

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

| OFFICE VISIT CO-PAY | |
|-------------------------------------|--------|
| 9430 Office Visit (for observation) | \$5 |
| 9999 Office Visit (regular hours) | \$5 |
| code description | co-pay |

| DIAGNOSTIC (Class I - Preventive) | |
|--|-----|
| 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 | \$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 |

| PREVENTIVE (Class I - Preventive) | |
|--|-----|
| 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) | |
|--------------------------------------|--|
|--------------------------------------|--|

| RADIOGRAPHS (Class I - Preventive) | |
|--|-----|
| 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 | \$12 |
| 2915 Re-cement Indirectly Fabricated or Prefab Post and Core | \$24 |
| 2920 Re-cement or Re-bond crown | \$12 |
| 5410 Adjustment to Complete Denture - upper | \$18 |
| 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 |

| ADJUNCTIVE SERVICES (Class II - Basic) | |
|---|-------|
| 0470 Diagnostic Casts (each) | \$24 |
| 1351 Sealant - per tooth | \$0 |
| 1353 Repair to Sealant - per tooth | \$0 |
| 1510 Fixed Space Maintainer - unilateral per quadrant | \$120 |
| 1516 Fixed Space Maintainer - bilateral, upper | \$150 |
| 1517 Fixed Space Maintainer - bilateral, lower | \$150 |
| 1520 Removable Space Maintainer - unilateral per quadrant | \$150 |
| 1526 Removable Space Maintainer - bilateral, upper | \$165 |
| 1527 Removable Space Maintainer - bilateral, lower | \$165 |
| 1551 Re-cement or Re-bond Bilateral Space Maintainer - upper | \$18 |
| 1552 Re-cement or Re-bond Bilateral Space Maintainer - lower | \$18 |
| 1553 Re-cement or Re-bond Unilateral Space Maintainer - per quadrant | \$18 |
| 2940 Protective Restoration (sedative filling) | \$18 |
| 9110 Palliative (Emergency) Treatment - minor procedure | \$0 |
| 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 |

| ENDODONTICS (Class III - Major) | |
|--|-------|
| 3110 Pulp Cap - direct | \$18 |
| 3120 Pulp Cap - indirect | \$18 |
| 3220 Therapeutic Pulpotomy | \$48 |
| 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 | \$330 |
| 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 | \$60 |

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 | code description | co-pay |
|---|---------|--|--------|
| PROSTHODONTICS (Class III - Major) | | CROWNS (Class III - Major) | |
| 5110 Complete Upper Denture | \$480 | 2390 Crown - resin-based composite, anterior | \$225 |
| 5120 Complete Lower Denture | \$480 | 2542 Onlay - metallic, two surfaces | \$420 |
| 5130 Immediate Upper Denture | \$570 | 2543 Onlay - metallic, three surfaces | \$420 |
| 5140 Immediate Lower Denture | \$570 | 2544 Onlay - metallic, four surfaces | \$420 |
| 5211 Upper Partial Denture - resin base | \$435 | 2642 Onlay - porcelain/ceramic, two surfaces | \$420 |
| 5212 Lower Partial Denture - resin base | \$435 | 2643 Onlay - porcelain/ceramic, three surfaces | \$420 |
| 5213 Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth | \$600 | 2644 Onlay - porcelain/ceramic, four surfaces | \$420 |
| 5214 Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth | \$600 | 2662 Onlay - resin-based composite, two surfaces | \$420 |
| 5225 Upper Partial Denture - flexible base, including any clasps, rests and teeth | \$645 | 2663 Onlay - resin-based composite, three surfaces | \$420 |
| 5226 Lower Partial Denture - flexible base, including any clasps, rests and teeth | \$645 | 2664 Onlay - resin-based composite, four surfaces | \$420 |
| 5820 Interim Partial Denture - upper | \$450 | 2740 Crown - porcelain/ceramic | \$650 |
| 5821 Interim Partial Denture - lower | \$450 | 2750 Crown - porcelain fused to high noble metal | \$570 |
| 5850 Tissue Conditioning - upper | \$48 | 2751 Crown - porcelain fused to predominantly base metal | \$430 |
| 5851 Tissue Conditioning - lower | \$48 | 2752 Crown - porcelain fused to noble metal | \$500 |
| 6010 Endosteal Implant in Conjunction with Denture | \$1,130 | 2780 Crown - 3/4 cast high noble metal | \$570 |
| 6012 Endosteal Implant in Conjunction with Denture | \$1,130 | 2781 Crown - 3/4 cast predominantly base metal | \$430 |
| 6210 Pontic - cast high noble metal | \$570 | 2782 Crown - 3/4 cast noble metal | \$500 |
| 6211 Pontic - cast predominantly base metal | \$430 | 2783 Crown - 3/4 porcelain/ceramic | \$650 |
| 6212 Pontic - cast noble metal | \$500 | 2790 Crown - full cast high noble metal | \$570 |
| 6240 Pontic - porcelain fused to high noble metal | \$570 | 2791 Crown - full cast predominantly base metal | \$430 |
| 6241 Pontic - porcelain fused to predominantly base metal | \$430 | 2792 Crown - full cast noble metal | \$500 |
| 6242 Pontic - porcelain fused to noble metal | \$500 | 2799 Crown - interim | \$120 |
| 6245 Pontic - porcelain/ceramic | \$650 | 2930 Crown - prefabricated stainless steel, primary tooth | \$130 |
| 6740 Retainer Crown - porcelain/ceramic | \$650 | 2931 Crown - prefabricated stainless steel, permanent tooth | \$130 |
| 6750 Retainer Crown - porcelain fused to high noble metal | \$570 | 2932 Crown - prefabricated resin | \$130 |
| 6751 Retainer Crown - porcelain fused to predominantly base metal | \$430 | 2933 Crown - prefabricated stainless steel with window | \$130 |
| 6752 Retainer Crown - porcelain fused to noble metal | \$500 | 2950 Core Buildup - including any pins | \$120 |
| 6780 Retainer Crown - 3/4 cast high noble metal | \$570 | 2952 Post and Core in Addition to Crown | \$190 |
| 6781 Retainer Crown - 3/4 cast predominantly base metal | \$430 | 2954 Prefabricated Post and Core in Addition to Crown | \$140 |
| 6782 Retainer Crown - 3/4 cast noble metal | \$500 | ORAL SURGERY (Class III - Major) | |
| 6783 Retainer Crown - 3/4 porcelain/ceramic | \$650 | 7111 Extraction - coronal remnants (primary tooth) | \$36 |
| 6790 Retainer Crown - full cast high noble metal | \$570 | 7140 Extraction - erupted tooth or exposed root | \$36 |
| 6791 Retainer Crown - full cast predominantly base metal | \$430 | 7210 Surgical Removal of an Erupted Tooth | \$60 |
| 6792 Retainer Crown - full cast noble metal | \$500 | 7220 Removal of Impacted Tooth - soft tissue | \$84 |
| PERIODONTICS (Class III - Major) | | 7230 Removal of Impacted Tooth - partially bony | \$132 |
| 0180 Comprehensive Periodontal Evaluation | \$30 | 7240 Removal of Impacted Tooth - completely bony | \$200 |
| 4210 Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad | \$282 | 7241 Removal of Impacted Tooth - complicated | \$270 |
| 4211 Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad | \$115 | 7250 Surgical Removal of Residual Tooth Roots | \$100 |
| 4212 Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth | \$36 | 7280 Surgical Access of an Unerupted Tooth | \$240 |
| 4240 Gingival Flap Procedure - 4+ teeth/spaces per quad | \$350 | 7285 Incisional Biopsy of Oral Tissue - hard | \$300 |
| 4241 Gingival Flap Procedure - 1-3 teeth/spaces per quad | \$300 | 7286 Incisional Biopsy of Oral Tissue - soft | \$190 |
| 4249 Clinical Crown Lengthening - hard tissue | \$420 | 7287 Exfoliative Cytological Sample Collection | \$0 |
| 4260 Osseous Surgery - 4+ teeth/spaces per quad | \$465 | 7310 Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad | \$48 |
| 4261 Osseous Surgery - 1-3 teeth/spaces per quad | \$390 | 7311 Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad | \$42 |
| 4341 Perio Scaling and Root Planing - 4+ teeth per quad | \$60 | 7320 Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces | \$90 |
| 4342 Perio Scaling and Root Planing - 1-3 teeth per quad | \$55 | 7321 Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces | \$90 |
| 4355 Full Mouth Debridement | \$36 | 7471 Removal of Lateral Exostosis | \$168 |
| 4381 Site Specific Therapy, generic - per tooth | \$18 | 7472 Removal of Torus Palatinus | \$168 |
| 4381 Site Specific Therapy, Arestin © - per tooth | \$60 | 7473 Removal of Torus Mandibularis | \$168 |
| 4910 Periodontal Maintenance | \$48 | 7510 Incision and Drainage of Abscess - intraoral soft tissue | \$42 |
| 4921 Gingival Irrigation - per quad | \$6 | <i>Benefits are subject to change.</i> | |
| | | <i>Limitations and Exclusions found at: dencap.com/general-policies</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