	Prefabricated Post and Core in Addition to Crown	\$90	6781	Retainer Crown - 3/4 cast predominantly base metal	\$240
PROSTHETIC REPAIR (Class II - Basic)			LAB WORK AND PRECIOUS METALS		
2910	Re-cement Partial Coverage Restoration	\$20	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	\$20	ORTHODONTICS (Class IV - Orthodontics)		
2920	Re-cement or Re-bond crown	\$20	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	\$45	SPECIALTY CARE		
5512	Repair to Broken Complete Denture Base - upper	\$45	- Endodontics - Oral Surgery - Periodontics - Pedodontics -		
5520	Replace Missing/Broken Teeth - denture, per tooth	\$30	Approved referral from DENCAP is required		
5611	Repair Resin Partial Denture Base - lower	\$45	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	\$45	The Member is responsible for the remaining amount.		
5621	Repair Cast Partial Framework - lower	\$85	Having x-rays sent from the Primary Care Dentist may be cost effective.		
5622	Repair Cast Partial Framework - upper	\$85			
5630	Repair or Replace Broken Clasp - per tooth	\$85			
5640	Replace Missing/Broken Teeth - partial, per tooth	\$30			
5650	Add Tooth to Existing Partial Denture	\$50			
5660	Add Clasp to Existing Partial Denture - per tooth	\$110			
5730	Reline Complete Upper Denture - in office	\$85			
5731	Reline Complete Lower Denture - in office	\$85			
5740	Reline Partial Upper Denture - in office	\$85			
5741	Reline Partial Lower Denture - in office	\$85			
5750	Reline Complete Upper Denture - lab	\$120			
5751	Reline Complete Lower Denture - lab	\$120			
5760	Reline Partial Upper Denture - lab	\$120			
5761	Reline Partial Lower Denture - lab	\$120			
6930	Re-cement or Re-bond Fixed Partial Denture	\$25			

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.