

ANNUAL MAXIMUMS (for each member)		\$3,300
Primary Care		\$2,500
Specialty Care		\$800
code description		co-pay

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$0
9999	Office Visit (regular hours)	\$0
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)	\$15
1351	Sealant - per tooth	\$10
1353	Repair to Sealant - per tooth	\$10
1510	Fixed Space Maintainer - unilateral per quadrant	\$80
1516	Fixed Space Maintainer - bilateral, upper	\$110
1517	Fixed Space Maintainer - bilateral, lower	\$110
1520	Removable Space Maintainer - unilateral per quadrant	\$100
1526	Removable Space Maintainer - bilateral, upper	\$110
1527	Removable Space Maintainer - bilateral, lower	\$110
1551	Re-cement or Re-bond Bilateral Space Maintainer - upper	\$16
1552	Re-cement or Re-bond Bilateral Space Maintainer - lower	\$16
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$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

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

PROSTHETIC REPAIR (Class II - Basic)

2910	Re-cement Partial Coverage Restoration	\$20
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$20
2920	Re-cement or Re-bond crown	\$20
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	\$45
5512	Repair to Broken Complete Denture Base - upper	\$45
5520	Replace Missing/Broken Teeth - denture, per tooth	\$30
5611	Repair Resin Partial Denture Base - lower	\$45
5612	Repair Resin Partial Denture Base - upper	\$45
5621	Repair Cast Partial Framework - lower	\$85
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

ENDODONTICS (Class III - Major)

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

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.

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	\$275
5120	Complete Lower Denture	\$275
5130	Immediate Upper Denture	\$350
5140	Immediate Lower Denture	\$350
5211	Upper Partial Denture - resin base	\$350
5212	Lower Partial Denture - resin base	\$350
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$390
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$390
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$425
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$425
5820	Interim Partial Denture - upper	\$235
5821	Interim Partial Denture - lower	\$235
5850	Tissue Conditioning - upper	\$40
5851	Tissue Conditioning - lower	\$40
6010	Endosteal Implant in Conjunction with Denture	\$940
6012	Endosteal Implant in Conjunction with Denture	\$940
6210	Pontic - cast high noble metal	\$420
6211	Pontic - cast predominantly base metal	\$275
6212	Pontic - cast noble metal	\$320
6240	Pontic - porcelain fused to high noble metal	\$410
6241	Pontic - porcelain fused to predominantly base metal	\$290
6242	Pontic - porcelain fused to noble metal	\$310
6245	Pontic - porcelain/ceramic	\$455
6740	Retainer Crown - porcelain/ceramic	\$510
6750	Retainer Crown - porcelain fused to high noble metal	\$410
6751	Retainer Crown - porcelain fused to predominantly base metal	\$290
6752	Retainer Crown - porcelain fused to noble metal	\$310
6780	Retainer Crown - 3/4 cast high noble metal	\$390
6781	Retainer Crown - 3/4 cast predominantly base metal	\$240
6782	Retainer Crown - 3/4 cast noble metal	\$290
6783	Retainer Crown - 3/4 porcelain/ceramic	\$490
6790	Retainer Crown - full cast high noble metal	\$390
6791	Retainer Crown - full cast predominantly base metal	\$210
6792	Retainer Crown - full cast noble metal	\$290
PERIODONTICS (Class III - Major)		
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

code	description	co-pay
CROWNS (Class III - Major)		
2390	Crown - resin-based composite, anterior	\$120
2542	Onlay - metallic, two surfaces	\$300
2543	Onlay - metallic, three surfaces	\$300
2544	Onlay - metallic, four surfaces	\$300
2642	Onlay - porcelain/ceramic, two surfaces	\$300
2643	Onlay - porcelain/ceramic, three surfaces	\$300
2644	Onlay - porcelain/ceramic, four surfaces	\$300
2662	Onlay - resin-based composite, two surfaces	\$300
2663	Onlay - resin-based composite, three surfaces	\$300
2664	Onlay - resin-based composite, four surfaces	\$300
2740	Crown - porcelain/ceramic	\$455
2750	Crown - porcelain fused to high noble metal	\$355
2751	Crown - porcelain fused to predominantly base metal	\$240
2752	Crown - porcelain fused to noble metal	\$255
2780	Crown - 3/4 cast high noble metal	\$390
2781	Crown - 3/4 cast predominantly base metal	\$240
2782	Crown - 3/4 cast noble metal	\$290
2783	Crown - 3/4 porcelain/ceramic	\$490
2790	Crown - full cast high noble metal	\$390
2791	Crown - full cast predominantly base metal	\$210
2792	Crown - full cast noble metal	\$290
2799	Crown - provisional	\$120
2930	Crown - prefabricated stainless steel, primary tooth	\$75
2931	Crown - prefabricated stainless steel, permanent tooth	\$75
2932	Crown - prefabricated resin	\$75
2933	Crown - prefabricated stainless steel with window	\$75
2950	Core Buildup - including any pins	\$75
2952	Post and Core in Addition to Crown	\$90
2954	Prefabricated Post and Core in Addition to Crown	\$90

code	description	co-pay
ORAL SURGERY (Class III - Major)		
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

Benefits are subject to change

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