

ANNUAL MAXIMUMS (for each member)		\$3,300
Primary Care		\$2,500
Specialty Care		\$800
code description		co-pay

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$10
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	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	\$45
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	\$40

**ADJUNCTIVE SERVICES (Class II - Basic)**

0470	Diagnostic Casts (each)	\$48
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)	\$40
9110	Palliative (Emergency) Treatment - minor procedure	\$47
9215	Local Anesthesia	\$23
9230	Inhalation of Nitrous Oxide	\$30
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	\$49
9944	Hard Occlusal Guard (night guard) - full arch	\$500
9945	Soft Occlusal Guard (night guard) - full arch	\$500
9946	Hard Occlusal Guard (night guard) - partial arch	\$500
9951	Occlusal Adjustment - limited	\$74

**RESTORATIVE (Class II - Basic)**

2140	Amalgam Filling - one surface	\$55
2150	Amalgam Filling - two surfaces	\$65
2160	Amalgam Filling - three surfaces	\$75
2161	Amalgam Filling - four or more surfaces	\$85
2330	Composite Filling - one surface, anterior	\$65
2331	Composite Filling - two surfaces, anterior	\$75
2332	Composite Filling - three surfaces, anterior	\$84
2335	Composite Filling - four surfaces, anterior/incisal angle	\$95
2391	Composite Filling - one surface, posterior	\$66
2392	Composite Filling - two surfaces, posterior	\$84
2393	Composite Filling - three surfaces, posterior	\$109
2394	Composite Filling - four surfaces, posterior	\$125

**PROSTHETIC REPAIR (Class II - Basic)**

2910	Re-cement Partial Coverage Restoration	\$90
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$90
2920	Re-cement or Re-bond crown	\$90
5410	Adjustment to Complete Denture - upper	\$75
5411	Adjustment to Complete Denture - lower	\$75
5421	Adjustment to Partial Denture - upper	\$75
5422	Adjustment to Partial Denture - lower	\$75
5511	Repair to Broken Complete Denture Base - lower	\$150
5512	Repair to Broken Complete Denture Base - upper	\$149
5520	Replace Missing/Broken Teeth - denture, per tooth	\$135
5611	Repair Resin Partial Denture Base - lower	\$158
5612	Repair Resin Partial Denture Base - upper	\$159
5621	Repair Cast Partial Framework - lower	\$200
5622	Repair Cast Partial Framework - upper	\$200
5630	Repair or Replace Broken Clasp - per tooth	\$200
5640	Replace Missing/Broken Teeth - partial, per tooth	\$142
5650	Add Tooth to Existing Partial Denture	\$173
5660	Add Clasp to Existing Partial Denture - per tooth	\$270
5730	Reline Complete Upper Denture - in office	\$270
5731	Reline Complete Lower Denture - in office	\$270
5740	Reline Partial Upper Denture - in office	\$271
5741	Reline Partial Lower Denture - in office	\$150
5750	Reline Complete Upper Denture - lab	\$330
5751	Reline Complete Lower Denture - lab	\$330
5760	Reline Partial Upper Denture - lab	\$330
5761	Reline Partial Lower Denture - lab	\$330
6930	Re-cement or Re-bond Fixed Partial Denture	\$127

**ENDODONTICS (Class III - Major)**

3110	Pulp Cap - direct	\$32
3120	Pulp Cap - indirect	\$32
3220	Therapeutic Pulpotomy	\$79
3310	Root Canal Therapy - anterior tooth	\$335
3320	Root Canal Therapy - premolar tooth	\$340
3330	Root Canal Therapy - molar tooth	\$410
3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$410
3347	Retreat of Previous Root Canal Therapy - premolar tooth	\$510
3348	Retreat of Previous Root Canal Therapy - molar tooth	\$560
3410	Apicoectomy Surgery - anterior tooth	\$266
3421	Apicoectomy Surgery - premolar tooth, first root	\$178
3425	Apicoectomy Surgery - molar tooth, first root	\$329
3426	Apicoectomy Surgery - each additional root	\$95
3430	Retrograde Filling - per root	\$65

**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.

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	\$1,397	2780	Crown - 3/4 cast high noble metal	\$780
6012	Endosteal Implant in Conjunction with Denture	\$1,250	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)	\$38
6790	Retainer Crown - full cast high noble metal	\$785	7140	Extraction - erupted tooth or exposed root	\$25
6791	Retainer Crown - full cast predominantly base metal	\$724	7210	Surgical Removal of an Erupted Tooth	\$67
6792	Retainer Crown - full cast noble metal	\$731	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	\$37	7240	Removal of Impacted Tooth - completely bony	\$191
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$297	7241	Removal of Impacted Tooth - complicated	\$284
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$138	7250	Surgical Removal of Residual Tooth Roots	\$106
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$97	7280	Surgical Access of an Unerupted Tooth	\$252
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$368	7285	Incisional Biopsy of Oral Tissue - hard	\$197
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$315	7286	Incisional Biopsy of Oral Tissue - soft	\$125
4249	Clinical Crown Lengthening - hard tissue	\$442	7287	Exfoliative Cytological Sample Collection	\$84
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$499	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$114
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$410	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$125
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$93	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$175
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$78	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$175
4355	Full Mouth Debridement	\$67	7471	Removal of Lateral Exostosis	\$269
4381	Site Specific Therapy, generic - per tooth	\$45	7472	Removal of Torus Palatinus	\$321
4910	Periodontal Maintenance	\$51	7473	Removal of Torus Mandibularis	\$297
4921	Gingival Irrigation - per quad	\$7	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$83

*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