



**City of Warren Police and Fire (Plan 1210)**  
**SCHEDULE OF BENEFITS AND FIXED CO-PAYS**

313-972-1400  
 888-98-TEETH  
 dencap.com

<b>ANNUAL MAXIMUMS (for each member)</b>	<b>\$1,200</b>	<b>OFFICE VISIT CO-PAY</b>	
<b>Primary Care &amp; Specialty Care</b>	<b>\$1,200</b>	<b>9430</b> Office Visit (for observation)	<b>\$0</b>
		<b>9999</b> Office Visit (regular hours)	<b>\$10</b>

code description	co-pay	code description	co-pay
<b>DIAGNOSTIC (Class I - Preventive)</b>		<b>RESTORATIVE (Class II - Basic)</b>	
<b>0120</b> Periodic Oral Evaluation	\$0	<b>2140</b> Amalgam Filling - one surface	\$105
<b>0140</b> Limited Oral Evaluation - problem focused	\$0	<b>2150</b> Amalgam Filling - two surfaces	\$135
<b>0150</b> Comprehensive Oral Evaluation	\$0	<b>2160</b> Amalgam Filling - three surfaces	\$160
<b>0431</b> Prediagnostic Test	\$0	<b>2161</b> Amalgam Filling - four or more surfaces	\$190
<b>1110</b> Prophylaxis/Routine Cleaning - adult	\$0	<b>2330</b> Composite Filling - one surface, anterior	\$125
<b>1120</b> Prophylaxis/Routine Cleaning - child	\$0	<b>2331</b> Composite Filling - two surfaces, anterior	\$145
<b>9995</b> Teledentistry - synchronous; billed with exam	\$30	<b>2332</b> Composite Filling - three surfaces, anterior	\$175
<b>9996</b> Teledentistry - asynchronous; billed with exam	\$30	<b>2335</b> Composite Filling - four surfaces, anterior/incisal angle	\$220
<b>PREVENTIVE (Class I - Preventive)</b>		<b>2391</b> Composite Filling - one surface, posterior	\$130
<b>1206</b> Topical Application of Fluoride - varnish	\$36	<b>2392</b> Composite Filling - two surfaces, posterior	\$164
<b>1208</b> Topical Application of Fluoride - excluding varnish	\$36	<b>2393</b> Composite Filling - three surfaces, posterior	\$209
<b>1330</b> Oral Hygiene Instructions	\$0	<b>2394</b> Composite Filling - four surfaces, posterior	\$255
<b>RADIOGRAPHS (Class I - Preventive)</b>		<b>PROSTHETIC REPAIR (Class II - Basic)</b>	
<b>0210</b> Intraoral - complete series	\$95	<b>2910</b> Re-cement Partial Coverage Restoration	\$90
<b>0220</b> Periapical - first radiographic image	\$25	<b>2915</b> Re-cement Indirectly Fabricated or Prefab Post and Core	\$90
<b>0230</b> Periapical - each additional radiographic image	\$20	<b>2920</b> Re-cement or Re-bond crown	\$90
<b>0240</b> Intraoral - occlusal radiographic image	\$30	<b>5410</b> Adjustment to Complete Denture - upper	\$75
<b>0270</b> Bitewing - single radiographic image	\$20	<b>5411</b> Adjustment to Complete Denture - lower	\$75
<b>0272</b> Bitewings - two radiographic images	\$35	<b>5421</b> Adjustment to Partial Denture - upper	\$75
<b>0273</b> Bitewings - three radiographic images	\$45	<b>5422</b> Adjustment to Partial Denture - lower	\$75
<b>0274</b> Bitewings - four radiographic images	\$50	<b>5511</b> Repair to Broken Complete Denture Base - lower	\$150
<b>0330</b> Panoramic Radiographic Image	\$85	<b>5512</b> Repair to Broken Complete Denture Base - upper	\$149
<b>ADJUNCTIVE SERVICES (Class II - Basic)</b>		<b>5520</b> Replace Missing/Broken Teeth - denture, per tooth	\$135
<b>0470</b> Diagnostic Casts (each)	\$85	<b>5611</b> Repair Resin Partial Denture Base - lower	\$158
<b>1351</b> Sealant - per tooth	\$40	<b>5612</b> Repair Resin Partial Denture Base - upper	\$159
<b>1353</b> Repair to Sealant - per tooth	\$40	<b>5621</b> Repair Cast Partial Framework - lower	\$200
<b>1510</b> Fixed Space Maintainer - unilateral per quadrant	\$237	<b>5622</b> Repair Cast Partial Framework - upper	\$200
<b>1516</b> Fixed Space Maintainer - bilateral, upper	\$348	<b>5630</b> Repair or Replace Broken Clasp - per tooth	\$200
<b>1517</b> Fixed Space Maintainer - bilateral, lower	\$348	<b>5640</b> Replace Missing/Broken Teeth - partial, per tooth	\$142
<b>1520</b> Removable Space Maintainer - unilateral per quadrant	\$348	<b>5650</b> Add Tooth to Existing Partial Denture	\$173
<b>1526</b> Removable Space Maintainer - bilateral, upper	\$364	<b>5660</b> Add Clasp to Existing Partial Denture - per tooth	\$270
<b>1527</b> Removable Space Maintainer - bilateral, lower	\$364	<b>5730</b> Reline Complete Upper Denture - in office	\$270
<b>1551</b> Re-cement or Re-bond Bilateral Space Maintainer - upp	\$55	<b>5731</b> Reline Complete Lower Denture - in office	\$270
<b>1552</b> Re-cement or Re-bond Bilateral Space Maintainer - low	\$55	<b>5740</b> Reline Partial Upper Denture - in office	\$271
<b>1553</b> Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$55	<b>5741</b> Reline Partial Lower Denture - in office	\$150
<b>2940</b> Protective Restoration (sedative filling)	\$90	<b>5750</b> Reline Complete Upper Denture - lab	\$330
<b>9110</b> Palliative (Emergency) Treatment - minor procedure	\$97	<b>5751</b> Reline Complete Lower Denture - lab	\$330
<b>9215</b> Local Anesthesia	\$46	<b>5760</b> Reline Partial Upper Denture - lab	\$330
<b>9230</b> Inhalation of Nitrous Oxide	\$60	<b>5761</b> Reline Partial Lower Denture - lab	\$330
<b>9239</b> IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	70.00%	<b>6930</b> Re-cement or Re-bond Fixed Partial Denture	\$127
<b>9243</b> IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	70.00%	<b>ENDODONTICS (Class III - Major)</b>	
<b>9310</b> Consultation (second opinion)	\$96	<b>3110</b> Pulp Cap - direct	\$62
<b>9910</b> Application of Desensitizing Medicament	\$56	<b>3120</b> Pulp Cap - indirect	\$62
<b>9930</b> Treatment of Complications, Post-Surgical - unusual	\$109	<b>3220</b> Therapeutic Pulpotomy	\$150
<b>9944</b> Hard Occlusal Guard (night guard) - full arch	\$500	<b>3310</b> Root Canal Therapy - anterior tooth	\$575
<b>9945</b> Soft Occlusal Guard (night guard) - full arch	\$500	<b>3320</b> Root Canal Therapy - premolar tooth	\$645
<b>9946</b> Hard Occlusal Guard (night guard) - partial arch	\$500	<b>3330</b> Root Canal Therapy - molar tooth	\$800
<b>9951</b> Occlusal Adjustment - limited	\$144	<b>3346</b> Retreat of Previous Root Canal Therapy - anterior tooth	\$630
<b>SPECIALTY CARE</b>		<b>3347</b> Retreat of Previous Root Canal Therapy - premolar tooth	\$730
- Endodontics - Oral Surgery - Periodontics - Pedodontics - Approved referral from DENCAP is required		<b>3348</b> Retreat of Previous Root Canal Therapy - molar tooth	\$860
		<b>3410</b> Apicoectomy Surgery - anterior tooth	\$649
		<b>3421</b> Apicoectomy Surgery - premolar tooth, first root	\$648
		<b>3425</b> Apicoectomy Surgery - molar tooth, first root	\$819
		<b>3426</b> Apicoectomy Surgery - each additional root	\$300
		<b>3430</b> Retrograde Filling - per root	\$205

DENCAP pays 30% 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
<b>PROSTHODONTICS (Class III - Major)</b>			<b>CROWNS (Class III - Major)</b>		
5110	Complete Upper Denture	\$1,250	2390	Crown - resin-based composite, anterior	\$324
5120	Complete Lower Denture	\$1,250	2542	Onlay - metallic, two surfaces	\$758
5130	Immediate Upper Denture	\$1,307	2543	Onlay - metallic, three surfaces	\$725
5140	Immediate Lower Denture	\$1,310	2544	Onlay - metallic, four surfaces	\$751
5211	Upper Partial Denture - resin base	\$979	2642	Onlay - porcelain/ceramic, two surfaces	\$712
5212	Lower Partial Denture - resin base	\$978	2643	Onlay - porcelain/ceramic, three surfaces	\$730
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$1,274	2644	Onlay - porcelain/ceramic, four surfaces	\$788
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$1,287	2662	Onlay - resin-based composite, two surfaces	\$711
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$1,287	2663	Onlay - resin-based composite, three surfaces	\$722
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$1,287	2664	Onlay - resin-based composite, four surfaces	\$748
5820	Interim Partial Denture - upper	\$527	2740	Crown - porcelain/ceramic	\$900
5821	Interim Partial Denture - lower	\$527	2750	Crown - porcelain fused to high noble metal	\$800
5850	Tissue Conditioning - upper	\$172	2751	Crown - porcelain fused to predominantly base metal	\$730
5851	Tissue Conditioning - lower	\$172	2752	Crown - porcelain fused to noble metal	\$775
6010	Endosteal Implant in Conjunction with Denture	\$800	2780	Crown - 3/4 cast high noble metal	\$780
6012	Endosteal Implant in Conjunction with Denture	\$800	2781	Crown - 3/4 cast predominantly base metal	\$840
6210	Pontic - cast high noble metal	\$770	2782	Crown - 3/4 cast noble metal	\$840
6211	Pontic - cast predominantly base metal	\$724	2783	Crown - 3/4 porcelain/ceramic	\$890
6212	Pontic - cast noble metal	\$718	2790	Crown - full cast high noble metal	\$840
6240	Pontic - porcelain fused to high noble metal	\$821	2791	Crown - full cast predominantly base metal	\$740
6241	Pontic - porcelain fused to predominantly base metal	\$742	2792	Crown - full cast noble metal	\$756
6242	Pontic - porcelain fused to noble metal	\$776	2799	Crown - interim	\$340
6245	Pontic - porcelain/ceramic	\$898	2930	Crown - prefabricated stainless steel, primary tooth	\$204
6740	Retainer Crown - porcelain/ceramic	\$896	2931	Crown - prefabricated stainless steel, permanent tooth	\$244
6750	Retainer Crown - porcelain fused to high noble metal	\$821	2932	Crown - prefabricated resin	\$244
6751	Retainer Crown - porcelain fused to predominantly base metal	\$725	2933	Crown - prefabricated stainless steel with window	\$264
6752	Retainer Crown - porcelain fused to noble metal	\$776	2950	Core Buildup - including any pins	\$244
6780	Retainer Crown - 3/4 cast high noble metal	\$780	2952	Post and Core in Addition to Crown	\$310
6781	Retainer Crown - 3/4 cast predominantly base metal	\$802	2954	Prefabricated Post and Core in Addition to Crown	\$260
6782	Retainer Crown - 3/4 cast noble metal	\$815	<b>ORAL SURGERY (Class III - Major)</b>		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$860	7111	Extraction - coronal remnants (primary tooth)	\$105
6790	Retainer Crown - full cast high noble metal	\$785	7140	Extraction - erupted tooth or exposed root	\$75
6791	Retainer Crown - full cast predominantly base metal	\$724	7210	Surgical Removal of an Erupted Tooth	\$217
6792	Retainer Crown - full cast noble metal	\$731	7220	Removal of Impacted Tooth - soft tissue	\$229
<b>PERIODONTICS (Class III - Major)</b>			7230	Removal of Impacted Tooth - partially bony	\$264
0180	Comprehensive Periodontal Evaluation	\$77	7240	Removal of Impacted Tooth - completely bony	\$281
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$517	7241	Removal of Impacted Tooth - complicated	\$444
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$238	7250	Surgical Removal of Residual Tooth Roots	\$226
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$211	7280	Surgical Access of an Unerupted Tooth	\$352
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$642	7285	Incisional Biopsy of Oral Tissue - hard	\$407
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$524	7286	Incisional Biopsy of Oral Tissue - soft	\$255
4249	Clinical Crown Lengthening - hard tissue	\$593	7287	Exfoliative Cytological Sample Collection	\$144
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$779	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$224
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$720	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$235
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$188	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$335
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$148	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$345
4355	Full Mouth Debridement	\$127	7471	Removal of Lateral Exostosis	\$529
4381	Site Specific Therapy, generic - per tooth	\$95	7472	Removal of Torus Palatinus	\$631
4910	Periodontal Maintenance	\$122	7473	Removal of Torus Mandibularis	\$587
4921	Gingival Irrigation - per quad	\$35	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$173

**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, \$500 benefit / No coverage over age 19

• 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](http://dencap.com/general-policies)