



INDIVIDUAL VALUE PLAN

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

MAXIMUMS

Primary Care: \$2,000

Specialty Care: \$500

TOTAL ANNUAL MAXIMUM: \$2,500

Rates are per family member on plan

ORTHODONTIC COVERAGE

\$1,800 Benefit (under 19)

\$1,200 Benefit (over 19)

Lifetime max at in-network dentist

PLAN COVERAGE

Comparable to a 100/75/70 PPO plan

Exams, Basic Cleanings, Fluoride at 100%

Specialty Care at 50%

No Deductibles

Plan coverage has fixed co-payments for covered procedures. See [schedule of benefits](#) for plan details.

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| INDIVIDUAL VALUE DENTAL (IN) SCHEDULE OF BENEFITS AND FIXED CO-PAYS | | | |
|--|----------------|---|------------------------------|
| ANNUAL MAXIMUMS (per family member) | | OFFICE VISIT CO-PAY | |
| Primary Care | Specialty Care | Office Visit (for observation) | Office Visit (regular board) |
| \$2,000 | \$500 | \$400 | \$500 |
| DIAGNOSTIC (Class I - Preventive) | | | |
| 9120* Periodic Oral Evaluation | \$0 | 9140* Analgesic Filling - one surface | \$44 |
| 9140* Limited Oral Evaluation - problem focused | \$0 | 9160* Analgesic Filling - two surfaces | \$62 |
| 9160* Comprehensive Oral Evaluation | \$0 | 9180* Analgesic Filling - three surfaces | \$80 |
| 9610* Radiographic Test | \$0 | 9240* Analgesic Filling - four or more surfaces | \$97 |
| 9110 Prophylaxis/Routine Cleaning - adult | \$0 | 2230* Composite Filling - one surface, anterior | \$47 |
| 9130* Prophylaxis/Routine Cleaning - child | \$0 | 2231* Composite Filling - two surfaces, anterior | \$65 |
| 9660* Temporization - synchronous, filled with resin | \$0 | 2232* Composite Filling - three surfaces, anterior | \$73 |
| 9690* Temporization - asynchronous, filled with resin | \$30 | 2233* Composite Filling - four surfaces, anterior/posterior angle | \$88 |
| PREVENTIVE (Class I - Preventive) | | | |
| 1200* Typical Application of Fluoride - varnish | \$0 | 2281* Composite Filling - one surface, posterior | \$20 |
| 1205* Typical Application of Fluoride - enrolling varnish | \$0 | 2282* Composite Filling - two surfaces, posterior | \$34 |
| 1230 Oral Hygiene Instructions | \$0 | 2283* Composite Filling - three surfaces, posterior | \$73 |
| RESTORATIVE (Class II - Basic) | | | |
| 2230* Composite Filling - one surface, anterior | \$47 | 2284* Composite Filling - four surfaces, posterior | \$103 |
| 2231* Composite Filling - two surfaces, anterior | \$65 | PROSTHETIC REPAIR (Class II - Basic) | |



QUESTIONS?

Our live, local customer service team is standing by to assist you. Call

(313) 972-1400

FIND A DENTIST

Need to find a dental office location? Visit

dencap.com/find-a-dentist

READY TO ENROLL?

Scan the QR code with your smartphone and visit your custom page to see complete details and enroll today!



dencap.com/individual-value-plan

INDIVIDUAL VALUE DENTAL (IN) SCHEDULE OF BENEFITS AND FIXED CO-PAYS

| ANNUAL MAXIMUMS (for each member) | | \$2,500 |
|-----------------------------------|-------------|---------|
| Primary Care | | \$2,000 |
| Specialty Care | | \$500 |
| 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) | \$36 |
| 1351* | Sealant - per tooth | \$0 |
| 1353* | Repair to Sealant - per tooth | \$0 |
| 1510* | Fixed Space Maintainer - unilateral per quadrant | \$126 |
| 1516* | Fixed Space Maintainer - bilateral, upper | \$162 |
| 1517* | Fixed Space Maintainer - bilateral, lower | \$162 |
| 1520* | Removable Space Maintainer - unilateral per quadrant | \$162 |
| 1526* | Removable Space Maintainer - bilateral, upper | \$174 |
| 1527* | Removable Space Maintainer - bilateral, lower | \$174 |
| 1551 | Re-cement or Re-bond Bilateral Space Maintainer - upper | \$24 |
| 1552 | Re-cement or Re-bond Bilateral Space Maintainer - lower | \$24 |
| 1553 | Re-cement or Re-bond Unilateral Space Maintainer - per quadrant | \$24 |
| 2940 | Protective Restoration (sedative filling) | \$24 |
| 9110* | Palliative (Emergency) Treatment - minor procedure | \$20 |
| 9215 | Local Anesthesia | \$0 |
| 9230 | Inhalation of Nitrous Oxide | \$18 |
| 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) | \$55 |
| 9910 | Application of Desensitizing Medicament | \$25 |
| 9930 | Treatment of Complications, Post-Surgical - unusual | \$18 |
| 9944 | Hard Occlusal Guard (night guard) - full arch | \$270 |
| 9945 | Soft Occlusal Guard (night guard) - full arch | \$270 |
| 9946 | Hard Occlusal Guard (night guard) - partial arch | \$270 |
| 9951 | Occlusal Adjustment - limited | \$72 |

SPECIALTY CARE

- Endodontics - Oral Surgery - Periodontics - Pedodontics -
Approved referral from DENCAP is required

Benefits are available after six (6) consecutive months of coverage. 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) | \$10 |
| 9999 | Office Visit (regular hours) | \$10 |
| code | description | co-pay |

RESTORATIVE (Class II - Basic)

| | | |
|-------|---|------|
| 2140* | Amalgam Filling - one surface | \$30 |
| 2150* | Amalgam Filling - two surfaces | \$39 |
| 2160* | Amalgam Filling - three surfaces | \$48 |
| 2161* | Amalgam Filling - four or more surfaces | \$60 |
| 2330* | Composite Filling - one surface, anterior | \$42 |
| 2331* | Composite Filling - two surfaces, anterior | \$54 |
| 2332* | Composite Filling - three surfaces, anterior | \$66 |
| 2335* | Composite Filling - four surfaces, anterior/incisal angle | \$78 |
| 2391* | Composite Filling - one surface, posterior | \$48 |
| 2392* | Composite Filling - two surfaces, posterior | \$60 |
| 2393* | Composite Filling - three surfaces, posterior | \$72 |
| 2394* | Composite Filling - four surfaces, posterior | \$98 |

PROSTHETIC REPAIR (Class II - Basic)

| | | |
|------|---|-------|
| 2910 | Re-cement Partial Coverage Restoration | \$24 |
| 2915 | Re-cement Indirectly Fabricated or Prefab Post and Core | \$24 |
| 2920 | Re-cement or Re-bond crown | \$25 |
| 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 | \$30 |

ENDODONTICS (Class III - Major)

| | | |
|-------|---|-------|
| 3110 | Pulp Cap - direct | \$36 |
| 3120 | Pulp Cap - indirect | \$36 |
| 3220* | Therapeutic Pulpotomy | \$84 |
| 3310* | Root Canal Therapy - anterior tooth | \$325 |
| 3320* | Root Canal Therapy - premolar tooth | \$375 |
| 3330* | Root Canal Therapy - molar tooth | \$450 |
| 3346 | Retreat of Previous Root Canal Therapy - anterior tooth | \$400 |
| 3347 | Retreat of Previous Root Canal Therapy - premolar tooth | \$465 |
| 3348 | Retreat of Previous Root Canal Therapy - molar tooth | \$500 |
| 3410 | Apicoectomy Surgery - anterior tooth | \$335 |
| 3421 | Apicoectomy Surgery - premolar tooth, first root | \$370 |
| 3425 | Apicoectomy Surgery - molar tooth, first root | \$420 |
| 3426 | Apicoectomy Surgery - each additional root | \$120 |
| 3430 | Retrograde Filling - per root | \$72 |

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.

INDIVIDUAL VALUE DENTAL (IN) SCHEDULE OF BENEFITS AND FIXED CO-PAYS

| code | description | co-pay | code | description | co-pay |
|---|--|---------|---|---|--------|
| PROSTHODONTICS (Class III - Major) | | | CROWNS (Class III - Major) | | |
| 5110* | Complete Upper Denture | \$535 | 2390 | Crown - resin-based composite, anterior | \$222 |
| 5120* | Complete Lower Denture | \$535 | 2542* | Onlay - metallic, two surfaces | \$475 |
| 5130* | Immediate Upper Denture | \$595 | 2543* | Onlay - metallic, three surfaces | \$475 |
| 5140* | Immediate Lower Denture | \$595 | 2544* | Onlay - metallic, four surfaces | \$475 |
| 5211 | Upper Partial Denture - resin base | \$475 | 2642* | Onlay - porcelain/ceramic, two surfaces | \$475 |
| 5212 | Lower Partial Denture - resin base | \$475 | 2643* | Onlay - porcelain/ceramic, three surfaces | \$475 |
| 5213 | Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth | \$650 | 2644* | Onlay - porcelain/ceramic, four surfaces | \$475 |
| 5214 | Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth | \$650 | 2662 | Onlay - resin-based composite, two surfaces | \$475 |
| 5225 | Upper Partial Denture - flexible base, including any clasps, rests and teeth | \$710 | 2663 | Onlay - resin-based composite, three surfaces | \$475 |
| 5226 | Lower Partial Denture - flexible base, including any clasps, rests and teeth | \$710 | 2664 | Onlay - resin-based composite, four surfaces | \$475 |
| 5820 | Interim Partial Denture - upper | \$395 | 2740* | Crown - porcelain/ceramic | \$715 |
| 5821 | Interim Partial Denture - lower | \$395 | 2750 | Crown - porcelain fused to high noble metal | \$595 |
| 5850 | Tissue Conditioning - upper | \$85 | 2751* | Crown - porcelain fused to predominantly base metal | \$465 |
| 5851 | Tissue Conditioning - lower | \$85 | 2752* | Crown - porcelain fused to noble metal | \$475 |
| 6010 | Endosteal Implant in Conjunction with Denture | \$1,128 | 2780 | Crown - 3/4 cast high noble metal | \$595 |
| 6012 | Endosteal Implant in Conjunction with Denture | \$1,128 | 2781 | Crown - 3/4 cast predominantly base metal | \$465 |
| 6210 | Pontic - cast high noble metal | \$595 | 2782 | Crown - 3/4 cast noble metal | \$475 |
| 6211 | Pontic - cast predominantly base metal | \$465 | 2783 | Crown - 3/4 porcelain/ceramic | \$715 |
| 6212 | Pontic - cast noble metal | \$475 | 2790 | Crown - full cast high noble metal | \$595 |
| 6240 | Pontic - porcelain fused to high noble metal | \$595 | 2791* | Crown - full cast predominantly base metal | \$465 |
| 6241 | Pontic - porcelain fused to predominantly base metal | \$465 | 2792* | Crown - full cast noble metal | \$475 |
| 6242 | Pontic - porcelain fused to noble metal | \$475 | 2799 | Crown - interim | \$144 |
| 6245 | Pontic - porcelain/ceramic | \$715 | 2930* | Crown - prefabricated stainless steel, primary tooth | \$180 |
| 6740 | Retainer Crown - porcelain/ceramic | \$715 | 2931* | Crown - prefabricated stainless steel, permanent tooth | \$180 |
| 6750 | Retainer Crown - porcelain fused to high noble metal | \$595 | 2932* | Crown - prefabricated resin | \$180 |
| 6751 | Retainer Crown - porcelain fused to predominantly base metal | \$465 | 2933* | Crown - prefabricated stainless steel with window | \$180 |
| 6752 | Retainer Crown - porcelain fused to noble metal | \$475 | 2950 | Core Buildup - including any pins | \$120 |
| 6780 | Retainer Crown - 3/4 cast high noble metal | \$595 | 2952 | Post and Core in Addition to Crown | \$150 |
| 6781 | Retainer Crown - 3/4 cast predominantly base metal | \$465 | 2954 | Prefabricated Post and Core in Addition to Crown | \$140 |
| 6782 | Retainer Crown - 3/4 cast noble metal | \$475 | ORAL SURGERY (Class III - Major) | | |
| 6783 | Retainer Crown - 3/4 porcelain/ceramic | \$715 | 7111* | Extraction - coronal remnants (primary tooth) | \$50 |
| 6790 | Retainer Crown - full cast high noble metal | \$595 | 7140* | Extraction - erupted tooth or exposed root | \$50 |
| 6791* | Retainer Crown - full cast predominantly base metal | \$465 | 7210 | Surgical Removal of an Erupted Tooth | \$96 |
| 6792* | Retainer Crown - full cast noble metal | \$475 | 7220 | Removal of Impacted Tooth - soft tissue | \$108 |
| PERIODONTICS (Class III - Major) | | | 7230 | Removal of Impacted Tooth - partially bony | \$156 |
| 0180 | Comprehensive Periodontal Evaluation | \$48 | 7240 | Removal of Impacted Tooth - completely bony | \$200 |
| 4210* | Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad | \$300 | 7241 | Removal of Impacted Tooth - complicated | \$240 |
| 4211* | Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad | \$120 | 7250 | Surgical Removal of Residual Tooth Roots | \$185 |
| 4212 | Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth | \$54 | 7280 | Surgical Access of an Unerupted Tooth | \$216 |
| 4240 | Gingival Flap Procedure - 4+ teeth/spaces per quad | \$365 | 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 | \$60 |
| 4260 | Osseous Surgery - 4+ teeth/spaces per quad | \$435 | 7310 | Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad | \$96 |
| 4261 | Osseous Surgery - 1-3 teeth/spaces per quad | \$370 | 7311 | Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad | \$72 |
| 4341* | Perio Scaling and Root Planning - 4+ teeth per quad | \$90 | 7320 | Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces | \$144 |
| 4342* | Perio Scaling and Root Planning - 1-3 teeth per quad | \$68 | 7321 | Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces | \$120 |
| 4355 | Full Mouth Debridement | \$60 | 7471 | Removal of Lateral Exostosis | \$246 |
| 4381 | Site Specific Therapy, generic - per tooth | \$20 | 7472 | Removal of Torus Palatinus | \$246 |
| 4381 | Site Specific Therapy, Arestin © - per tooth | \$60 | 7473 | Removal of Torus Mandibularis | \$246 |
| 4910 | Periodontal Maintenance | \$60 | 7510 | Incision and Drainage of Abscess - intraoral soft tissue | \$48 |
| 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]