

ANNUAL MAXIMUMS (for each member)		\$4,500
Primary Care		\$3,500
Specialty Care		\$1,000
code description		co-pay

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$0
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	\$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)	\$28
1351	Sealant - per tooth	\$0
1353	Repair to Sealant - per tooth	\$0
1510	Fixed Space Maintainer - unilateral per quadrant	\$127
1516	Fixed Space Maintainer - bilateral, upper	\$158
1517	Fixed Space Maintainer - bilateral, lower	\$158
1520	Removable Space Maintainer - unilateral per quadrant	\$158
1526	Removable Space Maintainer - bilateral, upper	\$174
1527	Removable Space Maintainer - bilateral, lower	\$174
1551	Re-cement or Re-bond Bilateral Space Maintainer - upp	\$25
1552	Re-cement or Re-bond Bilateral Space Maintainer - low	\$25
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$25
2940	Protective Restoration (sedative filling)	\$20
9110	Palliative (Emergency) Treatment - minor procedure	\$7
9215	Local Anesthesia	\$0
9230	Inhalation of Nitrous Oxide	\$25
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)	\$62
9910	Application of Desensitizing Medicament	\$26
9930	Treatment of Complications, Post-Surgical - unusual	\$19
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	\$54

**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.

**RESTORATIVE (Class II - Basic)**

2140	Amalgam Filling - one surface	\$35
2150	Amalgam Filling - two surfaces	\$40
2160	Amalgam Filling - three surfaces	\$45
2161	Amalgam Filling - four or more surfaces	\$60
2330	Composite Filling - one surface, anterior	\$34
2331	Composite Filling - two surfaces, anterior	\$45
2332	Composite Filling - three surfaces, anterior	\$64
2335	Composite Filling - four surfaces, anterior/incisal angle	\$85
2391	Composite Filling - one surface, posterior	\$46
2392	Composite Filling - two surfaces, posterior	\$64
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	\$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	\$23
5411	Adjustment to Complete Denture - lower	\$23
5421	Adjustment to Partial Denture - upper	\$23
5422	Adjustment to Partial Denture - lower	\$23
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	\$60
5622	Repair Cast Partial Framework - upper	\$60
5630	Repair or Replace Broken Clasp - per tooth	\$60
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	\$90
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	\$100
5751	Reline Complete Lower Denture - lab	\$100
5760	Reline Partial Upper Denture - lab	\$100
5761	Reline Partial Lower Denture - lab	\$100
6930	Re-cement or Re-bond Fixed Partial Denture	\$27

**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.



# WAYNE COUNTY RETIREES (WCR) SCHEDULE OF BENEFITS AND FIXED CO-PAYS

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

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	\$294	2642	Onlay - porcelain/ceramic, two surfaces	\$302
5212	Lower Partial Denture - resin base	\$293	2643	Onlay - porcelain/ceramic, three surfaces	\$310
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$444	2644	Onlay - porcelain/ceramic, four surfaces	\$348
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$382	2662	Onlay - resin-based composite, two surfaces	\$301
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$382	2663	Onlay - resin-based composite, three surfaces	\$312
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$382	2664	Onlay - resin-based composite, four surfaces	\$318
5820	Interim Partial Denture - upper	\$197	2740	Crown - porcelain/ceramic	\$490
5821	Interim Partial Denture - lower	\$197	2750	Crown - porcelain fused to high noble metal	\$450
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	\$355
6010	Endosteal Implant in Conjunction with Denture	\$800	2780	Crown - 3/4 cast high noble metal	\$420
6012	Endosteal Implant in Conjunction with Denture	\$800	2781	Crown - 3/4 cast predominantly base metal	\$440
6210	Pontic - cast high noble metal	\$230	2782	Crown - 3/4 cast noble metal	\$440
6211	Pontic - cast predominantly base metal	\$234	2783	Crown - 3/4 porcelain/ceramic	\$490
6212	Pontic - cast noble metal	\$258	2790	Crown - full cast high noble metal	\$440
6240	Pontic - porcelain fused to high noble metal	\$331	2791	Crown - full cast predominantly base metal	\$340
6241	Pontic - porcelain fused to predominantly base metal	\$212	2792	Crown - full cast noble metal	\$406
6242	Pontic - porcelain fused to noble metal	\$226	2799	Crown - interim	\$180
6245	Pontic - porcelain/ceramic	\$268	2930	Crown - prefabricated stainless steel, primary tooth	\$100
6740	Retainer Crown - porcelain/ceramic	\$268	2931	Crown - prefabricated stainless steel, permanent tooth	\$100
6750	Retainer Crown - porcelain fused to high noble metal	\$331	2932	Crown - prefabricated resin	\$100
6751	Retainer Crown - porcelain fused to predominantly base metal	\$205	2933	Crown - prefabricated stainless steel with window	\$100
6752	Retainer Crown - porcelain fused to noble metal	\$226	2950	Core Buildup - including any pins	\$100
6780	Retainer Crown - 3/4 cast high noble metal	\$310	2952	Post and Core in Addition to Crown	\$110
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	\$258	7111	Extraction - coronal remnants (primary tooth)	\$38
6790	Retainer Crown - full cast high noble metal	\$235	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	\$132	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	\$235
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	\$221	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	\$37	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

*Benefits are subject to change.*

*Limitations and Exclusions found at:  
[dencap.com/general-policies](http://dencap.com/general-policies)*

**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