

ANNUAL MAXIMUMS (for each member)		UNLIMITED	OFFICE VISIT CO-PAY		
Primary Care	Unlimited		9430	Office Visit (for observation)	\$10
Specialty Care	Unlimited		9999	Office Visit (regular hours)	\$10
code	description	co-pay	code	description	co-pay
DIAGNOSTIC (Class I - Preventive)			RESTORATIVE (Class II - Basic)		
0120	Periodic Oral Evaluation	\$0	2140	Amalgam Filling - one surface	\$0
0140	Limited Oral Evaluation - problem focused	\$0	2150	Amalgam Filling - two surfaces	\$0
0150	Comprehensive Oral Evaluation	\$0	2160	Amalgam Filling - three surfaces	\$0
0431	Prediagnostic Test	\$0	2161	Amalgam Filling - four or more surfaces	\$0
1110	Prophylaxis/Routine Cleaning - adult	\$0	2330	Composite Filling - one surface, anterior	\$0
1120	Prophylaxis/Routine Cleaning - child	\$0	2331	Composite Filling - two surfaces, anterior	\$0
9995	Teledentistry - synchronous; billed with exam	\$30	2332	Composite Filling - three surfaces, anterior	\$0
9996	Teledentistry - asynchronous; billed with exam	\$30	2335	Composite Filling - four surfaces, anterior/incisal angle	\$0
PREVENTIVE (Class I - Preventive)			PROSTHETIC REPAIR (Class II - Basic)		
1206	Topical Application of Fluoride - varnish	\$0	2391	Composite Filling - one surface, posterior	\$0
1208	Topical Application of Fluoride - excluding varnish	\$0	2392	Composite Filling - two surfaces, posterior	\$0
1330	Oral Hygiene Instructions	\$0	2393	Composite Filling - three surfaces, posterior	\$0
RADIOGRAPHS (Class I - Preventive)			ENDODONTICS (Class III - Major)		
0210	Intraoral - complete series	\$0	3110	Pulp Cap - direct	\$0
0220	Periapical - first radiographic image	\$0	3120	Pulp Cap - indirect	\$0
0230	Periapical - each additional radiographic image	\$0	3220	Therapeutic Pulpotomy	\$0
0240	Intraoral - occlusal radiographic image	\$0	3310	Root Canal Therapy - anterior tooth	\$0
0270	Bitewing - single radiographic image	\$0	3320	Root Canal Therapy - premolar tooth	\$0
0272	Bitewings - two radiographic images	\$0	3330	Root Canal Therapy - molar tooth	\$0
0273	Bitewings - three radiographic images	\$0	3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$0
0274	Bitewings - four radiographic images	\$0	3347	Retreat of Previous Root Canal Therapy - premolar tooth	\$0
0330	Panoramic Radiographic Image	\$0	3348	Retreat of Previous Root Canal Therapy - molar tooth	\$0
ADJUNCTIVE SERVICES (Class II - Basic)			LAB WORK AND PRECIOUS METALS		
0470	Diagnostic Casts (each)	\$0	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.		
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	\$0			
9239	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	15%			
9243	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	15%			
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	\$137			
9945	Soft Occlusal Guard (night guard) - full arch	\$137			
9946	Hard Occlusal Guard (night guard) - partial arch	\$137			
9951	Occlusal Adjustment - limited	\$0			
SPECIALTY CARE					
- Endodontics - Oral Surgery - Periodontics - Pedodontics - Approved referral from DENCAP is required					
DENCAP pays 85% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.					

code	description	co-pay	code	description	co-pay
PROSTHODONTICS (Class III - Major)			CROWNS (Class III - Major)		
5110	Complete Upper Denture	\$330	2390	Crown - resin-based composite, anterior	NCB
5120	Complete Lower Denture	\$330	2542	Onlay - metallic, two surfaces	NCB
5130	Immediate Upper Denture	\$407	2543	Onlay - metallic, three surfaces	NCB
5140	Immediate Lower Denture	\$410	2544	Onlay - metallic, four surfaces	NCB
5211	Upper Partial Denture - resin base	\$369	2642	Onlay - porcelain/ceramic, two surfaces	NCB
5212	Lower Partial Denture - resin base	\$368	2643	Onlay - porcelain/ceramic, three surfaces	NCB
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$444	2644	Onlay - porcelain/ceramic, four surfaces	NCB
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$447	2662	Onlay - resin-based composite, two surfaces	NCB
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$447	2663	Onlay - resin-based composite, three surfaces	NCB
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$447	2664	Onlay - resin-based composite, four surfaces	NCB
5820	Interim Partial Denture - upper	\$247	2740	Crown - porcelain/ceramic	NCB
5821	Interim Partial Denture - lower	\$247	2750	Crown - porcelain fused to high noble metal	NCB
5850	Tissue Conditioning - upper	\$42	2751	Crown - porcelain fused to predominantly base metal	\$0
5851	Tissue Conditioning - lower	\$42	2752	Crown - porcelain fused to noble metal	NCB
6010	Endosteal Implant in Conjunction with Denture	NCB	2780	Crown - 3/4 cast high noble metal	NCB
6012	Endosteal Implant in Conjunction with Denture	NCB	2781	Crown - 3/4 cast predominantly base metal	NCB
6210	Pontic - cast high noble metal	NCB	2782	Crown - 3/4 cast noble metal	NCB
6211	Pontic - cast predominantly base metal	NCB	2783	Crown - 3/4 porcelain/ceramic	NCB
6212	Pontic - cast noble metal	NCB	2790	Crown - full cast high noble metal	NCB
6240	Pontic - porcelain fused to high noble metal	NCB	2791	Crown - full cast predominantly base metal	\$0
6241	Pontic - porcelain fused to predominantly base metal	NCB	2792	Crown - full cast noble metal	NCB
6242	Pontic - porcelain fused to noble metal	NCB	2799	Crown - interim	NCB
6245	Pontic - porcelain/ceramic	NCB	2930	Crown - prefabricated stainless steel, primary tooth	\$0
6740	Retainer Crown - porcelain/ceramic	NCB	2931	Crown - prefabricated stainless steel, permanent tooth	\$0
6750	Retainer Crown - porcelain fused to high noble metal	NCB	2932	Crown - prefabricated resin	NCB
6751	Retainer Crown - porcelain fused to predominantly base metal	\$205	2933	Crown - prefabricated stainless steel with window	NCB
6752	Retainer Crown - porcelain fused to noble metal	NCB	2950	Core Buildup - including any pins	\$0
6780	Retainer Crown - 3/4 cast high noble metal	NCB	2952	Post and Core in Addition to Crown	\$0
6781	Retainer Crown - 3/4 cast predominantly base metal	NCB	2954	Prefabricated Post and Core in Addition to Crown	\$0
6782	Retainer Crown - 3/4 cast noble metal	NCB	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	NCB	7111	Extraction - coronal remnants (primary tooth)	\$0
6790	Retainer Crown - full cast high noble metal	NCB	7140	Extraction - erupted tooth or exposed root	\$0
6791	Retainer Crown - full cast predominantly base metal	\$154	7210	Surgical Removal of an Erupted Tooth	\$0
6792	Retainer Crown - full cast noble metal	NCB	7220	Removal of Impacted Tooth - soft tissue	\$0
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$0
0180	Comprehensive Periodontal Evaluation	\$0	7240	Removal of Impacted Tooth - completely bony	\$0
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$0	7241	Removal of Impacted Tooth - complicated	\$0
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$0	7250	Surgical Removal of Residual Tooth Roots	\$0
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$0	7280	Surgical Access of an Unerupted Tooth	\$0
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$0	7285	Incisional Biopsy of Oral Tissue - hard	\$0
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$0	7286	Incisional Biopsy of Oral Tissue - soft	\$0
4249	Clinical Crown Lengthening - hard tissue	\$0	7287	Exfoliative Cytological Sample Collection	\$0
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$0	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$0
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$0	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$0
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$0	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$0
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$0	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$0
4355	Full Mouth Debridement	\$0	7471	Removal of Lateral Exostosis	\$0
4381	Site Specific Therapy, generic - per tooth	\$0	7472	Removal of Torus Palatinus	\$0
4910	Periodontal Maintenance	\$0	7473	Removal of Torus Mandibularis	\$0
4921	Gingival Irrigation - per quad	\$0	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$0

Benefits are subject to change.

*Limitations and Exclusions found at:
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, 100% covered / Over age 19, \$1250 co-payment (Lifetime benefit)

- 12 to 24 months standard orthodontic treatment; Interceptive Ortho is not covered