

ANNUAL MAXIMUMS (for each member)	
Primary Care	\$1,800
Specialty Care	\$1,500
code description	co-pay

OFFICE VISIT CO-PAY	
9430 Office Visit (for observation)	\$10
9999 Office Visit (regular hours)	\$10
code description	co-pay

DIAGNOSTIC (Class I - Preventative)	
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

RESTORATIVE (Class II - Basic)	
2140 Amalgam Filling - one surface	\$50
2150 Amalgam Filling - two surfaces	\$70
2160 Amalgam Filling - three surfaces	\$90
2161 Amalgam Filling - four or more surfaces	\$110
2330 Composite Filling - one surface, anterior	\$65
2331 Composite Filling - two surfaces, anterior	\$80
2332 Composite Filling - three surfaces, anterior	\$95
2335 Composite Filling - four surfaces, anterior/incisal angle	\$120
2391 Composite Filling - one surface, posterior	\$80
2392 Composite Filling - two surfaces, posterior	\$105
2393 Composite Filling - three surfaces, posterior	\$135
2394 Composite Filling - four surfaces, posterior	\$160

PREVENTATIVE (Class I - Preventative)	
1206 Topical Application of Fluoride - varnish	\$0
1208 Topical Application of Fluoride - excluding varnish	\$0
1330 Oral Hygiene Instructions	\$0

PROSTHETIC REPAIR (Class II - Basic)	
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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

2910 Re-cement Partial Coverage Restoration	\$40
2915 Re-cement Indirectly Fabricated or Prefab Post and Core	\$40
2920 Re-cement or Re-bond crown	\$40
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	\$50

ADJUNCTIVE SERVICES (Class II - Basic)	
0470 Diagnostic Casts (each)	\$45
1351 Sealant - per tooth	\$0
1353 Repair to Sealant - per tooth	\$0
1510 Fixed Space Maintainer - unilateral per quadrant	\$155
1516 Fixed Space Maintainer - bilateral, upper	\$200
1517 Fixed Space Maintainer - bilateral, lower	\$200
1520 Removable Space Maintainer - unilateral per quadrant	\$190
1526 Removable Space Maintainer - bilateral, upper	\$270
1527 Removable Space Maintainer - bilateral, lower	\$270
1551 Re-cement or Re-bond Bilateral Space Maintainer - upper	\$35
1552 Re-cement or Re-bond Bilateral Space Maintainer - lower	\$35
1553 Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$35
2940 Protective Restoration (sedative filling)	\$45
9110 Palliative (Emergency) Treatment - minor procedure	\$40
9215 Local Anesthesia	\$0
9230 Inhalation of Nitrous Oxide	\$40
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)	\$75
9910 Application of Desensitizing Medicament	\$30
9930 Treatment of Complications, Post-Surgical - unusual	\$75
9944 Hard Occlusal Guard (night guard) - full arch	\$315
9945 Soft Occlusal Guard (night guard) - full arch	\$315
9946 Hard Occlusal Guard (night guard) - partial arch	\$315
9951 Occlusal Adjustment - limited	\$72

ENDODONTICS (Class III - Major)	
3110 Pulp Cap - direct	\$50
3120 Pulp Cap - indirect	\$50
3220 Therapeutic Pulpotomy	\$100
3310 Root Canal Therapy - anterior tooth	\$380
3320 Root Canal Therapy - premolar tooth	\$445
3330 Root Canal Therapy - molar tooth	\$535
3346 Retreat of Previous Root Canal Therapy - anterior tooth	\$450
3347 Retreat of Previous Root Canal Therapy - premolar tooth	\$535
3348 Retreat of Previous Root Canal Therapy - molar tooth	\$600
3410 Apicoectomy Surgery - anterior tooth	\$400
3421 Apicoectomy Surgery - premolar tooth, first root	\$450
3425 Apicoectomy Surgery - molar tooth, first root	\$480
3426 Apicoectomy Surgery - each additional root	\$150
3430 Retrograde Filling - per root	\$100

**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.

**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
<b>PROSTHODONTICS (Class III - Major)</b>			<b>CROWNS (Class III - Major)</b>		
5110	Complete Upper Denture	\$635	2390	Crown - resin-based composite, anterior	\$240
5120	Complete Lower Denture	\$635	2542	Onlay - metallic, two surfaces	\$525
5130	Immediate Upper Denture	\$695	2543	Onlay - metallic, three surfaces	\$525
5140	Immediate Lower Denture	\$695	2544	Onlay - metallic, four surfaces	\$525
5211	Upper Partial Denture - resin base	\$575	2642	Onlay - porcelain/ceramic, two surfaces	\$525
5212	Lower Partial Denture - resin base	\$575	2643	Onlay - porcelain/ceramic, three surfaces	\$525
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$750	2644	Onlay - porcelain/ceramic, four surfaces	\$525
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$750	2662	Onlay - resin-based composite, two surfaces	\$525
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$810	2663	Onlay - resin-based composite, three surfaces	\$525
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$810	2664	Onlay - resin-based composite, four surfaces	\$525
5820	Interim Partial Denture - upper	\$395	2740	Crown - porcelain/ceramic	\$760
5821	Interim Partial Denture - lower	\$395	2750	Crown - porcelain fused to high noble metal	\$635
5850	Tissue Conditioning - upper	\$85	2751	Crown - porcelain fused to predominantly base metal	\$515
5851	Tissue Conditioning - lower	\$85	2752	Crown - porcelain fused to noble metal	\$525
6010	Endosteal Implant in Conjunction with Denture	\$1,128	2780	Crown - 3/4 cast high noble metal	\$635
6012	Endosteal Implant in Conjunction with Denture	\$1,128	2781	Crown - 3/4 cast predominantly base metal	\$515
6210	Pontic - cast high noble metal	\$635	2782	Crown - 3/4 cast noble metal	\$525
6211	Pontic - cast predominantly base metal	\$515	2783	Crown - 3/4 porcelain/ceramic	\$760
6212	Pontic - cast noble metal	\$525	2790	Crown - full cast high noble metal	\$635
6240	Pontic - porcelain fused to high noble metal	\$635	2791	Crown - full cast predominantly base metal	\$515
6241	Pontic - porcelain fused to predominantly base metal	\$515	2792	Crown - full cast noble metal	\$525
6242	Pontic - porcelain fused to noble metal	\$625	2799	Crown - provisional	\$155
6245	Pontic - porcelain/ceramic	\$760	2930	Crown - prefabricated stainless steel, primary tooth	\$200
6740	Retainer Crown - porcelain/ceramic	\$760	2931	Crown - prefabricated stainless steel, permanent tooth	\$200
6750	Retainer Crown - porcelain fused to high noble metal	\$635	2932	Crown - prefabricated resin	\$200
6751	Retainer Crown - porcelain fused to predominantly base metal	\$515	2933	Crown - prefabricated stainless steel with window	\$200
6752	Retainer Crown - porcelain fused to noble metal	\$525	2950	Core Buildup - including any pins	\$140
6780	Retainer Crown - 3/4 cast high noble metal	\$635	2952	Post and Core in Addition to Crown	\$170
6781	Retainer Crown - 3/4 cast predominantly base metal	\$515	2954	Prefabricated Post and Core in Addition to Crown	\$160
6782	Retainer Crown - 3/4 cast noble metal	\$625	<b>ORAL SURGERY (Class III - Major)</b>		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$760	7111	Extraction - coronal remnants (primary tooth)	\$50
6790	Retainer Crown - full cast high noble metal	\$635	7140	Extraction - erupted tooth or exposed root	\$60
6791	Retainer Crown - full cast predominantly base metal	\$515	7210	Surgical Removal of an Erupted Tooth	\$145
6792	Retainer Crown - full cast noble metal	\$525	7220	Removal of Impacted Tooth - soft tissue	\$165
<b>PERIODONTICS (Class III - Major)</b>			7230	Removal of Impacted Tooth - partially bony	\$210
0180	Comprehensive Periodontal Evaluation	\$60	7240	Removal of Impacted Tooth - completely bony	\$245
4210	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$350	7241	Removal of Impacted Tooth - complicated	\$365
4211	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$150	7250	Surgical Removal of Residual Tooth Roots	\$185
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$70	7280	Surgical Access of an Unerupted Tooth	\$250
4240	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$400	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	\$70
4260	Osseous Surgery - 4+ teeth or spaces per quad	\$435	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$150
4261	Osseous Surgery - 1-3 teeth or spaces per quad	\$400	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$160
4341	Perio Scaling and Root Planing - 4+ teeth per quad	\$130	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$220
4342	Perio Scaling and Root Planing - 1-3 teeth per quad	\$80	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$220
4355	Full Mouth Debridement	\$90	7471	Removal of Lateral Exostosis	\$400
4381	Site Specific Therapy, generic - per tooth	\$60	7472	Removal of Torus Palatinus	\$500
4381	Site Specific Therapy, Arestin © - per tooth	\$20	7473	Removal of Torus Mandibularis	\$450
4910	Periodontal Maintenance	\$80	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$70
4921	Gingival Irrigation - per quad	\$10	<i>Benefits are subject to change.</i>		

*Limitations and Exclusions found at:  
dencap.com/general-policies*

**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