

ANNUAL MAXIMUMS (for each member)		\$4,500
Primary Care		\$3,500
Specialty Care		\$1,000
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)	\$18
1351	Sealant - per tooth	\$0
1353	Repair to Sealant - per tooth	\$0
1510	Fixed Space Maintainer - unilateral per quadrant	\$72
1516	Fixed Space Maintainer - bilateral, upper	\$105
1517	Fixed Space Maintainer - bilateral, lower	\$105
1520	Removable Space Maintainer - unilateral per quadrant	\$95
1526	Removable Space Maintainer - bilateral, upper	\$107
1527	Removable Space Maintainer - bilateral, lower	\$107
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)	\$22
9110	Palliative (Emergency) Treatment - minor procedure	\$21
9215	Local Anesthesia	\$14
9230	Inhalation of Nitrous Oxide	\$21
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)	\$45
9910	Application of Desensitizing Medicament	\$22
9930	Treatment of Complications, Post-Surgical - unusual	\$16
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	\$53

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	\$22
2150	Amalgam Filling - two surfaces	\$33
2160	Amalgam Filling - three surfaces	\$44
2161	Amalgam Filling - four or more surfaces	\$56
2330	Composite Filling - one surface, anterior	\$23
2331	Composite Filling - two surfaces, anterior	\$32
2332	Composite Filling - three surfaces, anterior	\$43
2335	Composite Filling - four surfaces, anterior/incisal angle	\$62
2391	Composite Filling - one surface, posterior	\$44
2392	Composite Filling - two surfaces, posterior	\$53
2393	Composite Filling - three surfaces, posterior	\$64
2394	Composite Filling - four surfaces, posterior	\$74

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	\$32
5411	Adjustment to Complete Denture - lower	\$32
5421	Adjustment to Partial Denture - upper	\$32
5422	Adjustment to Partial Denture - lower	\$32
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	\$162
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	\$32

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	\$500	2390	Crown - resin-based composite, anterior	\$134
5120	Complete Lower Denture	\$500	2542	Onlay - metallic, two surfaces	\$318
5130	Immediate Upper Denture	\$550	2543	Onlay - metallic, three surfaces	\$305
5140	Immediate Lower Denture	\$550	2544	Onlay - metallic, four surfaces	\$331
5211	Upper Partial Denture - resin base	\$550	2642	Onlay - porcelain/ceramic, two surfaces	\$302
5212	Lower Partial Denture - resin base	\$550	2643	Onlay - porcelain/ceramic, three surfaces	\$310
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$600	2644	Onlay - porcelain/ceramic, four surfaces	\$348
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$600	2662	Onlay - resin-based composite, two surfaces	\$301
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$600	2663	Onlay - resin-based composite, three surfaces	\$312
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$600	2664	Onlay - resin-based composite, four surfaces	\$338
5820	Interim Partial Denture - upper	\$375	2740	Crown - porcelain/ceramic	\$410
5821	Interim Partial Denture - lower	\$375	2750	Crown - porcelain fused to high noble metal	\$380
5850	Tissue Conditioning - upper	\$90	2751	Crown - porcelain fused to predominantly base metal	\$340
5851	Tissue Conditioning - lower	\$90	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	\$470	2782	Crown - 3/4 cast noble metal	\$380
6211	Pontic - cast predominantly base metal	\$334	2783	Crown - 3/4 porcelain/ceramic	\$400
6212	Pontic - cast noble metal	\$358	2790	Crown - full cast high noble metal	\$380
6240	Pontic - porcelain fused to high noble metal	\$431	2791	Crown - full cast predominantly base metal	\$330
6241	Pontic - porcelain fused to predominantly base metal	\$312	2792	Crown - full cast noble metal	\$346
6242	Pontic - porcelain fused to noble metal	\$326	2799	Crown - interim	\$150
6245	Pontic - porcelain/ceramic	\$478	2930	Crown - prefabricated stainless steel, primary tooth	\$90
6740	Retainer Crown - porcelain/ceramic	\$536	2931	Crown - prefabricated stainless steel, permanent tooth	\$114
6750	Retainer Crown - porcelain fused to high noble metal	\$431	2932	Crown - prefabricated resin	\$114
6751	Retainer Crown - porcelain fused to predominantly base metal	\$305	2933	Crown - prefabricated stainless steel with window	\$114
6752	Retainer Crown - porcelain fused to noble metal	\$326	2950	Core Buildup - including any pins	\$104
6780	Retainer Crown - 3/4 cast high noble metal	\$410	2952	Post and Core in Addition to Crown	\$140
6781	Retainer Crown - 3/4 cast predominantly base metal	\$252	2954	Prefabricated Post and Core in Addition to Crown	\$110
6782	Retainer Crown - 3/4 cast noble metal	\$305	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$515	7111	Extraction - coronal remnants (primary tooth)	\$32
6790	Retainer Crown - full cast high noble metal	\$445	7140	Extraction - erupted tooth or exposed root	\$32
6791	Retainer Crown - full cast predominantly base metal	\$254	7210	Surgical Removal of an Erupted Tooth	\$56
6792	Retainer Crown - full cast noble metal	\$331	7220	Removal of Impacted Tooth - soft tissue	\$63
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$71
0180	Comprehensive Periodontal Evaluation	\$27	7240	Removal of Impacted Tooth - completely bony	\$91
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$132	7241	Removal of Impacted Tooth - complicated	\$127
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$108	7250	Surgical Removal of Residual Tooth Roots	\$100
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$81	7280	Surgical Access of an Unerupted Tooth	\$137
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$221	7285	Incisional Biopsy of Oral Tissue - hard	\$340
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$174	7286	Incisional Biopsy of Oral Tissue - soft	\$185
4249	Clinical Crown Lengthening - hard tissue	\$368	7287	Exfoliative Cytological Sample Collection	\$63
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$268	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$56
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$221	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$43
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	\$74
4355	Full Mouth Debridement	\$37	7471	Removal of Lateral Exostosis	\$157
4381	Site Specific Therapy, generic - per tooth	\$45	7472	Removal of Torus Palatinus	\$151
4910	Periodontal Maintenance	\$42	7473	Removal of Torus Mandibularis	\$148
4921	Gingival Irrigation - per quad	\$6	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$44

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*