

ANNUAL MAXIMUMS (for each member)	
Primary Care	\$3,300
Specialty Care	\$2,500
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 Prediagnostic Test	\$0
1110 Prophylaxis/Routine Cleaning - adult	\$0
1120 Prophylaxis/Routine Cleaning - child	\$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)	\$15
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 - upper	\$16
1552 Re-cement or Re-bond Bilateral Space Maintainer - lower	\$16
1553 Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$16
2940 Protective Restoration (sedative filling)	\$20
9110 Palliative (Emergency) Treatment - minor procedure	\$20
9215 Local Anesthesia	\$0
9230 Inhalation of Nitrous Oxide	\$15
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)	\$40
9910 Application of Desensitizing Medicament	\$20
9930 Treatment of Complications, Post-Surgical - unusual	\$15
9944 Hard Occlusal Guard (night guard) - full arch	\$130
9945 Soft Occlusal Guard (night guard) - full arch	\$130
9946 Hard Occlusal Guard (night guard) - partial arch	\$130
9951 Occlusal Adjustment - limited	\$50

SPECIALTY CARE	
- Endodontics - Oral Surgery - Periodontics - Pedodontics - Approved referral from DENCAP is required	
For members referred to an in-network DENCAP Specialist, DENCAP will cover 50% up to the Specialty Care Annual Maximum for covered services, including exams and x-rays.	
The Member is responsible for the remaining amount.	
Having x-rays sent from the Primary Care Dentist may be cost effective.	

OFFICE VISIT CO-PAY	
9430 Office Visit (for observation)	\$0
9999 Office Visit (regular hours)	\$0
code description	co-pay

RESTORATIVE (Class II - Basic)	
2140 Amalgam Filling - one surface	\$15
2150 Amalgam Filling - two surfaces	\$25
2160 Amalgam Filling - three surfaces	\$35
2161 Amalgam Filling - four or more surfaces	\$50
2330 Composite Filling - one surface, anterior	\$20
2331 Composite Filling - two surfaces, anterior	\$30
2332 Composite Filling - three surfaces, anterior	\$40
2335 Composite Filling - four surfaces, anterior/incisal angle	\$55
2391 Composite Filling - one surface, posterior	\$40
2392 Composite Filling - two surfaces, posterior	\$50
2393 Composite Filling - three surfaces, posterior	\$60
2394 Composite Filling - four surfaces, posterior	\$70

PROSTHETIC REPAIR (Class II - Basic)	
2910 Re-cement Partial Coverage Restoration	\$20
2915 Re-cement Indirectly Fabricated or Prefab Post and Core	\$20
2920 Re-cement or Re-bond crown	\$20
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	\$45
5512 Repair to Broken Complete Denture Base - upper	\$45
5520 Replace Missing/Broken Teeth - denture, per tooth	\$30
5611 Repair Resin Partial Denture Base - lower	\$45
5612 Repair Resin Partial Denture Base - upper	\$45
5621 Repair Cast Partial Framework - lower	\$85
5622 Repair Cast Partial Framework - upper	\$85
5630 Repair or Replace Broken Clasp - per tooth	\$85
5640 Replace Missing/Broken Teeth - partial, per tooth	\$30
5650 Add Tooth to Existing Partial Denture	\$50
5660 Add Clasp to Existing Partial Denture - per tooth	\$110
5730 Reline Complete Upper Denture - in office	\$85
5731 Reline Complete Lower Denture - in office	\$85
5740 Reline Partial Upper Denture - in office	\$85
5741 Reline Partial Lower Denture - in office	\$85
5750 Reline Complete Upper Denture - lab	\$120
5751 Reline Complete Lower Denture - lab	\$120
5760 Reline Partial Upper Denture - lab	\$120
5761 Reline Partial Lower Denture - lab	\$120
6930 Re-cement or Re-bond Fixed Partial Denture	\$25

ENDODONTICS (Class III - Major)	
3110 Pulp Cap - direct	\$20
3120 Pulp Cap - indirect	\$20
3220 Therapeutic Pulpotomy	\$45
3310 Root Canal Therapy - anterior tooth	\$130
3320 Root Canal Therapy - premolar tooth	\$155
3330 Root Canal Therapy - molar tooth	\$205
3346 Retreat of Previous Root Canal Therapy - anterior tooth	\$200
3347 Retreat of Previous Root Canal Therapy - premolar tooth	\$250
3348 Retreat of Previous Root Canal Therapy - molar tooth	\$300
3410 Apicoectomy Surgery - anterior tooth	\$160
3421 Apicoectomy Surgery - premolar tooth, first root	\$160
3425 Apicoectomy Surgery - molar tooth, first root	\$160
3426 Apicoectomy Surgery - each additional root	\$75
3430 Retrograde Filling - per root	\$50

EMERGENCY TREATMENT FOR PAIN	
DENCAP will reimburse 50% up to \$100 for emergency services which relieve severe pain and are covered benefits when member is 50 miles or further from their selected primary care dentist.	

code	description	co-pay	code	description	co-pay
PROSTHODONTICS (Class III - Major)			CROWNS (Class III - Major)		
5110	Complete Upper Denture	\$275	2390	Crown - resin-based composite, anterior	\$120
5120	Complete Lower Denture	\$275	2542	Onlay - metallic, two surfaces	\$300
5130	Immediate Upper Denture	\$350	2543	Onlay - metallic, three surfaces	\$300
5140	Immediate Lower Denture	\$350	2544	Onlay - metallic, four surfaces	\$300
5211	Upper Partial Denture - resin base	\$350	2642	Onlay - porcelain/ceramic, two surfaces	\$300
5212	Lower Partial Denture - resin base	\$350	2643	Onlay - porcelain/ceramic, three surfaces	\$300
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$390	2644	Onlay - porcelain/ceramic, four surfaces	\$300
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$390	2662	Onlay - resin-based composite, two surfaces	\$300
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$425	2663	Onlay - resin-based composite, three surfaces	\$300
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$425	2664	Onlay - resin-based composite, four surfaces	\$300
5820	Interim Partial Denture - upper	\$235	2740	Crown - porcelain/ceramic	\$455
5821	Interim Partial Denture - lower	\$235	2750	Crown - porcelain fused to high noble metal	\$355
5850	Tissue Conditioning - upper	\$40	2751	Crown - porcelain fused to predominantly base metal	\$240
5851	Tissue Conditioning - lower	\$40	2752	Crown - porcelain fused to noble metal	\$255
6010	Endosteal Implant in Conjunction with Denture	\$940	2780	Crown - 3/4 cast high noble metal	\$390
6012	Endosteal Implant in Conjunction with Denture	\$940	2781	Crown - 3/4 cast predominantly base metal	\$240
6210	Pontic - cast high noble metal	\$420	2782	Crown - 3/4 cast noble metal	\$290
6211	Pontic - cast predominantly base metal	\$275	2783	Crown - 3/4 porcelain/ceramic	\$490
6212	Pontic - cast noble metal	\$320	2790	Crown - full cast high noble metal	\$390
6240	Pontic - porcelain fused to high noble metal	\$410	2791	Crown - full cast predominantly base metal	\$210
6241	Pontic - porcelain fused to predominantly base metal	\$290	2792	Crown - full cast noble metal	\$290
6242	Pontic - porcelain fused to noble metal	\$310	2799	Crown - interim	\$120
6245	Pontic - porcelain/ceramic	\$455	2930	Crown - prefabricated stainless steel, primary tooth	\$75
6740	Retainer Crown - porcelain/ceramic	\$510	2931	Crown - prefabricated stainless steel, permanent tooth	\$75
6750	Retainer Crown - porcelain fused to high noble metal	\$410	2932	Crown - prefabricated resin	\$75
6751	Retainer Crown - porcelain fused to predominantly base metal	\$290	2933	Crown - prefabricated stainless steel with window	\$75
6752	Retainer Crown - porcelain fused to noble metal	\$310	2950	Core Buildup - including any pins	\$75
6780	Retainer Crown - 3/4 cast high noble metal	\$390	2952	Post and Core in Addition to Crown	\$90
6781	Retainer Crown - 3/4 cast predominantly base metal	\$240	2954	Prefabricated Post and Core in Addition to Crown	\$90
6782	Retainer Crown - 3/4 cast noble metal	\$290	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$490	7111	Extraction - coronal remnants (primary tooth)	\$30
6790	Retainer Crown - full cast high noble metal	\$390	7140	Extraction - erupted tooth or exposed root	\$30
6791	Retainer Crown - full cast predominantly base metal	\$210	7210	Surgical Removal of an Erupted Tooth	\$50
6792	Retainer Crown - full cast noble metal	\$290	7220	Removal of Impacted Tooth - soft tissue	\$60
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$75
0180	Comprehensive Periodontal Evaluation	\$25	7240	Removal of Impacted Tooth - completely bony	\$95
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$125	7241	Removal of Impacted Tooth - complicated	\$120
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$90	7250	Surgical Removal of Residual Tooth Roots	\$95
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$30	7280	Surgical Access of an Unerupted Tooth	\$130
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$210	7285	Incisional Biopsy of Oral Tissue - hard	\$250
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$165	7286	Incisional Biopsy of Oral Tissue - soft	\$150
4249	Clinical Crown Lengthening - hard tissue	\$350	7287	Exfoliative Cytological Sample Collection	\$40
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$250	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$50
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$210	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$40
4341	Perio Scaling and Root Planing - 4+ teeth per quad	\$55	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$90
4342	Perio Scaling and Root Planing - 1-3 teeth per quad	\$45	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$70
4355	Full Mouth Debridement	\$35	7471	Removal of Lateral Exostosis	\$140
4381	Site Specific Therapy, generic - per tooth	\$15	7472	Removal of Torus Palatinus	\$140
4381	Site Specific Therapy, Arestin © - per tooth	\$50	7473	Removal of Torus Mandibularis	\$140
4910	Periodontal Maintenance	\$40	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$35
4921	Gingival Irrigation - per quad	\$5	<i>Benefits are subject to change.</i>		
LAB WORK AND PRECIOUS METALS			<i>Limitations and Exclusions found at:</i>		
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.			<i>dencap.com/general-policies</i>		

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 month standard braces