

ANNUAL MAXIMUMS (for each member)		\$1,200
Primary Care		\$1,200
Specialty Care		\$0
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 - 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		\$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

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		\$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 -

There is no Specialty Care Coverage with your Flex Plan. For possible savings on Specialty Care costs, contact DENCAP to learn about other plans that may be available to you.

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	\$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 - interim	\$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	ORAL SURGERY (Class III - Major)	
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
PERIODONTICS (Class III - Major)		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/spaces per quad	\$350	7241 Removal of Impacted Tooth - complicated	\$365
4211 Gingivectomy/Gingivoplasty - 1-3 teeth/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/spaces per quad	\$400	7285 Incisional Biopsy of Oral Tissue - hard	\$330
4241 Gingival Flap Procedure - 1-3 teeth/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/spaces per quad	\$435	7310 Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$150
4261 Osseous Surgery - 1-3 teeth/spaces per quad	\$400	7311 Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$160
4341 Perio Scaling and Root Planing - 4+ teeth per quad	\$130	7320 Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$220
4342 Perio Scaling and Root Planing - 1-3 teeth per quad	\$80	7321 Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$220
4355 Full Mouth Debridement	\$90	7471 Removal of Lateral Exostosis	\$400
4381 Site Specific Therapy, generic - per tooth	\$20	7472 Removal of Torus Palatinus	\$500
4381 Site Specific Therapy, Arestin © - per tooth	\$60	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>	
		<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