

<b>ANNUAL MAXIMUMS (for each member)</b>		<b>\$2,400</b>
<b>Primary Care</b>		<b>\$1,600</b>
<b>Specialty Care</b>		<b>\$800</b>
code description		co-pay

<b>OFFICE VISIT CO-PAY</b>		
<b>9430</b>	Office Visit (for observation)	<b>\$10</b>
<b>9999</b>	Office Visit (regular hours)	<b>\$10</b>
code description		co-pay

<b>DIAGNOSTIC (Class I - Preventive)</b>		
<b>0120</b>	Periodic Oral Evaluation	\$0
<b>0140</b>	Limited Oral Evaluation - problem focused	\$0
<b>0150</b>	Comprehensive Oral Evaluation	\$0
<b>0431</b>	Prediagnostic Test	\$0
<b>1110</b>	Prophylaxis/Routine Cleaning - adult	\$0
<b>1120</b>	Prophylaxis/Routine Cleaning - child	\$0
<b>9995</b>	Teledentistry - synchronous; billed with exam	\$30
<b>9996</b>	Teledentistry - asynchronous; billed with exam	\$30

<b>RESTORATIVE (Class II - Basic)</b>		
<b>2140</b>	Amalgam Filling - one surface	\$45
<b>2150</b>	Amalgam Filling - two surfaces	\$55
<b>2160</b>	Amalgam Filling - three surfaces	\$65
<b>2161</b>	Amalgam Filling - four or more surfaces	\$70
<b>2330</b>	Composite Filling - one surface, anterior	\$55
<b>2331</b>	Composite Filling - two surfaces, anterior	\$65
<b>2332</b>	Composite Filling - three surfaces, anterior	\$74
<b>2335</b>	Composite Filling - four surfaces, anterior/incisal angle	\$85
<b>2391</b>	Composite Filling - one surface, posterior	\$56
<b>2392</b>	Composite Filling - two surfaces, posterior	\$74
<b>2393</b>	Composite Filling - three surfaces, posterior	\$79
<b>2394</b>	Composite Filling - four surfaces, posterior	\$95

<b>PREVENTIVE (Class I - Preventive)</b>		
<b>1206</b>	Topical Application of Fluoride - varnish	\$0
<b>1208</b>	Topical Application of Fluoride - excluding varnish	\$0
<b>1330</b>	Oral Hygiene Instructions	\$0

<b>PROSTHETIC REPAIR (Class II - Basic)</b>		
<b>2910</b>	Re-cement Partial Coverage Restoration	\$25
<b>2915</b>	Re-cement Indirectly Fabricated or Prefab Post and Core	\$25
<b>2920</b>	Re-cement or Re-bond crown	\$25
<b>5410</b>	Adjustment to Complete Denture - upper	\$30
<b>5411</b>	Adjustment to Complete Denture - lower	\$30
<b>5421</b>	Adjustment to Partial Denture - upper	\$30
<b>5422</b>	Adjustment to Partial Denture - lower	\$30
<b>5511</b>	Repair to Broken Complete Denture Base - lower	\$50
<b>5512</b>	Repair to Broken Complete Denture Base - upper	\$49
<b>5520</b>	Replace Missing/Broken Teeth - denture, per tooth	\$35
<b>5611</b>	Repair Resin Partial Denture Base - lower	\$48
<b>5612</b>	Repair Resin Partial Denture Base - upper	\$49
<b>5621</b>	Repair Cast Partial Framework - lower	\$80
<b>5622</b>	Repair Cast Partial Framework - upper	\$80
<b>5630</b>	Repair or Replace Broken Clasp - per tooth	\$80
<b>5640</b>	Replace Missing/Broken Teeth - partial, per tooth	\$32
<b>5650</b>	Add Tooth to Existing Partial Denture	\$53
<b>5660</b>	Add Clasp to Existing Partial Denture - per tooth	\$90
<b>5730</b>	Reline Complete Upper Denture - in office	\$90
<b>5731</b>	Reline Complete Lower Denture - in office	\$90
<b>5740</b>	Reline Partial Upper Denture - in office	\$91
<b>5741</b>	Reline Partial Lower Denture - in office	\$92
<b>5750</b>	Reline Complete Upper Denture - lab	\$130
<b>5751</b>	Reline Complete Lower Denture - lab	\$130
<b>5760</b>	Reline Partial Upper Denture - lab	\$130
<b>5761</b>	Reline Partial Lower Denture - lab	\$130
<b>6930</b>	Re-cement or Re-bond Fixed Partial Denture	\$27

<b>RADIOGRAPHS (Class I - Preventive)</b>		
<b>0210</b>	Intraoral - complete series	\$0
<b>0220</b>	Periapical - first radiographic image	\$0
<b>0230</b>	Periapical - each additional radiographic image	\$0
<b>0240</b>	Intraoral - occlusal radiographic image	\$0
<b>0270</b>	Bitewing - single radiographic image	\$0
<b>0272</b>	Bitewings - two radiographic images	\$0
<b>0273</b>	Bitewings - three radiographic images	\$0
<b>0274</b>	Bitewings - four radiographic images	\$0
<b>0330</b>	Panoramic Radiographic Image	\$0

<b>ADJUNCTIVE SERVICES (Class II - Basic)</b>		
<b>0470</b>	Diagnostic Casts (each)	\$0
<b>1351</b>	Sealant - per tooth	\$0
<b>1353</b>	Repair to Sealant - per tooth	\$0
<b>1510</b>	Fixed Space Maintainer - unilateral per quadrant	\$0
<b>1516</b>	Fixed Space Maintainer - bilateral, upper	\$0
<b>1517</b>	Fixed Space Maintainer - bilateral, lower	\$0
<b>1520</b>	Removable Space Maintainer - unilateral per quadrant	\$0
<b>1526</b>	Removable Space Maintainer - bilateral, upper	\$0
<b>1527</b>	Removable Space Maintainer - bilateral, lower	\$0
<b>1551</b>	Re-cement or Re-bond Bilateral Space Maintainer - upp	\$0
<b>1552</b>	Re-cement or Re-bond Bilateral Space Maintainer - low	\$0
<b>1553</b>	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$0
<b>2940</b>	Protective Restoration (sedative filling)	\$0
<b>9110</b>	Palliative (Emergency) Treatment - minor procedure	\$0
<b>9215</b>	Local Anesthesia	\$0
<b>9230</b>	Inhalation of Nitrous Oxide	\$25
<b>9239</b>	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50.00%
<b>9243</b>	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50.00%
<b>9310</b>	Consultation (second opinion)	\$0
<b>9910</b>	Application of Desensitizing Medicament	\$0
<b>9930</b>	Treatment of Complications, Post-Surgical - unusual	\$0
<b>9944</b>	Hard Occlusal Guard (night guard) - full arch	\$137
<b>9945</b>	Soft Occlusal Guard (night guard) - full arch	\$137
<b>9946</b>	Hard Occlusal Guard (night guard) - partial arch	\$137
<b>9951</b>	Occlusal Adjustment - limited	\$0

<b>ENDODONTICS (Class III - Major)</b>		
<b>3110</b>	Pulp Cap - direct	\$22
<b>3120</b>	Pulp Cap - indirect	\$22
<b>3220</b>	Therapeutic Pulpotomy	\$49
<b>3310</b>	Root Canal Therapy - anterior tooth	\$325
<b>3320</b>	Root Canal Therapy - premolar tooth	\$350
<b>3330</b>	Root Canal Therapy - molar tooth	\$400
<b>3346</b>	Retreat of Previous Root Canal Therapy - anterior tooth	\$400
<b>3347</b>	Retreat of Previous Root Canal Therapy - premolar tooth	\$500
<b>3348</b>	Retreat of Previous Root Canal Therapy - molar tooth	\$550
<b>3410</b>	Apicoectomy Surgery - anterior tooth	\$169
<b>3421</b>	Apicoectomy Surgery - premolar tooth, first root	\$168
<b>3425</b>	Apicoectomy Surgery - molar tooth, first root	\$169
<b>3426</b>	Apicoectomy Surgery - each additional root	\$85
<b>3430</b>	Retrograde Filling - per root	\$55

**SPECIALTY CARE**

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

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.

**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.

# City of Warren Retirees Deluxe (Plan 1211)

## SCHEDULE OF BENEFITS AND FIXED CO-PAYS

code	description	co-pay	code	description	co-pay
<b>PROSTHODONTICS (Class III - Major)</b>			<b>CROWNS (Class III - Major)</b>		
5110	Complete Upper Denture	\$330	2390	Crown - resin-based composite, anterior	\$134
5120	Complete Lower Denture	\$330	2542	Onlay - metallic, two surfaces	\$318
5130	Immediate Upper Denture	\$407	2543	Onlay - metallic, three surfaces	\$305
5140	Immediate Lower Denture	\$410	2544	Onlay - metallic, four surfaces	\$331
5211	Upper Partial Denture - resin base	\$369	2642	Onlay - porcelain/ceramic, two surfaces	\$302
5212	Lower Partial Denture - resin base	\$368	2643	Onlay - porcelain/ceramic, three surfaces	\$310
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$444 0	2644	Onlay - porcelain/ceramic, four surfaces	\$348
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$447 \$0	2662	Onlay - resin-based composite, two surfaces	\$301
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$447 \$0	2663	Onlay - resin-based composite, three surfaces	\$312
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$447 \$0	2664	Onlay - resin-based composite, four surfaces	\$338
5820	Interim Partial Denture - upper	\$197	2740	Crown - porcelain/ceramic	\$410
5821	Interim Partial Denture - lower	\$197	2750	Crown - porcelain fused to high noble metal	\$380
5850	Tissue Conditioning - upper	\$42	2751	Crown - porcelain fused to predominantly base metal	\$340
5851	Tissue Conditioning - lower	\$42	2752	Crown - porcelain fused to noble metal	\$355
6010	Endosteal Implant in Conjunction with Denture	\$800	2780	Crown - 3/4 cast high noble metal	\$360
6012	Endosteal Implant in Conjunction with Denture	\$800	2781	Crown - 3/4 cast predominantly base metal	\$370
6210	Pontic - cast high noble metal	\$330	2782	Crown - 3/4 cast noble metal	\$380
6211	Pontic - cast predominantly base metal	\$234	2783	Crown - 3/4 porcelain/ceramic	\$400
6212	Pontic - cast noble metal	\$258	2790	Crown - full cast high noble metal	\$380
6240	Pontic - porcelain fused to high noble metal	\$331	2791	Crown - full cast predominantly base metal	\$330
6241	Pontic - porcelain fused to predominantly base metal	\$212	2792	Crown - full cast noble metal	\$346
6242	Pontic - porcelain fused to noble metal	\$226	2799	Crown - interim	\$150
6245	Pontic - porcelain/ceramic	\$378	2930	Crown - prefabricated stainless steel, primary tooth	\$90
6740	Retainer Crown - porcelain/ceramic	\$376	2931	Crown - prefabricated stainless steel, permanent tooth	\$114
6750	Retainer Crown - porcelain fused to high noble metal	\$331	2932	Crown - prefabricated resin	\$114
6751	Retainer Crown - porcelain fused to predominantly base metal	\$205 \$0	2933	Crown - prefabricated stainless steel with window	\$114
6752	Retainer Crown - porcelain fused to noble metal	\$226	2950	Core Buildup - including any pins	\$104
6780	Retainer Crown - 3/4 cast high noble metal	\$310	2952	Post and Core in Addition to Crown	\$140
6781	Retainer Crown - 3/4 cast predominantly base metal	\$152	2954	Prefabricated Post and Core in Addition to Crown	\$110
6782	Retainer Crown - 3/4 cast noble metal	\$205	<b>ORAL SURGERY (Class III - Major)</b>		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$380	7111	Extraction - coronal remnants (primary tooth)	\$38
6790	Retainer Crown - full cast high noble metal	\$345	7140	Extraction - erupted tooth or exposed root	\$25
6791	Retainer Crown - full cast predominantly base metal	\$154	7210	Surgical Removal of an Erupted Tooth	\$67
6792	Retainer Crown - full cast noble metal	\$221	7220	Removal of Impacted Tooth - soft tissue	\$89
<b>PERIODONTICS (Class III - Major)</b>			7230	Removal of Impacted Tooth - partially bony	\$124
0180	Comprehensive Periodontal Evaluation	\$27	7240	Removal of Impacted Tooth - completely bony	\$191
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$287	7241	Removal of Impacted Tooth - complicated	\$284
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$108	7250	Surgical Removal of Residual Tooth Roots	\$106
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$81	7280	Surgical Access of an Unerupted Tooth	\$252
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$221	7285	Incisional Biopsy of Oral Tissue - hard	\$407
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$174	7286	Incisional Biopsy of Oral Tissue - soft	\$125
4249	Clinical Crown Lengthening - hard tissue	\$368	7287	Exfoliative Cytological Sample Collection	\$84
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$268	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$54
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$310	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$45
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$58	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$95
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$48	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$95
4355	Full Mouth Debridement	\$57	7471	Removal of Lateral Exostosis	\$189
4381	Site Specific Therapy, generic - per tooth	\$45	7472	Removal of Torus Palatinus	\$181
4910	Periodontal Maintenance	\$42	7473	Removal of Torus Mandibularis	\$177
4921	Gingival Irrigation - per quad	\$6	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$53

**ORTHODONTICS (Class IV - Orthodontics)**

Orthodontics is not a covered benefit on this plan.

*Benefits are subject to change.*  
*Limitations and Exclusions found at:*  
[dencap.com/general-policies](http://dencap.com/general-policies)