

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

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DIAGNOSTIC (Class I - Preventative)

RESTORATIVE (Class II - Basic)

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

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

PREVENTATIVE (Class I - Preventative)

PROSTHETIC REPAIR (Class II - Basic)

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

2910 Re-cement Partial Coverage Restoration	\$24
2915 Re-cement Indirectly Fabricated or Prefab Post and Core	\$24
2920 Re-cement or Re-bond crown	\$25
5410 Adjustment to Complete Denture - upper	\$30
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/Broken Teeth - denture, per 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/Broken Teeth - partial, per 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

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

ENDODONTICS (Class III - Major)

EMERGENCY TREATMENT FOR PAIN

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 per quadrant	\$126
1516 Fixed Space Maintainer - bilateral, upper	\$162
1517 Fixed Space Maintainer - bilateral, lower	\$162
1520 Removable Space Maintainer - unilateral per quadrant	\$162
1526 Removable Space Maintainer - bilateral, upper	\$174
1527 Removable Space Maintainer - bilateral, lower	\$174
1551 Re-cement or Re-bond Bilateral Space Maintainer - upper	\$24
1552 Re-cement or Re-bond Bilateral Space Maintainer - lower	\$24
1553 Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$24
2940 Protective Restoration (sedative filling)	\$24
9110 Palliative (Emergency) Treatment - minor procedure	\$20
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	\$25
9930 Treatment of Complications, Post-Surgical - unusual	\$18
9944 Hard Occlusal Guard (night guard) - full arch	\$270
9945 Soft Occlusal Guard (night guard) - full arch	\$270
9946 Hard Occlusal Guard (night guard) - partial arch	\$270
9951 Occlusal Adjustment - limited	\$72

ENDODONTICS (Class III - Major)

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

Benefits are subject to change

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.

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3110 Pulp Cap - direct	\$36
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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

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
PROSTHODONTICS (Class III - Major)			CROWNS (Class III - Major)		
5110	Complete Upper Denture	\$535	2390	Crown - resin-based composite, anterior	\$222
5120	Complete Lower Denture	\$535	2542	Onlay - metallic, two surfaces	\$475
5130	Immediate Upper Denture	\$595	2543	Onlay - metallic, three surfaces	\$475
5140	Immediate Lower Denture	\$595	2544	Onlay - metallic, four surfaces	\$475
5211	Upper Partial Denture - resin base	\$475	2642	Onlay - porcelain/ceramic, two surfaces	\$475
5212	Lower Partial Denture - resin base	\$475	2643	Onlay - porcelain/ceramic, three surfaces	\$475
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$650	2644	Onlay - porcelain/ceramic, four surfaces	\$475
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$650	2662	Onlay - resin-based composite, two surfaces	\$475
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$710	2663	Onlay - resin-based composite, three surfaces	\$475
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$710	2664	Onlay - resin-based composite, four surfaces	\$475
5820	Interim Partial Denture - upper	\$395	2740	Crown - porcelain/ceramic	\$715
5821	Interim Partial Denture - lower	\$395	2750	Crown - porcelain fused to high noble metal	\$595
5850	Tissue Conditioning - upper	\$85	2751	Crown - porcelain fused to predominantly base metal	\$465
5851	Tissue Conditioning - lower	\$85	2752	Crown - porcelain fused to noble metal	\$475
6010	Endosteal Implant in Conjunction with Denture	\$1,128	2780	Crown - 3/4 cast high noble metal	\$595
6012	Endosteal Implant in Conjunction with Denture	\$1,128	2781	Crown - 3/4 cast predominantly base metal	\$465
6210	Pontic - cast high noble metal	\$595	2782	Crown - 3/4 cast noble metal	\$475
6211	Pontic - cast predominantly base metal	\$465	2783	Crown - 3/4 porcelain/ceramic	\$715
6212	Pontic - cast noble metal	\$475	2790	Crown - full cast high noble metal	\$595
6240	Pontic - porcelain fused to high noble metal	\$595	2791	Crown - full cast predominantly base metal	\$465
6241	Pontic - porcelain fused to predominantly base metal	\$465	2792	Crown - full cast noble metal	\$475
6242	Pontic - porcelain fused to noble metal	\$475	2799	Crown - provisional	\$144
6245	Pontic - porcelain/ceramic	\$715	2930	Crown - prefabricated stainless steel, primary tooth	\$180
6740	Retainer Crown - porcelain/ceramic	\$715	2931	Crown - prefabricated stainless steel, permanent tooth	\$180
6750	Retainer Crown - porcelain fused to high noble metal	\$595	2932	Crown - prefabricated resin	\$180
6751	Retainer Crown - porcelain fused to predominantly base metal	\$465	2933	Crown - prefabricated stainless steel with window	\$180
6752	Retainer Crown - porcelain fused to noble metal	\$475	2950	Core Buildup - including any pins	\$120
6780	Retainer Crown - 3/4 cast high noble metal	\$595	2952	Post and Core in Addition to Crown	\$150
6781	Retainer Crown - 3/4 cast predominantly base metal	\$465	2954	Prefabricated Post and Core in Addition to Crown	\$140
6782	Retainer Crown - 3/4 cast noble metal	\$475	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$715	7111	Extraction - coronal remnants (primary tooth)	\$50
6790	Retainer Crown - full cast high noble metal	\$595	7140	Extraction - erupted tooth or exposed root	\$50
6791	Retainer Crown - full cast predominantly base metal	\$465	7210	Surgical Removal of an Erupted Tooth	\$96
6792	Retainer Crown - full cast noble metal	\$475	7220	Removal of Impacted Tooth - soft tissue	\$108
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$156
0180	Comprehensive Periodontal Evaluation	\$48	7240	Removal of Impacted Tooth - completely bony	\$200
4210	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$300	7241	Removal of Impacted Tooth - complicated	\$240
4211	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$120	7250	Surgical Removal of Residual Tooth Roots	\$185
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$54	7280	Surgical Access of an Unerupted Tooth	\$216
4240	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$365	7285	Incisional Biopsy of Oral Tissue - hard	\$330
4241	Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$300	7286	Incisional Biopsy of Oral Tissue - soft	\$210
4249	Clinical Crown Lengthening - hard tissue	\$475	7287	Exfoliative Cytological Sample Collection	\$60
4260	Osseous Surgery - 4+ teeth or spaces per quad	\$435	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$96
4261	Osseous Surgery - 1-3 teeth or spaces per quad	\$370	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$72
4341	Perio Scaling and Root Planing - 4+ teeth per quad	\$90	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$144
4342	Perio Scaling and Root Planing - 1-3 teeth per quad	\$68	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$120
4355	Full Mouth Debridement	\$60	7471	Removal of Lateral Exostosis	\$246
4381	Site Specific Therapy, generic - per tooth	\$20	7472	Removal of Torus Palatinus	\$246
4381	Site Specific Therapy, Arestin © - per tooth	\$60	7473	Removal of Torus Mandibularis	\$246
4910	Periodontal Maintenance	\$60	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$48
4921	Gingival Irrigation - per quad	\$10	<i>EHB Annual Limit on Cost Sharing: \$350 per child / \$700 for two or more children. No waiting period for EHB.</i>		

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 / Over age 19, \$1200 discount
from usual and customary rate • 12 to 24 month standard braces