



DENCAP's Flex Plan is a full dental plan with coverage for almost all dental procedures. This is a DHMO Plan utilizing DENCAP's DHMO Network.

**dencap.com/  
flex-plan**

| ANNUAL MAXIMUMS (for each member) |             | \$1,200 |
|-----------------------------------|-------------|---------|
| Primary Care                      |             | \$1,200 |
| Specialty Care                    | Not Covered |         |
| 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  | \$0 |
| 9996  | Teledentistry - asynchronous; billed with exam | \$0 |

### 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)  | \$45  |
| 1351* | Sealant - per tooth  | \$0   |
| 1353* | Repair to Sealant - per tooth  | \$0   |
| 1510* | Fixed Space Maintainer - unilateral per quadrant                                 | \$155 |
| 1516* | Fixed Space Maintainer - bilateral, upper  | \$200 |
| 1517* | Fixed Space Maintainer - bilateral, lower  | \$200 |
| 1520* | Removable Space Maintainer - unilateral per quadrant                             | \$190 |
| 1526* | Removable Space Maintainer - bilateral, upper                                    | \$270 |
| 1527* | Removable Space Maintainer - bilateral, lower                                    | \$270 |
| 1551  | Re-cement or Re-bond Bilateral Space Maintainer - upper                          | \$35  |
| 1552  | Re-cement or Re-bond Bilateral Space Maintainer - lower                          | \$35  |
| 1553  | Re-cement or Re-bond Unilateral Space Maintainer - per quadrant                  | \$35  |
| 2940  | Protective Restoration (sedative filling)  | \$45  |
| 9110* | Palliative (Emergency) Treatment - minor procedure                               | \$40  |
| 9215  | Local Anesthesia   | \$0   |
| 9230  | Inhalation of Nitrous Oxide  | \$40  |
| 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)  | \$75  |
| 9910  | Application of Desensitizing Medicament  | \$30  |
| 9930  | Treatment of Complications, Post-Surgical - unusual                              | \$75  |
| 9944  | Hard Occlusal Guard (night guard) - full arch                                    | \$315 |
| 9945  | Soft Occlusal Guard (night guard) - full arch                                    | \$315 |
| 9946  | Hard Occlusal Guard (night guard) - partial arch                                 | \$315 |
| 9951  | Occlusal Adjustment - limited  | \$72  |

### SPECIALTY CARE

- Endodontics - Oral Surgery - Periodontics - Pedodontics -

There is no Specialty Care Coverage with your Flex Plan.  
For possible savings on Specialty Care costs, contact DENCAP to learn about other plans that may be available to you.

| 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                             | \$50  |
| 2150* | Amalgam Filling - two surfaces                            | \$70  |
| 2160* | Amalgam Filling - three surfaces                          | \$90  |
| 2161* | Amalgam Filling - four or more surfaces                   | \$110 |
| 2330* | Composite Filling - one surface, anterior                 | \$65  |
| 2331* | Composite Filling - two surfaces, anterior                | \$80  |
| 2332* | Composite Filling - three surfaces, anterior              | \$95  |
| 2335* | Composite Filling - four surfaces, anterior/incisal angle | \$120 |
| 2391* | Composite Filling - one surface, posterior                | \$80  |
| 2392* | Composite Filling - two surfaces, posterior               | \$105 |
| 2393* | Composite Filling - three surfaces, posterior             | \$135 |
| 2394* | Composite Filling - four surfaces, posterior              | \$160 |

### PROSTHETIC REPAIR (Class II - Basic)

|      |   |       |
|------|---|-------|
| 2910 | Re-cement Partial Coverage Restoration                  | \$40  |
| 2915 | Re-cement Indirectly Fabricated or Prefab Post and Core | \$40  |
| 2920 | Re-cement or Re-bond crown                              | \$40  |
| 5410 | Adjustment to Complete Denture - upper                  | \$30  |
| 5411 | Adjustment to Complete Denture - lower                  | \$30  |
| 5421 | Adjustment to Partial Denture - upper                   | \$30  |
| 5422 | Adjustment to Partial Denture - lower                   | \$30  |
| 5511 | Repair to Broken Complete Denture Base - lower          | \$70  |
| 5512 | Repair to Broken Complete Denture Base - upper          | \$70  |
| 5520 | Replace Missing/Broken Teeth - denture, per tooth       | \$80  |
| 5611 | Repair Resin Partial Denture Base - lower               | \$70  |
| 5612 | Repair Resin Partial Denture Base - upper               | \$70  |
| 5621 | Repair Cast Partial Framework - lower                   | \$95  |
| 5622 | Repair Cast Partial Framework - upper                   | \$95  |
| 5630 | Repair or Replace Broken Clasp - per tooth              | \$95  |
| 5640 | Replace Missing/Broken Teeth - partial, per tooth       | \$89  |
| 5650 | Add Tooth to Existing Partial Denture                   | \$85  |
| 5660 | Add Clasp to Existing Partial Denture - per tooth       | \$130 |
| 5730 | Reline Complete Upper Denture - in office               | \$150 |
| 5731 | Reline Complete Lower Denture - in office               | \$150 |
| 5740 | Reline Partial Upper Denture - in office                | \$150 |
| 5741 | Reline Partial Lower Denture - in office                | \$150 |
| 5750 | Reline Complete Upper Denture - lab                     | \$180 |
| 5751 | Reline Complete Lower Denture - lab                     | \$180 |
| 5760 | Reline Partial Upper Denture - lab                      | \$180 |
| 5761 | Reline Partial Lower Denture - lab                      | \$180 |
| 6930 | Re-cement or Re-bond Fixed Partial Denture              | \$50  |

### ENDODONTICS (Class III - Major)

|       |   |       |
|-------|---|-------|
| 3110  | Pulp Cap - direct                                       | \$50  |
| 3120  | Pulp Cap - indirect                                     | \$50  |
| 3220* | Therapeutic Pulpotomy                                   | \$100 |
| 3310* | Root Canal Therapy - anterior tooth                     | \$380 |
| 3320* | Root Canal Therapy - premolar tooth                     | \$445 |
| 3330* | Root Canal Therapy - molar tooth                        | \$535 |
| 3346  | Retreat of Previous Root Canal Therapy - anterior tooth | \$450 |
| 3347  | Retreat of Previous Root Canal Therapy - premolar tooth | \$535 |
| 3348  | Retreat of Previous Root Canal Therapy - molar tooth    | \$600 |
| 3410  | Apicoectomy Surgery - anterior tooth                    | \$400 |
| 3421  | Apicoectomy Surgery - premolar tooth, first root        | \$450 |
| 3425  | Apicoectomy Surgery - molar tooth, first root           | \$480 |
| 3426  | Apicoectomy Surgery - each additional root              | \$150 |
| 3430  | Retrograde Filling - per root                           | \$100 |

### 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   | \$635   | 2390                                    | Crown - resin-based composite, anterior                                   | \$240  |
| 5120*                                     | Complete Lower Denture   | \$635   | 2542*                                   | Onlay - metallic, two surfaces  | \$525  |
| 5130*                                     | Immediate Upper Denture  | \$695   | 2543*                                   | Onlay - metallic, three surfaces  | \$525  |
| 5140*                                     | Immediate Lower Denture  | \$695   | 2544*                                   | Onlay - metallic, four surfaces   | \$525  |
| 5211                                      | Upper Partial Denture - resin base   | \$575   | 2642*                                   | Onlay - porcelain/ceramic, two surfaces                                   | \$525  |
| 5212                                      | Lower Partial Denture - resin base   | \$575   | 2643*                                   | Onlay - porcelain/ceramic, three surfaces                                 | \$525  |
| 5213                                      | Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth | \$750   | 2644*                                   | Onlay - porcelain/ceramic, four surfaces                                  | \$525  |
| 5214                                      | Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth  | \$750   | 2662                                    | Onlay - resin-based composite, two surfaces                               | \$525  |
| 5225                                      | Upper Partial Denture - flexible base, including any clasps, rests and teeth                     | \$810   | 2663                                    | Onlay - resin-based composite, three surfaces                             | \$525  |
| 5226                                      | Lower Partial Denture - flexible base, including any clasps, rests and teeth                     | \$810   | 2664                                    | Onlay - resin-based composite, four surfaces                              | \$525  |
| 5820                                      | Interim Partial Denture - upper  | \$395   | 2740*                                   | Crown - porcelain/ceramic   | \$760  |
| 5821                                      | Interim Partial Denture - lower  | \$395   | 2750                                    | Crown - porcelain fused to high noble metal                               | \$635  |
| 5850                                      | Tissue Conditioning - upper  | \$85    | 2751*                                   | Crown - porcelain fused to predominantly base metal                       | \$515  |
| 5851                                      | Tissue Conditioning - lower  | \$85    | 2752*                                   | Crown - porcelain fused to noble metal                                    | \$525  |
| 6010                                      | Endosteal Implant in Conjunction with Denture  | \$1,128 | 2780                                    | Crown - 3/4 cast high noble metal   | \$635  |
| 6012                                      | Endosteal Implant in Conjunction with Denture  | \$1,128 | 2781                                    | Crown - 3/4 cast predominantly base metal                                 | \$515  |
| 6210                                      | Pontic - cast high noble metal   | \$635   | 2782                                    | Crown - 3/4 cast noble metal  | \$525  |
| 6211                                      | Pontic - cast predominantly base metal   | \$515   | 2783                                    | Crown - 3/4 porcelain/ceramic   | \$760  |
| 6212                                      | Pontic - cast noble metal  | \$525   | 2790                                    | Crown - full cast high noble metal  | \$635  |
| 6240                                      | Pontic - porcelain fused to high noble metal   | \$635   | 2791*                                   | Crown - full cast predominantly base metal                                | \$515  |
| 6241                                      | Pontic - porcelain fused to predominantly base metal   | \$515   | 2792*                                   | Crown - full cast noble metal   | \$525  |
| 6242                                      | Pontic - porcelain fused to noble metal  | \$625   | 2799                                    | Crown - interim   | \$155  |
| 6245                                      | Pontic - porcelain/ceramic   | \$760   | 2930*                                   | Crown - prefabricated stainless steel, primary tooth                      | \$200  |
| 6740                                      | Retainer Crown - porcelain/ceramic   | \$760   | 2931*                                   | Crown - prefabricated stainless steel, permanent tooth                    | \$200  |
| 6750                                      | Retainer Crown - porcelain fused to high noble metal   | \$635   | 2932*                                   | Crown - prefabricated resin   | \$200  |
| 6751                                      | Retainer Crown - porcelain fused to predominantly base metal                                     | \$515   | 2933*                                   | Crown - prefabricated stainless steel with window                         | \$200  |
| 6752                                      | Retainer Crown - porcelain fused to noble metal  | \$525   | 2950                                    | Core Buildup - including any pins   | \$140  |
| 6780                                      | Retainer Crown - 3/4 cast high noble metal   | \$635   | 2952                                    | Post and Core in Addition to Crown  | \$170  |
| 6781                                      | Retainer Crown - 3/4 cast predominantly base metal   | \$515   | 2954                                    | Prefabricated Post and Core in Addition to Crown                          | \$160  |
| 6782                                      | Retainer Crown - 3/4 cast noble metal  | \$625   | <b>ORAL SURGERY (Class III - Major)</b> |   |        |
| 6783                                      | Retainer Crown - 3/4 porcelain/ceramic   | \$760   | 7111*                                   | Extraction - coronal remnants (primary tooth)                             | \$50   |
| 6790                                      | Retainer Crown - full cast high noble metal  | \$635   | 7140*                                   | Extraction - erupted tooth or exposed root                                | \$60   |
| 6791*                                     | Retainer Crown - full cast predominantly base metal  | \$515   | 7210                                    | Surgical Removal of an Erupted Tooth                                      | \$145  |
| 6792*                                     | Retainer Crown - full cast noble metal   | \$525   | 7220                                    | Removal of Impacted Tooth - soft tissue                                   | \$165  |
| <b>PERIODONTICS (Class III - Major)</b>   |  |         | 7230                                    | Removal of Impacted Tooth - partially bony                                | \$210  |
| 0180                                      | Comprehensive Periodontal Evaluation   | \$60    | 7240                                    | Removal of Impacted Tooth - completely bony                               | \$245  |
| 4210*                                     | Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad  | \$350   | 7241                                    | Removal of Impacted Tooth - complicated                                   | \$365  |
| 4211*                                     | Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad   | \$150   | 7250                                    | Surgical Removal of Residual Tooth Roots                                  | \$185  |
| 4212                                      | Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth                         | \$70    | 7280                                    | Surgical Access of an Unerupted Tooth                                     | \$250  |
| 4240                                      | Gingival Flap Procedure - 4+ teeth/spaces per quad   | \$400   | 7285                                    | Incisional Biopsy of Oral Tissue - hard                                   | \$330  |
| 4241                                      | Gingival Flap Procedure - 1-3 teeth/spaces per quad  | \$300   | 7286                                    | Incisional Biopsy of Oral Tissue - soft                                   | \$210  |
| 4249                                      | Clinical Crown Lengthening - hard tissue   | \$475   | 7287                                    | Exfoliative Cytological Sample Collection                                 | \$70   |
| 4260                                      | Osseous Surgery - 4+ teeth/spaces per quad   | \$435   | 7310                                    | Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad  | \$150  |
| 4261                                      | Osseous Surgery - 1-3 teeth/spaces per quad  | \$400   | 7311                                    | Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad | \$160  |
| 4341*                                     | Perio Scaling and Root Planning - 4+ teeth per quad  | \$130   | 7320                                    | Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces       | \$220  |
| 4342*                                     | Perio Scaling and Root Planning - 1-3 teeth per quad   | \$80    | 7321                                    | Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces      | \$220  |
| 4355                                      | Full Mouth Debridement   | \$90    | 7471                                    | Removal of Lateral Exostosis  | \$400  |
| 4381                                      | Site Specific Therapy, generic - per tooth   | \$20    | 7472                                    | Removal of Torus Palatinus  | \$500  |
| 4381                                      | Site Specific Therapy, Arestin © - per tooth   | \$60    | 7473                                    | Removal of Torus Mandibularis   | \$450  |
| 4910                                      | Periodontal Maintenance  | \$80    | 7510                                    | Incision and Drainage of Abscess - intraoral soft tissue                  | \$70   |
| 4921                                      | Gingival Irrigation - per quad   | \$10    |   |   |        |

### ORTHODONTICS (Class IV - Orthodontics)

Approved referral from DENCAP is required

Members are referred to an in-network Orthodontist

Up to Age 19, \$1800 discount / Over age 19, \$1200 discount  
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]