

ANNUAL MAXIMUMS (for each member)		\$2,000
Primary Care		\$1,200
Specialty Care		\$800
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	\$25
9239	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50.00%
9243	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50.00%
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	\$237
9945	Soft Occlusal Guard (night guard) - full arch	\$237
9946	Hard Occlusal Guard (night guard) - partial arch	\$237
9951	Occlusal Adjustment - limited	\$0

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.	

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

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

PROSTHETIC REPAIR (Class II - Basic)		
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	\$45
5411	Adjustment to Complete Denture - lower	\$45
5421	Adjustment to Partial Denture - upper	\$45
5422	Adjustment to Partial Denture - lower	\$45
5511	Repair to Broken Complete Denture Base - lower	\$77
5512	Repair to Broken Complete Denture Base - upper	\$76
5520	Replace Missing/Broken Teeth - denture, per tooth	\$93
5611	Repair Resin Partial Denture Base - lower	\$74
5612	Repair Resin Partial Denture Base - upper	\$77
5621	Repair Cast Partial Framework - lower	\$100
5622	Repair Cast Partial Framework - upper	\$100
5630	Repair or Replace Broken Clasp - per tooth	\$100
5640	Replace Missing/Broken Teeth - partial, per tooth	\$94
5650	Add Tooth to Existing Partial Denture	\$90
5660	Add Clasp to Existing Partial Denture - per tooth	\$137
5730	Reline Complete Upper Denture - in office	\$158
5731	Reline Complete Lower Denture - in office	\$158
5740	Reline Partial Upper Denture - in office	\$160
5741	Reline Partial Lower Denture - in office	\$100
5750	Reline Complete Upper Denture - lab	\$204
5751	Reline Complete Lower Denture - lab	\$204
5760	Reline Partial Upper Denture - lab	\$202
5761	Reline Partial Lower Denture - lab	\$202
6930	Re-cement or Re-bond Fixed Partial Denture	\$77

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

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	\$642	2390	Crown - resin-based composite, anterior	\$204
5120	Complete Lower Denture	\$642	2542	Onlay - metallic, two surfaces	\$418
5130	Immediate Upper Denture	\$692	2543	Onlay - metallic, three surfaces	\$405
5140	Immediate Lower Denture	\$697	2544	Onlay - metallic, four surfaces	\$431
5211	Upper Partial Denture - resin base	\$501	2642	Onlay - porcelain/ceramic, two surfaces	\$402
5212	Lower Partial Denture - resin base	\$499	2643	Onlay - porcelain/ceramic, three surfaces	\$410
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$739	2644	Onlay - porcelain/ceramic, four surfaces	\$448
		0	2662	Onlay - resin-based composite, two surfaces	\$401
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$745	2663	Onlay - resin-based composite, three surfaces	\$412
		\$0	2664	Onlay - resin-based composite, four surfaces	\$458
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$746	2740	Crown - porcelain/ceramic	\$550
		\$0	2750	Crown - porcelain fused to high noble metal	\$530
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$746	2751	Crown - porcelain fused to predominantly base metal	\$460
		\$0	2752	Crown - porcelain fused to noble metal	\$445
5820	Interim Partial Denture - upper	\$415	2780	Crown - 3/4 cast high noble metal	\$465
5821	Interim Partial Denture - lower	\$415	2781	Crown - 3/4 cast predominantly base metal	\$465
5850	Tissue Conditioning - upper	\$73	2782	Crown - 3/4 cast noble metal	\$485
5851	Tissue Conditioning - lower	\$73	2783	Crown - 3/4 porcelain/ceramic	\$500
6010	Endosteal Implant in Conjunction with Denture	\$1,186	2790	Crown - full cast high noble metal	\$490
6012	Endosteal Implant in Conjunction with Denture	\$1,135	2791	Crown - full cast predominantly base metal	\$430
6210	Pontic - cast high noble metal	\$510	2792	Crown - full cast noble metal	\$446
6211	Pontic - cast predominantly base metal	\$474	2799	Crown - interim	\$200
6212	Pontic - cast noble metal	\$447	2930	Crown - prefabricated stainless steel, primary tooth	\$120
6240	Pontic - porcelain fused to high noble metal	\$541	2931	Crown - prefabricated stainless steel, permanent tooth	\$144
6241	Pontic - porcelain fused to predominantly base metal	\$431	2932	Crown - prefabricated resin	\$154
6242	Pontic - porcelain fused to noble metal	\$420	2933	Crown - prefabricated stainless steel with window	\$164
6245	Pontic - porcelain/ceramic	\$578	2950	Core Buildup - including any pins	\$124
6740	Retainer Crown - porcelain/ceramic	\$576	2952	Post and Core in Addition to Crown	\$190
6750	Retainer Crown - porcelain fused to high noble metal	\$541	2954	Prefabricated Post and Core in Addition to Crown	\$160
6751	Retainer Crown - porcelain fused to predominantly base metal	\$421			
		\$0	ORAL SURGERY (Class III - Major)		
6752	Retainer Crown - porcelain fused to noble metal	\$420	7111	Extraction - coronal remnants (primary tooth)	\$38
6780	Retainer Crown - 3/4 cast high noble metal	\$510	7140	Extraction - erupted tooth or exposed root	\$25
6781	Retainer Crown - 3/4 cast predominantly base metal	\$410	7210	Surgical Removal of an Erupted Tooth	\$67
6782	Retainer Crown - 3/4 cast noble metal	\$421	7220	Removal of Impacted Tooth - soft tissue	\$89
6783	Retainer Crown - 3/4 porcelain/ceramic	\$560	7230	Removal of Impacted Tooth - partially bony	\$124
6790	Retainer Crown - full cast high noble metal	\$495	7240	Removal of Impacted Tooth - completely bony	\$191
6791	Retainer Crown - full cast predominantly base metal	\$471	7241	Removal of Impacted Tooth - complicated	\$284
6792	Retainer Crown - full cast noble metal	\$457	7250	Surgical Removal of Residual Tooth Roots	\$106
PERIODONTICS (Class III - Major)			7280	Surgical Access of an Unerupted Tooth	\$252
0180	Comprehensive Periodontal Evaluation	\$27	7285	Incisional Biopsy of Oral Tissue - hard	\$407
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$287	7286	Incisional Biopsy of Oral Tissue - soft	\$125
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$108	7287	Exfoliative Cytological Sample Collection	\$84
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$81	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$54
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$221	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$45
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$174	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$95
4249	Clinical Crown Lengthening - hard tissue	\$368	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$95
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$268	7471	Removal of Lateral Exostosis	\$189
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$310	7472	Removal of Torus Palatinus	\$181
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$58	7473	Removal of Torus Mandibularis	\$177
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$48	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$53
4355	Full Mouth Debridement	\$57			
4381	Site Specific Therapy, generic - per tooth	\$45			
4910	Periodontal Maintenance	\$42			
4921	Gingival Irrigation - per quad	\$6			

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, \$1800 benefit / Over age 19, \$1200 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*