

ANNUAL MAXIMUMS (for each member)		\$2,500
Primary Care		\$2,000
Specialty Care		\$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 - Preventive)		
0120*	Periodic Oral Evaluation	\$0
0140*	Limited Oral Evaluation - problem focused	\$0
0150*	Comprehensive Oral Evaluation	\$0
0431	Predиаgnostic Test	\$0
1110	Prophylaxis/Routine Cleaning - adult	\$0
1120*	Prophylaxis/Routine Cleaning - child	\$0
9995	Teledentistry - synchronous; billed with exam	\$0
9996	Teledentistry - asynchronous; billed with exam	\$0
PREVENTIVE (Class I - Preventive)		
1206*	Topical Application of Fluoride - varnish	\$0
1208*	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0

RESTORATIVE (Class II - Basic)		
2140*	Amalgam Filling - one surface	\$30
2150*	Amalgam Filling - two surfaces	\$39
2160*	Amalgam Filling - three surfaces	\$48
2161*	Amalgam Filling - four or more surfaces	\$60
2330*	Composite Filling - one surface, anterior	\$42
2331*	Composite Filling - two surfaces, anterior	\$54
2332*	Composite Filling - three surfaces, anterior	\$66
2335*	Composite Filling - four surfaces, anterior/incisal angle	\$78
2391*	Composite Filling - one surface, posterior	\$48
2392*	Composite Filling - two surfaces, posterior	\$60
2393*	Composite Filling - three surfaces, posterior	\$72
2394*	Composite Filling - four surfaces, posterior	\$98

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

PROSTHETIC REPAIR (Class II - Basic)		
2910	Re-cement Partial Coverage Restoration	\$24
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$24
2920	Re-cement or Re-bond crown	\$25
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	\$30

ADJUNCTIVE SERVICES (Class II - Basic)		
0470	Diagnostic Casts (each)	\$36
1351*	Sealant - per tooth	\$0
1353*	Repair to Sealant - per tooth	\$0
1510*	Fixed Space Maintainer - unilateral per quadrant	\$126
1516*	Fixed Space Maintainer - bilateral, upper	\$162
1517*	Fixed Space Maintainer - bilateral, lower	\$162
1520*	Removable Space Maintainer - unilateral per quadrant	\$162
1526*	Removable Space Maintainer - bilateral, upper	\$174
1527*	Removable Space Maintainer - bilateral, lower	\$174
1551	Re-cement or Re-bond Bilateral Space Maintainer - upper	\$24
1552	Re-cement or Re-bond Bilateral Space Maintainer - lower	\$24
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$24
2940	Protective Restoration (sedative filling)	\$24
9110*	Palliative (Emergency) Treatment - minor procedure	\$20
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	\$25
9930	Treatment of Complications, Post-Surgical - unusual	\$18
9944	Hard Occlusal Guard (night guard) - full arch	\$270
9945	Soft Occlusal Guard (night guard) - full arch	\$270
9946	Hard Occlusal Guard (night guard) - partial arch	\$270
9951	Occlusal Adjustment - limited	\$72

ENDODONTICS (Class III - Major)		
3110	Pulp Cap - direct	\$36
3120	Pulp Cap - indirect	\$36
3220*	Therapeutic Pulpotomy	\$84
3310*	Root Canal Therapy - anterior tooth	\$325
3320*	Root Canal Therapy - premolar tooth	\$375
3330*	Root Canal Therapy - molar tooth	\$450
3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$400
3347	Retreat of Previous Root Canal Therapy - premolar tooth	\$465
3348	Retreat of Previous Root Canal Therapy - molar tooth	\$500
3410	Apicoectomy Surgery - anterior tooth	\$335
3421	Apicoectomy Surgery - premolar tooth, first root	\$370
3425	Apicoectomy Surgery - molar tooth, first root	\$420
3426	Apicoectomy Surgery - each additional root	\$120
3430	Retrograde Filling - per root	\$72

SPECIALTY CARE

- Endodontics - Oral Surgery - Periodontics - Pedodontics -
Approved referral from DENCAP is required

Benefits are available after six (6) consecutive months of coverage. DENCAP pays 50% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.
A referral to an in-network provider is required.

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.

code	description	co-pay	code	description	co-pay
PROSTHODONTICS (Class III - Major)			CROWNS (Class III - Major)		
5110*	Complete Upper Denture	\$535	2390	Crown - resin-based composite, anterior	\$222
5120*	Complete Lower Denture	\$535	2542*	Onlay - metallic, two surfaces	\$475
5130*	Immediate Upper Denture	\$595	2543*	Onlay - metallic, three surfaces	\$475
5140*	Immediate Lower Denture	\$595	2544*	Onlay - metallic, four surfaces	\$475
5211	Upper Partial Denture - resin base	\$475	2642*	Onlay - porcelain/ceramic, two surfaces	\$475
5212	Lower Partial Denture - resin base	\$475	2643*	Onlay - porcelain/ceramic, three surfaces	\$475
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$650	2644*	Onlay - porcelain/ceramic, four surfaces	\$475
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$650	2662	Onlay - resin-based composite, two surfaces	\$475
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$710	2663	Onlay - resin-based composite, three surfaces	\$475
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$710	2664	Onlay - resin-based composite, four surfaces	\$475
5820	Interim Partial Denture - upper	\$395	2740*	Crown - porcelain/ceramic	\$715
5821	Interim Partial Denture - lower	\$395	2750	Crown - porcelain fused to high noble metal	\$595
5850	Tissue Conditioning - upper	\$85	2751*	Crown - porcelain fused to predominantly base metal	\$465
5851	Tissue Conditioning - lower	\$85	2752*	Crown - porcelain fused to noble metal	\$475
6010	Endosteal Implant in Conjunction with Denture	\$1,128	2780	Crown - 3/4 cast high noble metal	\$595
6012	Endosteal Implant in Conjunction with Denture	\$1,128	2781	Crown - 3/4 cast predominantly base metal	\$465
6210	Pontic - cast high noble metal	\$595	2782	Crown - 3/4 cast noble metal	\$475
6211	Pontic - cast predominantly base metal	\$465	2783	Crown - 3/4 porcelain/ceramic	\$715
6212	Pontic - cast noble metal	\$475	2790	Crown - full cast high noble metal	\$595
6240	Pontic - porcelain fused to high noble metal	\$595	2791*	Crown - full cast predominantly base metal	\$465
6241	Pontic - porcelain fused to predominantly base metal	\$465	2792*	Crown - full cast noble metal	\$475
6242	Pontic - porcelain fused to noble metal	\$475	2799	Crown - interim	\$144
6245	Pontic - porcelain/ceramic	\$715	2930*	Crown - prefabricated stainless steel, primary tooth	\$180
6740	Retainer Crown - porcelain/ceramic	\$715	2931*	Crown - prefabricated stainless steel, permanent tooth	\$180
6750	Retainer Crown - porcelain fused to high noble metal	\$595	2932*	Crown - prefabricated resin	\$180
6751	Retainer Crown - porcelain fused to predominantly base metal	\$465	2933*	Crown - prefabricated stainless steel with window	\$180
6752	Retainer Crown - porcelain fused to noble metal	\$475	2950	Core Buildup - including any pins	\$120
6780	Retainer Crown - 3/4 cast high noble metal	\$595	2952	Post and Core in Addition to Crown	\$150
6781	Retainer Crown - 3/4 cast predominantly base metal	\$465	2954	Prefabricated Post and Core in Addition to Crown	\$140
6782	Retainer Crown - 3/4 cast noble metal	\$475	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$715	7111*	Extraction - coronal remnants (primary tooth)	\$50
6790	Retainer Crown - full cast high noble metal	\$595	7140*	Extraction - erupted tooth or exposed root	\$50
6791*	Retainer Crown - full cast predominantly base metal	\$465	7210	Surgical Removal of an Erupted Tooth	\$96
6792*	Retainer Crown - full cast noble metal	\$475	7220	Removal of Impacted Tooth - soft tissue	\$108
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$156
0180	Comprehensive Periodontal Evaluation	\$48	7240	Removal of Impacted Tooth - completely bony	\$200
4210*	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$300	7241	Removal of Impacted Tooth - complicated	\$240
4211*	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$120	7250	Surgical Removal of Residual Tooth Roots	\$185
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$54	7280	Surgical Access of an Unerupted Tooth	\$216
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$365	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	\$60
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$435	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$96
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$370	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$72
4341*	Perio Scaling and Root Planning - 4+ teeth per quad	\$90	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$144
4342*	Perio Scaling and Root Planning - 1-3 teeth per quad	\$68	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$120
4355	Full Mouth Debridement	\$60	7471	Removal of Lateral Exostosis	\$246
4381	Site Specific Therapy, generic - per tooth	\$20	7472	Removal of Torus Palatinus	\$246
4381	Site Specific Therapy, Arestin © - per tooth	\$60	7473	Removal of Torus Mandibularis	\$246
4910	Periodontal Maintenance	\$60	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$48
4921	Gingival Irrigation - per quad	\$10			

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 months standard braces

Benefits are subject to change.

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

Note: Procedures marked with an asterisk (*) are EHB covered codes
 [Essential Health Benefits]