

ANNUAL MAXIMUMS (for each member)	\$3,500
Primary Care & Specialty Care	\$3,500

OFFICE VISIT CO-PAY	
9430	Office Visit (for observation) \$5
9999	Office Visit (regular hours) \$5

code description co-pay

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
9995	Teledentistry - synchronous; billed with exam	\$30
9996	Teledentistry - asynchronous; billed with exam	\$30

PREVENTIVE (Class I - Preventive)

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

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

ADJUNCTIVE SERVICES (Class II - Basic)

0470	Diagnostic Casts (each)	\$0
1351	Sealant - per tooth	\$0
1353	Repair to Sealant - per tooth	\$0
1510	Fixed Space Maintainer - unilateral per quadrant	\$0
1516	Fixed Space Maintainer - bilateral, upper	\$0
1517	Fixed Space Maintainer - bilateral, lower	\$0
1520	Removable Space Maintainer - unilateral per quadrant	\$0
1526	Removable Space Maintainer - bilateral, upper	\$0
1527	Removable Space Maintainer - bilateral, lower	\$0
1551	Re-cement or Re-bond Bilateral Space Maintainer - upp	\$0
1552	Re-cement or Re-bond Bilateral Space Maintainer - low	\$0
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$0
2940	Protective Restoration (sedative filling)	\$0
9110	Palliative (Emergency) Treatment - minor procedure	\$0
9215	Local Anesthesia	\$0
9230	Inhalation of Nitrous Oxide	\$0
9239	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	30%
9243	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	30%
9310	Consultation (second opinion)	\$0
9910	Application of Desensitizing Medicament	\$0
9930	Treatment of Complications, Post-Surgical - unusual	\$0
9944	Hard Occlusal Guard (night guard) - full arch	\$137
9945	Soft Occlusal Guard (night guard) - full arch	\$137
9946	Hard Occlusal Guard (night guard) - partial arch	\$137
9951	Occlusal Adjustment - limited	\$0

RESTORATIVE (Class II - Basic)

2140	Amalgam Filling - one surface	\$0
2150	Amalgam Filling - two surfaces	\$0
2160	Amalgam Filling - three surfaces	\$0
2161	Amalgam Filling - four or more surfaces	\$0
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	\$25
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$25
2920	Re-cement or Re-bond crown	\$25
5410	Adjustment to Complete Denture - upper	\$32
5411	Adjustment to Complete Denture - lower	\$32
5421	Adjustment to Partial Denture - upper	\$32
5422	Adjustment to Partial Denture - lower	\$32
5511	Repair to Broken Complete Denture Base - lower	\$50
5512	Repair to Broken Complete Denture Base - upper	\$49
5520	Replace Missing/Broken Teeth - denture, per tooth	\$35
5611	Repair Resin Partial Denture Base - lower	\$48
5612	Repair Resin Partial Denture Base - upper	\$49
5621	Repair Cast Partial Framework - lower	\$90
5622	Repair Cast Partial Framework - upper	\$90
5630	Repair or Replace Broken Clasp - per tooth	\$90
5640	Replace Missing/Broken Teeth - partial, per tooth	\$32
5650	Add Tooth to Existing Partial Denture	\$53
5660	Add Clasp to Existing Partial Denture - per tooth	\$116
5730	Reline Complete Upper Denture - in office	\$90
5731	Reline Complete Lower Denture - in office	\$90
5740	Reline Partial Upper Denture - in office	\$91
5741	Reline Partial Lower Denture - in office	\$92
5750	Reline Complete Upper Denture - lab	\$136
5751	Reline Complete Lower Denture - lab	\$136
5760	Reline Partial Upper Denture - lab	\$135
5761	Reline Partial Lower Denture - lab	\$135
6930	Re-cement or Re-bond Fixed Partial Denture	\$27

ENDODONTICS (Class III - Major)

3110	Pulp Cap - direct	\$0
3120	Pulp Cap - indirect	\$0
3220	Therapeutic Pulpotomy	\$0
3310	Root Canal Therapy - anterior tooth	\$0
3320	Root Canal Therapy - premolar tooth	\$0
3330	Root Canal Therapy - molar tooth	\$0
3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$0
3347	Retreat of Previous Root Canal Therapy - premolar tooth	\$0
3348	Retreat of Previous Root Canal Therapy - molar tooth	\$0
3410	Apicoectomy Surgery - anterior tooth	\$0
3421	Apicoectomy Surgery - premolar tooth, first root	\$0
3425	Apicoectomy Surgery - molar tooth, first root	\$0
3426	Apicoectomy Surgery - each additional root	\$0
3430	Retrograde Filling - per root	\$0

SPECIALTY CARE

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

DENCAP pays 70% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.

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	\$330	2390	Crown - resin-based composite, anterior	NCB
5120	Complete Lower Denture	\$330	2542	Onlay - metallic, two surfaces	NCB
5130	Immediate Upper Denture	\$407	2543	Onlay - metallic, three surfaces	NCB
5140	Immediate Lower Denture	\$410	2544	Onlay - metallic, four surfaces	NCB
5211	Upper Partial Denture - resin base	\$369	2642	Onlay - porcelain/ceramic, two surfaces	NCB
5212	Lower Partial Denture - resin base	\$368	2643	Onlay - porcelain/ceramic, three surfaces	NCB
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$444	2644	Onlay - porcelain/ceramic, four surfaces	NCB
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$447	2662	Onlay - resin-based composite, two surfaces	NCB
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$447	2663	Onlay - resin-based composite, three surfaces	NCB
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$447	2664	Onlay - resin-based composite, four surfaces	NCB
5820	Interim Partial Denture - upper	\$247	2740	Crown - porcelain/ceramic	NCB
5821	Interim Partial Denture - lower	\$247	2750	Crown - porcelain fused to high noble metal	NCB
5850	Tissue Conditioning - upper	\$42	2751	Crown - porcelain fused to predominantly base metal	\$350
5851	Tissue Conditioning - lower	\$42	2752	Crown - porcelain fused to noble metal	NCB
6010	Endosteal Implant in Conjunction with Denture	NCB	2780	Crown - 3/4 cast high noble metal	NCB
6012	Endosteal Implant in Conjunction with Denture	NCB	2781	Crown - 3/4 cast predominantly base metal	NCB
6210	Pontic - cast high noble metal	\$470	2782	Crown - 3/4 cast noble metal	NCB
6211	Pontic - cast predominantly base metal	\$334	2783	Crown - 3/4 porcelain/ceramic	NCB
6212	Pontic - cast noble metal	\$358	2790	Crown - full cast high noble metal	NCB
6240	Pontic - porcelain fused to high noble metal	\$431	2791	Crown - full cast predominantly base metal	\$340
6241	Pontic - porcelain fused to predominantly base metal	\$312	2792	Crown - full cast noble metal	NCB
6242	Pontic - porcelain fused to noble metal	\$326	2799	Crown - interim	NCB
6245	Pontic - porcelain/ceramic	\$478	2930	Crown - prefabricated stainless steel, primary tooth	NCB
6740	Retainer Crown - porcelain/ceramic	\$536	2931	Crown - prefabricated stainless steel, permanent tooth	NCB
6750	Retainer Crown - porcelain fused to high noble metal	\$431	2932	Crown - prefabricated resin	NCB
6751	Retainer Crown - porcelain fused to predominantly base metal	\$305	2933	Crown - prefabricated stainless steel with window	NCB
6752	Retainer Crown - porcelain fused to noble metal	\$326	2950	Core Buildup - including any pins	\$100
6780	Retainer Crown - 3/4 cast high noble metal	\$410	2952	Post and Core in Addition to Crown	\$110
6781	Retainer Crown - 3/4 cast predominantly base metal	\$252	2954	Prefabricated Post and Core in Addition to Crown	\$110
6782	Retainer Crown - 3/4 cast noble metal	\$305	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$515	7111	Extraction - coronal remnants (primary tooth)	\$0
6790	Retainer Crown - full cast high noble metal	\$445	7140	Extraction - erupted tooth or exposed root	\$0
6791	Retainer Crown - full cast predominantly base metal	\$254	7210	Surgical Removal of an Erupted Tooth	\$0
6792	Retainer Crown - full cast noble metal	\$331	7220	Removal of Impacted Tooth - soft tissue	\$0
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$0
0180	Comprehensive Periodontal Evaluation	\$0	7240	Removal of Impacted Tooth - completely bony	\$0
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$0	7241	Removal of Impacted Tooth - complicated	\$0
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$0	7250	Surgical Removal of Residual Tooth Roots	\$0
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$0	7280	Surgical Access of an Unerupted Tooth	\$0
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$0	7285	Incisional Biopsy of Oral Tissue - hard	\$0
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$0	7286	Incisional Biopsy of Oral Tissue - soft	\$0
4249	Clinical Crown Lengthening - hard tissue	\$0	7287	Exfoliative Cytological Sample Collection	\$0
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$0	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$0
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$0	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$0
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$0	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$0
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$0	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$0
4355	Full Mouth Debridement	\$0	7471	Removal of Lateral Exostosis	\$0
4381	Site Specific Therapy, generic - per tooth	\$0	7472	Removal of Torus Palatinus	\$0
4910	Periodontal Maintenance	\$0	7473	Removal of Torus Mandibularis	\$0
4921	Gingival Irrigation - per quad	\$0	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$0

ORTHODONTICS (Class IV - Orthodontics)

Approved referral from DENCAP to an In-network Orthodontist is required
 Continuous coverage is required for the duration of the treatment
 Up to Age 19, \$3000 benefit / Over age 19, \$3000 benefit (Lifetime benefit)
 • 12 to 24 months standard orthodontic treatment; Interceptive Ortho is not covered

*Benefits are subject to change.
 Limitations and Exclusions found at:
dencap.com/general-policies*

Note: Procedures marked with an asterisk (*) are subject to be charged a material cost fee up to the amount listed next to the associated procedure code.