

ANNUAL MAXIMUMS (for each member)	\$1,800
Primary Care	\$1,500
Specialty Care	\$300
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

PREVENTATIVE (Class I - Preventative)

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

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

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

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.

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

PROSTHETIC REPAIR (Class II - Basic)

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

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

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
PROSTHODONTICS (Class III - Major)		
5110	Complete Upper Denture	\$635
5120	Complete Lower Denture	\$635
5130	Immediate Upper Denture	\$695
5140	Immediate Lower Denture	\$695
5211	Upper Partial Denture - resin base	\$575
5212	Lower Partial Denture - resin base	\$575
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$750
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$750
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$810
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$810
5820	Interim Partial Denture - upper	\$395
5821	Interim Partial Denture - lower	\$395
5850	Tissue Conditioning - upper	\$85
5851	Tissue Conditioning - lower	\$85
6010	Endosteal Implant in Conjunction with Denture	\$1,128
6012	Endosteal Implant in Conjunction with Denture	\$1,128
6210	Pontic - cast high noble metal	\$635
6211	Pontic - cast predominantly base metal	\$515
6212	Pontic - cast noble metal	\$525
6240	Pontic - porcelain fused to high noble metal	\$635
6241	Pontic - porcelain fused to predominantly base metal	\$515
6242	Pontic - porcelain fused to noble metal	\$625
6245	Pontic - porcelain/ceramic	\$760
6740	Retainer Crown - porcelain/ceramic	\$760
6750	Retainer Crown - porcelain fused to high noble metal	\$635
6751	Retainer Crown - porcelain fused to predominantly base metal	\$515
6752	Retainer Crown - porcelain fused to noble metal	\$525
6780	Retainer Crown - 3/4 cast high noble metal	\$635
6781	Retainer Crown - 3/4 cast predominantly base metal	\$515
6782	Retainer Crown - 3/4 cast noble metal	\$625
6783	Retainer Crown - 3/4 porcelain/ceramic	\$760
6790	Retainer Crown - full cast high noble metal	\$635
6791	Retainer Crown - full cast predominantly base metal	\$515
6792	Retainer Crown - full cast noble metal	\$525
PERIODONTICS (Class III - Major)		
0180	Comprehensive Periodontal Evaluation	\$60
4210	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$350
4211	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$150
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$70
4240	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$400
4241	Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$300
4249	Clinical Crown Lengthening - hard tissue	\$475
4260	Osseous Surgery - 4+ teeth or spaces per quad	\$435
4261	Osseous Surgery - 1-3 teeth or spaces per quad	\$400
4341	Perio Scaling and Root Planing - 4+ teeth per quad	\$130
4342	Perio Scaling and Root Planing - 1-3 teeth per quad	\$80
4355	Full Mouth Debridement	\$90
4381	Site Specific Therapy, generic - per tooth	\$60
4381	Site Specific Therapy, Arestin © - per tooth	\$20
4910	Periodontal Maintenance	\$80
4921	Gingival Irrigation - per quad	\$10

code	description	co-pay
CROWNS (Class III - Major)		
2390	Crown - resin-based composite, anterior	\$240
2542	Onlay - metallic, two surfaces	\$525
2543	Onlay - metallic, three surfaces	\$525
2544	Onlay - metallic, four surfaces	\$525
2642	Onlay - porcelain/ceramic, two surfaces	\$525
2643	Onlay - porcelain/ceramic, three surfaces	\$525
2644	Onlay - porcelain/ceramic, four surfaces	\$525
2662	Onlay - resin-based composite, two surfaces	\$525
2663	Onlay - resin-based composite, three surfaces	\$525
2664	Onlay - resin-based composite, four surfaces	\$525
2740	Crown - porcelain/ceramic	\$760
2750	Crown - porcelain fused to high noble metal	\$635
2751	Crown - porcelain fused to predominantly base metal	\$515
2752	Crown - porcelain fused to noble metal	\$525
2780	Crown - 3/4 cast high noble metal	\$635
2781	Crown - 3/4 cast predominantly base metal	\$515
2782	Crown - 3/4 cast noble metal	\$525
2783	Crown - 3/4 porcelain/ceramic	\$760
2790	Crown - full cast high noble metal	\$635
2791	Crown - full cast predominantly base metal	\$515
2792	Crown - full cast noble metal	\$525
2799	Crown - provisional	\$155
2930	Crown - prefabricated stainless steel, primary tooth	\$200
2931	Crown - prefabricated stainless steel, permanent tooth	\$200
2932	Crown - prefabricated resin	\$200
2933	Crown - prefabricated stainless steel with window	\$200
2950	Core Buildup - including any pins	\$140
2952	Post and Core in Addition to Crown	\$170
2954	Prefabricated Post and Core in Addition to Crown	\$160

ORAL SURGERY (Class III - Major)		
7111	Extraction - coronal remnants (primary tooth)	\$50
7140	Extraction - erupted tooth or exposed root	\$60
7210	Surgical Removal of an Erupted Tooth	\$145
7220	Removal of Impacted Tooth - soft tissue	\$165
7230	Removal of Impacted Tooth - partially bony	\$210
7240	Removal of Impacted Tooth - completely bony	\$245
7241	Removal of Impacted Tooth - complicated	\$365
7250	Surgical Removal of Residual Tooth Roots	\$185
7280	Surgical Access of an Unerupted Tooth	\$250
7285	Incisional Biopsy of Oral Tissue - hard	\$330
7286	Incisional Biopsy of Oral Tissue - soft	\$210
7287	Exfoliative Cytological Sample Collection	\$70
7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$150
7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$160
7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$220
7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$220
7471	Removal of Lateral Exostosis	\$400
7472	Removal of Torus Palatinus	\$500
7473	Removal of Torus Mandibularis	\$450
7510	Incision and Drainage of Abscess - intraoral soft tissue	\$70

*EHB Annual Limit on Cost Sharing: \$350 per child / \$700 for two or more children.
No waiting period for EHB.*

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