

ANNUAL MAXIMUMS (for each member)		\$3,300	OFFICE VISIT CO-PAY	
Primary Care		\$2,500	9430	Office Visit (for observation) \$0
Specialty Care		\$800	9999	Office Visit (regular hours) \$0
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 \$15
0140	Limited Oral Evaluation - problem focused	\$0	2150	Amalgam Filling - two surfaces \$25
0150	Comprehensive Oral Evaluation	\$0	2160	Amalgam Filling - three surfaces \$35
0431	Prediagnostic Test	\$0	2161	Amalgam Filling - four or more surfaces \$50
1110	Prophylaxis/Routine Cleaning - adult	\$0	2330	Composite Filling - one surface, anterior \$20
1120	Prophylaxis/Routine Cleaning - child	\$0	2331	Composite Filling - two surfaces, anterior \$30
PREVENTIVE (Class I - Preventive)			2332	Composite Filling - three surfaces, anterior \$40
1206	Topical Application of Fluoride - varnish	\$0	2335	Composite Filling - four surfaces, anterior/incisal angle \$55
1208	Topical Application of Fluoride - excluding varnish	\$0	2391	Composite Filling - one surface, posterior \$40
1330	Oral Hygiene Instructions	\$0	2392	Composite Filling - two surfaces, posterior \$50
RADIOGRAPHS (Class I - Preventive)			2393	Composite Filling - three surfaces, posterior \$60
0210	Intraoral - complete series	\$0	2394	Composite Filling - four surfaces, posterior \$70
0220	Periapical - first radiographic image	\$0	PROSTHETIC REPAIR (Class II - Basic)	
0230	Periapical - each additional radiographic image	\$0	2910	Re-cement Partial Coverage Restoration \$20
0240	Intraoral - occlusal radiographic image	\$0	2915	Re-cement Indirectly Fabricated or Prefab Post and Core \$20
0270	Bitewing - single radiographic image	\$0	2920	Re-cement or Re-bond crown \$20
0272	Bitewings - two radiographic images	\$0	5410	Adjustment to Complete Denture - upper \$30
0273	Bitewings - three radiographic images	\$0	5411	Adjustment to Complete Denture - lower \$30
0274	Bitewings - four radiographic images	\$0	5421	Adjustment to Partial Denture - upper \$30
0330	Panoramic Radiographic Image	\$0	5422	Adjustment to Partial Denture - lower \$30
ADJUNCTIVE SERVICES (Class II - Basic)			5511	Repair to Broken Complete Denture Base - lower \$45
0470	Diagnostic Casts (each)	\$15	5512	Repair to Broken Complete Denture Base - upper \$45
1351	Sealant - per tooth	\$0	5520	Replace Missing/Broken Teeth - denture, per tooth \$30
1353	Repair to Sealant - per tooth	\$0	5611	Repair Resin Partial Denture Base - lower \$45
1510	Fixed Space Maintainer - unilateral per quadrant	\$0	5612	Repair Resin Partial Denture Base - upper \$45
1516	Fixed Space Maintainer - bilateral, upper	\$0	5621	Repair Cast Partial Framework - lower \$85
1517	Fixed Space Maintainer - bilateral, lower	\$0	5622	Repair Cast Partial Framework - upper \$85
1520	Removable Space Maintainer - unilateral per quadrant	\$0	5630	Repair or Replace Broken Clasp - per tooth \$85
1526	Removable Space Maintainer - bilateral, upper	\$0	5640	Replace Missing/Broken Teeth - partial, per tooth \$30
1527	Removable Space Maintainer - bilateral, lower	\$0	5650	Add Tooth to Existing Partial Denture \$50
1551	Re-cement or Re-bond Bilateral Space Maintainer - upper	\$16	5660	Add Clasp to Existing Partial Denture - per tooth \$110
1552	Re-cement or Re-bond Bilateral Space Maintainer - lower	\$16	5730	Reline Complete Upper Denture - in office \$85
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$16	5731	Reline Complete Lower Denture - in office \$85
2940	Protective Restoration (sedative filling)	\$20	5740	Reline Partial Upper Denture - in office \$85
9110	Palliative (Emergency) Treatment - minor procedure	\$20	5741	Reline Partial Lower Denture - in office \$85
9215	Local Anesthesia	\$0	5750	Reline Complete Upper Denture - lab \$120
9230	Inhalation of Nitrous Oxide	\$15	5751	Reline Complete Lower Denture - lab \$120
9239	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50%	5760	Reline Partial Upper Denture - lab \$120
9243	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50%	5761	Reline Partial Lower Denture - lab \$120
9310	Consultation (second opinion)	\$40	6930	Re-cement or Re-bond Fixed Partial Denture \$25
9910	Application of Desensitizing Medicament	\$20	ENDODONTICS (Class III - Major)	
9930	Treatment of Complications, Post-Surgical - unusual	\$15	3110	Pulp Cap - direct \$20
9944	Hard Occlusal Guard (night guard) - full arch	\$130	3120	Pulp Cap - indirect \$20
9945	Soft Occlusal Guard (night guard) - full arch	\$130	3220	Therapeutic Pulpotomy \$45
9946	Hard Occlusal Guard (night guard) - partial arch	\$130	3310	Root Canal Therapy - anterior tooth \$130
9951	Occlusal Adjustment - limited	\$50	3320	Root Canal Therapy - premolar tooth \$155
SPECIALTY CARE			3330	Root Canal Therapy - molar tooth \$205
<ul style="list-style-type: none"> - Endodontics - Oral Surgery - Periodontics - Pedodontics - Approved referral from DENCAP is required 			3346	Retreat of Previous Root Canal Therapy - anterior tooth \$200
<p>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.</p>			3347	Retreat of Previous Root Canal Therapy - premolar tooth \$250
<p>The Member is responsible for the remaining amount.</p>			3348	Retreat of Previous Root Canal Therapy - molar tooth \$300
<p>Having x-rays sent from the Primary Care Dentist may be cost effective.</p>			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			EMERGENCY TREATMENT FOR PAIN	
<p>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.</p>				

code description	co-pay	code description	co-pay
PROSTHODONTICS (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)			
0180 Comprehensive Periodontal Evaluation	\$25	7230 Removal of Impacted Tooth - partially bony	\$75
4210 Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$125	7240 Removal of Impacted Tooth - completely bony	\$95
4211 Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$90	7241 Removal of Impacted Tooth - complicated	\$120
4212 Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$30	7250 Surgical Removal of Residual Tooth Roots	\$95
4240 Gingival Flap Procedure - 4+ teeth/spaces per quad	\$210	7280 Surgical Access of an Unerupted Tooth	\$130
4241 Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$165	7285 Incisional Biopsy of Oral Tissue - hard	\$250
4249 Clinical Crown Lengthening - hard tissue	\$350	7286 Incisional Biopsy of Oral Tissue - soft	\$150
4260 Osseous Surgery - 4+ teeth/spaces per quad	\$250	7287 Exfoliative Cytological Sample Collection	\$40
4261 Osseous Surgery - 1-3 teeth/spaces per quad	\$210	7310 Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$50
4341 Perio Scaling and Root Planing - 4+ teeth per quad	\$55	7311 Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$40
4342 Perio Scaling and Root Planing - 1-3 teeth per quad	\$45	7320 Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$90
4355 Full Mouth Debridement	\$35	7321 Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$70
4381 Site Specific Therapy, generic - per tooth	\$15	7471 Removal of Lateral Exostosis	\$140
4381 Site Specific Therapy, Arestin © - per tooth	\$50	7472 Removal of Torus Palatinus	\$140
4910 Periodontal Maintenance	\$40	7473 Removal of Torus Mandibularis	\$140
4921 Gingival Irrigation - per quad	\$5	7510 Incision and Drainage of Abscess - intraoral soft tissue	\$35
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.			
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			

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