

| ANNUAL MAXIMUMS (for each member) | | \$3,800 |
|-----------------------------------|-------------|---------|
| Primary Care | | \$2,800 |
| 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 | Predagnostic 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) | \$27 |
| 1351* | Sealant - per tooth | \$0 |
| 1353* | Repair to Sealant - per tooth | \$0 |
| 1510* | Fixed Space Maintainer - unilateral per quadrant | \$118 |
| 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 - upper | \$25 |
| 1552 | Re-cement or Re-bond Bilateral Space Maintainer - lower | \$25 |
| 1553 | Re-cement or Re-bond Unilateral Space Maintainer - per quadrant | \$25 |
| 2940 | Protective Restoration (sedative filling) | \$23 |
| 9110* | Palliative (Emergency) Treatment - minor procedure | \$6 |
| 9215 | Local Anesthesia | \$0 |
| 9230 | Inhalation of Nitrous Oxide | \$24 |
| 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) | \$51 |
| 9910 | Application of Desensitizing Medicament | \$25 |
| 9930 | Treatment of Complications, Post-Surgical - unusual | \$18 |
| 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 | \$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. A referral to an in-network provider is required.

| OFFICE VISIT CO-PAY | | |
|---------------------|--------------------------------|--------|
| 9430 | Office Visit (for observation) | \$15 |
| 9999 | Office Visit (regular hours) | \$15 |
| code | description | co-pay |

RESTORATIVE (Class II - Basic)

| | | |
|-------|---|------|
| 2140* | Amalgam Filling - one surface | \$25 |
| 2150* | Amalgam Filling - two surfaces | \$31 |
| 2160* | Amalgam Filling - three surfaces | \$42 |
| 2161* | Amalgam Filling - four or more surfaces | \$50 |
| 2330* | Composite Filling - one surface, anterior | \$26 |
| 2331* | Composite Filling - two surfaces, anterior | \$36 |
| 2332* | Composite Filling - three surfaces, anterior | \$48 |
| 2335* | Composite Filling - four surfaces, anterior/incisal angle | \$71 |
| 2391* | Composite Filling - one surface, posterior | \$37 |
| 2392* | Composite Filling - two surfaces, posterior | \$48 |
| 2393* | Composite Filling - three surfaces, posterior | \$67 |
| 2394* | Composite Filling - four surfaces, posterior | \$90 |

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 | \$12 |
| 5411 | Adjustment to Complete Denture - lower | \$12 |
| 5421 | Adjustment to Partial Denture - upper | \$12 |
| 5422 | Adjustment to Partial Denture - lower | \$12 |
| 5511 | Repair to Broken Complete Denture Base - lower | \$76 |
| 5512 | Repair to Broken Complete Denture Base - upper | \$75 |
| 5520 | Replace Missing/Broken Teeth - denture, per tooth | \$60 |
| 5611 | Repair Resin Partial Denture Base - lower | \$73 |
| 5612 | Repair Resin Partial Denture Base - upper | \$75 |
| 5621 | Repair Cast Partial Framework - lower | \$85 |
| 5622 | Repair Cast Partial Framework - upper | \$85 |
| 5630 | Repair or Replace Broken Clasp - per tooth | \$84 |
| 5640 | Replace Missing/Broken Teeth - partial, per tooth | \$54 |
| 5650 | Add Tooth to Existing Partial Denture | \$73 |
| 5660 | Add Clasp to Existing Partial Denture - per tooth | \$102 |
| 5730 | Reline Complete Upper Denture - in office | \$127 |
| 5731 | Reline Complete Lower Denture - in office | \$127 |
| 5740 | Reline Partial Upper Denture - in office | \$128 |
| 5741 | Reline Partial Lower Denture - in office | \$130 |
| 5750 | Reline Complete Upper Denture - lab | \$182 |
| 5751 | Reline Complete Lower Denture - lab | \$182 |
| 5760 | Reline Partial Upper Denture - lab | \$180 |
| 5761 | Reline Partial Lower Denture - lab | \$180 |
| 6930 | Re-cement or Re-bond Fixed Partial Denture | \$25 |

ENDODONTICS (Class III - Major)

| | | |
|-------|---|-------|
| 3110 | Pulp Cap - direct | \$25 |
| 3120 | Pulp Cap - indirect | \$25 |
| 3220* | Therapeutic Pulpotomy | \$56 |
| 3310* | Root Canal Therapy - anterior tooth | \$375 |
| 3320* | Root Canal Therapy - premolar tooth | \$400 |
| 3330* | Root Canal Therapy - molar tooth | \$450 |
| 3346 | Retreat of Previous Root Canal Therapy - anterior tooth | \$425 |
| 3347 | Retreat of Previous Root Canal Therapy - premolar tooth | \$525 |
| 3348 | Retreat of Previous Root Canal Therapy - molar tooth | \$600 |
| 3410 | Apicoectomy Surgery - anterior tooth | \$266 |
| 3421 | Apicoectomy Surgery - premolar tooth, first root | \$289 |
| 3425 | Apicoectomy Surgery - molar tooth, first root | \$326 |
| 3426 | Apicoectomy Surgery - each additional root | \$117 |
| 3430 | Retrograde Filling - per root | \$76 |

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 | \$625 | 2390 | Crown - resin-based composite, anterior | \$212 |
| 5120* | Complete Lower Denture | \$625 | 2542* | Onlay - metallic, two surfaces | \$561 |
| 5130* | Immediate Upper Denture | \$675 | 2543* | Onlay - metallic, three surfaces | \$562 |
| 5140* | Immediate Lower Denture | \$675 | 2544* | Onlay - metallic, four surfaces | \$575 |
| 5211 | Upper Partial Denture - resin base | \$675 | 2642* | Onlay - porcelain/ceramic, two surfaces | \$577 |
| 5212 | Lower Partial Denture - resin base | \$675 | 2643* | Onlay - porcelain/ceramic, three surfaces | \$555 |
| 5213 | Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth | \$725 | 2644* | Onlay - porcelain/ceramic, four surfaces | \$568 |
| 5214 | Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth | \$725 | 2662 | Onlay - resin-based composite, two surfaces | \$552 |
| 5225 | Upper Partial Denture - flexible base, including any clasps, rests and teeth | \$725 | 2663 | Onlay - resin-based composite, three surfaces | \$555 |
| 5226 | Lower Partial Denture - flexible base, including any clasps, rests and teeth | \$725 | 2664 | Onlay - resin-based composite, four surfaces | \$558 |
| 5820 | Interim Partial Denture - upper | \$375 | 2740* | Crown - porcelain/ceramic | \$840 |
| 5821 | Interim Partial Denture - lower | \$375 | 2750 | Crown - porcelain fused to high noble metal | \$705 |
| 5850 | Tissue Conditioning - upper | \$73 | 2751* | Crown - porcelain fused to predominantly base metal | \$573 |
| 5851 | Tissue Conditioning - lower | \$73 | 2752* | Crown - porcelain fused to noble metal | \$575 |
| 6010 | Endosteal Implant in Conjunction with Denture | \$1186 | 2780 | Crown - 3/4 cast high noble metal | |
| 6012 | Endosteal Implant in Conjunction with Denture | \$1135 | 2781 | Crown - 3/4 cast predominantly base metal | \$570 |
| 6210 | Pontic - cast high noble metal | \$577 | 2782 | Crown - 3/4 cast noble metal | \$584 |
| 6211 | Pontic - cast predominantly base metal | \$474 | 2783 | Crown - 3/4 porcelain/ceramic | \$834 |
| 6212 | Pontic - cast noble metal | \$447 | 2790 | Crown - full cast high noble metal | \$817 |
| 6240 | Pontic - porcelain fused to high noble metal | \$541 | 2791* | Crown - full cast predominantly base metal | \$593 |
| 6241 | Pontic - porcelain fused to predominantly base metal | \$431 | 2792* | Crown - full cast noble metal | \$622 |
| 6242 | Pontic - porcelain fused to noble metal | \$420 | 2799 | Crown - interim | \$189 |
| 6245 | Pontic - porcelain/ceramic | \$662 | 2930* | Crown - prefabricated stainless steel, primary tooth | \$179 |
| 6740 | Retainer Crown - porcelain/ceramic | \$662 | 2931* | Crown - prefabricated stainless steel, permanent tooth | \$179 |
| 6750 | Retainer Crown - porcelain fused to high noble metal | \$541 | 2932* | Crown - prefabricated resin | \$191 |
| 6751 | Retainer Crown - porcelain fused to predominantly base metal | \$421 | 2933* | Crown - prefabricated stainless steel with window | \$180 |
| 6752 | Retainer Crown - porcelain fused to noble metal | \$420 | 2950 | Core Buildup - including any pins | \$90 |
| 6780 | Retainer Crown - 3/4 cast high noble metal | \$541 | 2952 | Post and Core in Addition to Crown | \$132 |
| 6781 | Retainer Crown - 3/4 cast predominantly base metal | \$410 | 2954 | Prefabricated Post and Core in Addition to Crown | \$132 |
| 6782 | Retainer Crown - 3/4 cast noble metal | \$421 | ORAL SURGERY (Class III - Major) | | |
| 6783 | Retainer Crown - 3/4 porcelain/ceramic | \$662 | 7111* | Extraction - coronal remnants (primary tooth) | \$36 |
| 6790 | Retainer Crown - full cast high noble metal | \$588 | 7140* | Extraction - erupted tooth or exposed root | \$36 |
| 6791* | Retainer Crown - full cast predominantly base metal | \$471 | 7210 | Surgical Removal of an Erupted Tooth | \$77 |
| 6792* | Retainer Crown - full cast noble metal | \$457 | 7220 | Removal of Impacted Tooth - soft tissue | \$79 |
| PERIODONTICS (Class III - Major) | | | 7230 | Removal of Impacted Tooth - partially bony | \$125 |
| 0180 | Comprehensive Periodontal Evaluation | \$42 | 7240 | Removal of Impacted Tooth - completely bony | \$155 |
| 4210* | Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad | \$194 | 7241 | Removal of Impacted Tooth - complicated | \$194 |
| 4211* | Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad | \$172 | 7250 | Surgical Removal of Residual Tooth Roots | \$221 |
| 4212 | Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth | \$92 | 7280 | Surgical Access of an Unerupted Tooth | \$158 |
| 4240 | Gingival Flap Procedure - 4+ teeth/spaces per quad | \$268 | 7285 | Incisional Biopsy of Oral Tissue - hard | \$387 |
| 4241 | Gingival Flap Procedure - 1-3 teeth/spaces per quad | \$237 | 7286 | Incisional Biopsy of Oral Tissue - soft | \$210 |
| 4249 | Clinical Crown Lengthening - hard tissue | \$421 | 7287 | Exfoliative Cytological Sample Collection | \$71 |
| 4260 | Osseous Surgery - 4+ teeth/spaces per quad | \$429 | 7310 | Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad | \$78 |
| 4261 | Osseous Surgery - 1-3 teeth/spaces per quad | \$300 | 7311 | Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad | \$60 |
| 4341* | Perio Scaling and Root Planning - 4+ teeth per quad | \$73 | 7320 | Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces | \$109 |
| 4342* | Perio Scaling and Root Planning - 1-3 teeth per quad | \$60 | 7321 | Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces | \$85 |
| 4355 | Full Mouth Debridement | \$48 | 7471 | Removal of Lateral Exostosis | \$225 |
| 4381 | Site Specific Therapy, generic - per tooth | \$45 | 7472 | Removal of Torus Palatinus | \$215 |
| | | | 7473 | Removal of Torus Mandibularis | \$211 |
| | | | 7510 | Incision and Drainage of Abscess - intraoral soft tissue | \$50 |
| 4910 | Periodontal Maintenance | \$54 | | | |
| 4921 | Gingival Irrigation - per quad | \$7 | | | |

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 discount / Over age 19, \$1200 discount (Lifetime benefit) from usual and customary rate • 12 to 24 months standard braces

Benefits are subject to change.

*Limitations and Exclusions found at:
dencap.com/general-policies*

Note: Procedures marked with an asterisk (*) are EHB covered codes [Essential Health Benefits]