

**RETIREE ADVANTAGE DENTAL (R)
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

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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	\$50
3310 Root Canal Therapy - anterior tooth	\$300
3320 Root Canal Therapy - premolar tooth	\$340
3330 Root Canal Therapy - molar tooth	\$420
3346 Retreat of Previous Root Canal Therapy - anterior tooth	\$325
3347 Retreat of Previous Root Canal Therapy - premolar tooth	\$450
3348 Retreat of Previous Root Canal Therapy - molar tooth	\$470
3410 Apicoectomy Surgery - anterior tooth	\$370
3421 Apicoectomy Surgery - premolar tooth, first root	\$420
3425 Apicoectomy Surgery - molar tooth, first root	\$480
3426 Apicoectomy Surgery - each additional root	\$180
3430 Retrograde Filling - per root	\$64

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	\$35
4210 Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$282
4211 Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$140
4212 Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$36
4240 Gingival Flap Procedure - 4+ teeth or spaces per quad	\$350
4241 Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$300
4249 Clinical Crown Lengthening - hard tissue	\$420
4260 Osseous Surgery - 4+ teeth or spaces per quad	\$465
4261 Osseous Surgery - 1-3 teeth or spaces per quad	\$390
4341 Perio Scaling and Root Planing - 4+ teeth per quad	\$65
4342 Perio Scaling and Root Planing - 1-3 teeth per quad	\$55
4355 Full Mouth Debridement	\$40
4381 Site Specific Therapy, generic - per tooth	\$18
4381 Site Specific Therapy, Arestin © - per tooth	\$60
4910 Periodontal Maintenance	\$50
4921 Gingival Irrigation - per quad	\$6

RADIOGRAPHS (Class I - 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 (Class II - Basic)

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

ADJUNCTIVE SERVICES (Class II - Basic)

0470 Diagnostic Casts (each)	\$24
1351 Sealant - per tooth	\$10
1353 Repair to Sealant - per tooth	\$10
1510 Fixed Space Maintainer - unilateral	\$120
1516 Fixed Space Maintainer - bilateral, upper	\$150
1517 Fixed Space Maintainer - bilateral, lower	\$150
1520 Removable Space Maintainer - unilateral	\$150
1526 Removable Space Maintainer - bilateral, upper	\$165
1527 Removable Space Maintainer - bilateral, lower	\$165
1550 Re-cement or Re-bond Space Maintainer	\$18
2940 Protective Restoration (sedative filling)	\$20
9110 Palliative (Emergency) Treatment - minor procedure	\$18
9215 Local Anesthesia	\$0
9230 Inhalation of Nitrous Oxide	\$18
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)	\$55
9910 Application of Desensitizing Medicament	\$24
9930 Treatment of Complications, Post-Surgical - unusual	\$18
9944 Hard Occlusal Guard (night guard) - full arch	\$200
9945 Soft Occlusal Guard (night guard) - full arch	\$200
9946 Hard Occlusal Guard (night guard) - partial arch	\$200
9951 Occlusal Adjustment - limited	\$36

ORAL SURGERY (Class III - Major)

7111 Extraction - coronal remnants (primary tooth)	\$40
7140 Extraction - erupted tooth or exposed root	\$40
7210 Surgical Removal of an Erupted Tooth	\$70
7220 Removal of Impacted Tooth - soft tissue	\$90
7230 Removal of Impacted Tooth - partially bony	\$132
7240 Removal of Impacted Tooth - completely bony	\$200
7241 Removal of Impacted Tooth - complicated	\$270
7250 Surgical Removal of Residual Tooth Roots	\$100
7280 Surgical Access of an Unerupted Tooth	\$240
7285 Incisional Biopsy of Oral Tissue - hard	\$300
7286 Incisional Biopsy of Oral Tissue - soft	\$190
7287 Exfoliative Cytological Sample Collection	\$55
7310 Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$55
7311 Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$50
7320 Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$90
7321 Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$90
7471 Removal of Lateral Exostosis	\$168
7472 Removal of Torus Palatinus	\$168
7473 Removal of Torus Mandibularis	\$168
7510 Incision and Drainage of Abscess - intraoral soft tissue	\$42

Benefits are subject to change

**RETIREE ADVANTAGE DENTAL (R)
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code	description	co-pay	code	description	co-pay
CROWNS (Class III - Major)			PROSTHODONTICS (Class III - Major)		
2390	Crown - resin-based composite, anterior	\$225	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	\$135	6245	Pontic - porcelain/ceramic	\$650
2931	Crown - prefabricated stainless steel, permanent tooth	\$135	6740	Retainer Crown - porcelain/ceramic	\$650
2932	Crown - prefabricated resin	\$135	6750	Retainer Crown - porcelain fused to high noble metal	\$570
2933	Crown - prefabricated stainless steel with window	\$135	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	\$140	6781	Retainer Crown - 3/4 cast predominantly base metal	\$430
PROSTHETIC REPAIR (Class II - Basic)			6782	Retainer Crown - 3/4 cast noble metal	\$500
2910	Re-cement Partial Coverage Restoration	\$12	6783	Retainer Crown - 3/4 porcelain/ceramic	\$650
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$24	6790	Retainer Crown - full cast high noble metal	\$570
2920	Re-cement or Re-bond crown	\$20	6791	Retainer Crown - full cast predominantly base metal	\$430
5410	Adjustment to Complete Denture - upper	\$18	6792	Retainer Crown - full cast noble metal	\$500
5411	Adjustment to Complete Denture - lower	\$18			
5421	Adjustment to Partial Denture - upper	\$18			
5422	Adjustment to Partial Denture - lower	\$18			
5511	Repair to Broken Complete Denture Base - lower	\$70			
5512	Repair to Broken Complete Denture Base - upper	\$70			
5520	Replace Missing/Broken Teeth - denture, per tooth	\$42			
5611	Repair Resin Partial Denture Base - lower	\$70			
5612	Repair Resin Partial Denture Base - upper	\$70			
5621	Repair Cast Partial Framework - lower	\$105			
5622	Repair Cast Partial Framework - upper	\$105			
5630	Repair or Replace Broken Clasp - per tooth	\$105			
5640	Replace Missing/Broken Teeth - partial, per 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			

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.

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.