

# Save the Most Money.... with **DENCAP Dental Plans!**



## CHOOSE DENCAP...

- **\$3,300 Annual Maximums**
- **No Exclusions or Limitations**
- **Quality Dental Services with Fixed Co-payments by Dental Procedure**
- **Largest Dental HMO Network in Michigan**

### DENCAP Coverage Highlights

#### DENCAP's Retiree Plan (C Plan)

| ANNUAL MAXIMUMS               | <b>\$3,300</b> |
|-------------------------------|----------------|
| Primary Care Annual Maximum   | \$2,500        |
| Specialty Care Annual Maximum | \$800          |
| Routine Cleanings             | NO Charge      |
| X-Rays                        | NO Charge      |
| Exams                         | NO Charge      |
| Fillings                      | 85% Covered    |
| Crowns                        | 80% Covered    |
| Root Canals                   | 80% Covered    |
| Periodontics - Gum Disease    | 80% Covered    |
| Extractions                   | 80% Covered    |
| Dentures and Bridges          | 80% Covered    |

**DENCAP's**  
Lower Monthly Premiums &  
Higher Annual Maximums  
Will Save You Money!

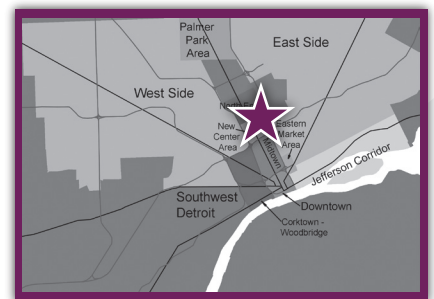
DENCAP's higher annual maximums mean MORE of your dental care treatment is covered...offering you the HIGHEST level of Coverage with the LOWEST out-of-pocket costs!

*For example, one root canal and one crown is over \$2,600, and you are covered with DENCAP's High Maximums!*

Percentages are approximate. See Schedule for fixed Co-pays.

### Detroit-Based, Live Customer Service!

**DENCAP Dental Plans, has been serving union and non-union City of Detroit Employees and Retirees and their Families since 1984.**



A Detroit Company!

**DENCAP**  
dental plans Est. 1984

888-98-TEETH (888-988-3384) | (313) 972-1400

**www.dencap.com**

**Great Expressions Dental - 251**  
6760 Allen Rd., Suite 101  
**Allen Park, MI 48101**  
Phone: 313-928-2500

**Advanced Dentistry Center - 345**  
31350 Telegraph, Suite 101  
**Bingham Farms, MI 48025**  
Phone: 248-594-9592

**Midwestern Dental - 168**  
45650 Ford Rd.,  
**Canton, MI 48187**  
Phone: 734-207-3740

**Great Expressions Dental - 218**  
5958 Canton Center Rd, Ste 400  
**Canton, MI 48187**  
Phone: 734-451-9570

**Aspen Dental - 768**  
50503 Gratiot Ave.,  
**Chesterfield, MI 48051**  
Phone: 586-684-5020

**Ferial Asmar, DDS - 248**  
11 W.14 Mile Rd., Suite 202  
**Clawson, MI 48017**  
Phone: 248-435-5798

**Great Expressions Dental - 225**  
18557 Canal Rd., Suite 5  
Phone: 586-228-1050  
**Great Expressions Dental - 280**  
35939 Moravian Dr.  
**Clinton Township, MI 48035**  
Phone: 586-790-8668

**Anchor Family Dentistry - 366**  
2600 Union Lake Rd.,  
**Commerce Township, MI 48382**  
Phone: 248-366-8001

**Advance Dental Clinic - 196**  
14639 Ford Rd., Suite 100  
**Dearborn, MI 48126**  
Phone: 313-582-0150

**Great Expressions Dental - 219**  
2021 Monroe St., Suite 204  
Phone: 313-565-5586  
**Great Expressions Dental - 120**  
23157 Michigan Ave.,  
Phone: 313-561-9500  
**Great Expressions Dental - 217**  
23401 Ford Rd.,  
**Dearborn, MI 48128**  
Phone: 313-561-3367

**Midwestern Dental - 146**  
5050 Schaefer Rd.,  
**Dearborn, MI 48126**  
Phone: 313-582-0150

**River Oaks Dental - 360**  
20217 Ann Arbor Trail  
**Dearborn Heights, MI 48127**  
Phone: 313-982-3720

**Detroit Dental Specialists - 370**  
15510 Livernois Ave.,  
**Detroit, MI 48238**  
Phone: 313-863-2800

**Detroit Sterling Dental - 367**  
17200 E. Warren Ave.,  
**Detroit, MI 48224**  
Phone: 313-882-6635

**Warren/Bedford - 258**  
5024 Bedford Rd.,  
**Detroit, MI 48224**  
Phone: 313-882-8010

**Fill Good Dental Center - 341**  
18570 Grand River Ave., Ste 102  
**Detroit, MI 48223**  
Phone: 313-837-3000

**Family Dentistry - 344**  
4607 W. Vernor Hwy.,  
**Detroit, MI 48209**  
Phone: 313-554-3300

**Great Expressions Dental - 313**  
3670 Woodward Ave., Ste 101B  
**Detroit, MI 48201**  
Phone: 313-355-1665

**Gray Family Dental - 319**  
12871 E. Jefferson Ave.,  
**Detroit, MI 48215**  
Phone: 313-822-4200

**Gentle Dental, Grand River - 324**  
13874 Grand River Ave.,  
**Detroit, MI 48227**  
Phone: 313-834-4900

**Great Expressions Dental - 266**  
11532 Morang Ave.,  
**Detroit, MI 48224**  
Phone: 313-371-4510

**Golden Laser Dental - 174**  
18525 Moross Rd.,  
**Detroit, MI 48224**  
Phone: 313-963-3336

**Malaney Brown, DDS - 18**  
14755 Fenkell Ave.,  
**Detroit, MI 48227**  
Phone: 313-838-4880

**Denise Coleman, DDS - 45**  
10040 Puritan,  
**Detroit, MI 48217**  
Phone: 313-341-2868

**Robert Hoffman, DDS - 46**  
19600 W. Warren Ave.,  
**Detroit, MI 48228**  
Phone: 313-271-5555

**Lucas-Perry Dental Group - 129**  
4727 St. Antoine St., Suite 408  
**Detroit, MI 48201**  
Phone: 313-833-7309

**Detroit Dental Specialists - 368**  
511 W. Eight Mile Rd.,  
**Detroit, MI 48203**  
Phone: 313-454-4800

**Paula Carson, DDS - 130**  
18616 W. McNichols Rd.,  
**Detroit, MI 48219**  
Phone: 313-532-1115

**Gentle Dental - Jefferson - 327**  
529 E Jefferson Ave.,  
**Detroit, MI 48226**  
Phone: 313-963-3336

**Shadows Bedell, DDS - 197**  
19600 Van Dyke Rd.,  
**Detroit, MI 48234**  
Phone: 313-892-9148

**Shadows Bedell, DDS - 198**  
9200 Greenfield Rd.,  
**Detroit, MI 48228**  
Phone: 313-272-6500

**Shadows Bedell, DDS - 293**  
15101 Plymouth Rd.,  
**Detroit, MI 48227**  
Phone: 313-273-3171

**Detroit Dental Specialists - 369**  
20720 Plymouth Rd.,  
**Detroit, MI 48228**  
Phone: 313-342-1997

**Gateway Detroit East - 382**  
3646 Mt. Elliot,  
**Detroit, MI 48207**  
Phone: 313-626-2400

**George Carlino, DDS - 359**  
21409 Kelly Rd.,  
**Eastpointe, MI 48021**  
Phone: 586-772-1414

**Great Expressions Dental - 228**  
16555 E. Ten Mile Rd.,  
**Eastpointe, MI 48021**  
Phone: 586-778-3838

**Ecorse Dental - 320**  
4225 W. Jefferson,  
**Ecorse, MI 48229**  
Phone: 313-381-7770

**Art Dental Center - 376**  
23030 Mooney St.  
**Farmington, MI 48336**  
Phone: 248-476-4619

**Indu Pai & Nita Desai, DDS - 278**  
28535 Orchard Lk Rd, Ste 400  
**Farmington, MI 48336**  
Phone: 248-848-1126

**Midwestern Dental - 235**  
32750 Grand River Ave.,  
**Farmington, MI 48336**  
Phone: 248-476-6200

**Great Expressions Dental - 292**  
25882 Orchard Lk Rd, Ste 209  
**Farmington Hills, MI 48336**  
Phone: 248-474-0600

**Mirza Baig, DDS - 331**  
23800 Orchard Lk Rd, Ste 106  
**Farmington Hills, MI 48336**  
Phone: 248-755-5700

**Great Expressions Dental - 121**  
8890 W. Eight Mile Rd.,  
**Ferndale, MI 48220**  
Phone: 248-298-0930

**Dental Care of the Future - 381**  
33080 Garfield Rd.,  
**Fraser, MI 48026**  
Phone: 586-293-8750

**Great Expressions Dental - 384**  
30260 Cherry Hill Rd., Suite B  
**Garden City, MI 48135**  
Phone: 734-525-6500

**Great Expressions Dental - 271**  
1770 Mack Ave.,  
**Grosse Pointe, MI 48224**  
Phone: 313-882-2211

**Conant Family Dental - 333**  
3611 Carpenter Ave., Suite 4  
**Hamtramck, MI 48212**  
Phone: 313-231-4592

**Mack Dental Center - 364**  
18601 Mack Ave.,  
**Harper Woods, MI 48236**  
Phone: 313-343-6650

**Eastland Dental Group - 128**  
18000 Vernier Rd., E 532  
**Harper Woods, MI 48225**  
Phone: 313-521-2070

**Affordable Dental Care - 380**  
18181 W. 12 Mile Rd., Suite 1  
**Lathrup Village, MI 48076**  
Phone: 888-233-6732

**Great Expressions Dental - 232**  
28550 Southfield Rd.,  
**Lathrup Village, MI 48076**  
Phone: 248-557-5557

**Lathrup Family Dentistry - 267**  
28625 Southfield Rd.,  
**Lathrup Village, MI 48076**  
Phone: 248-569-2056

**Great Expressions Dental - 193**  
3257 Fort St.  
**Lincoln Park, MI 48146**  
Phone: 313-383-2270

**A1 Family Dentistry - 27**  
3830 Fort St.  
**Lincoln Park, MI 48146**  
Phone: 313-383-6800

#### Aspen Dental - 776

13417 Middlebelt Rd.,  
Livonia, MI 48150  
Phone: 734-245-9304

#### Daniel Mashni & Assoc. - 377

31632 Schoocraft Rd.,  
Livonia, MI 48150  
Phone: 734-425-6920

#### Great Expressions Dental - 222

9134 Middlebelt Rd.,  
Livonia, MI 48150  
Phone: 734-261-1920

#### Great Expressions Dental - 282

37625 Ann Arbor Rd.,  
Livonia, MI 48150  
Phone: 734-464-6774

#### Great Expressions Dental - 307

1269 W. Thirteen Mile Rd.,  
Madison Heights, MI 48071  
Phone: 248-588-8105

#### Velton D. Robinson, DDS - 349

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Madison Heights, MI 48071  
Phone: 248-398-6600

#### Huron Dental Associates - 335

18757 Huron River Dr.  
New Boston, MI 48164  
Phone: 734-753-5000

#### Yax & Stec Dental Assoc. - 321

58144 Gratiot Ave., Suite 316  
New Haven, MI 48048  
Phone: 586-749-3333

#### Great Expressions Dental - 255

39555 W. Ten Mile Rd., Ste 306  
Novi, MI 48375  
Phone: 248-442-7305

#### Great Expressions Dental - 272

13231 W. Ten Mile Rd.,  
Oak Park, MI 48237  
Phone: 248-574-3323

#### Great Expressions Dental - 314

129 S. Washington St.  
Oxford, MI 48371  
Phone: 248-628-3700

#### The Dentist - 378

683 W. Huron St.  
Pontiac, MI 48341  
Phone: 248-335-1000

#### Great Expressions Dental - 290

1620 N. Perry Rd., Suite 1  
Pontiac, MI 48340  
Phone: 248-373-2321

#### Royal Dental - 301

530 W. Huron St.  
Pontiac, MI 48341  
Phone: 248-334-5500

#### Great Expressions Dental - 80

667 N. Martin Luther King Blvd.,  
Pontiac, MI 48342  
Phone: 248-334-9912

#### An-J Dentistry - 305

26370 Grand River Ave.,  
Redford, MI 48240  
Phone: 313-534-3313

#### Great Expressions Dental - 281

1428 N. Rochester Rd.,  
Rochester Hills, MI 48307  
Phone: 248-651-1594

#### Great Expressions Dental - 136

26298 Gratiot Ave.,  
Roseville, MI 48066  
Phone: 586-776-5015

#### Roseville Family Dental - 332

28350 Gratiot Ave.,  
Roseville, MI 48066  
Phone: 586-772-7800

#### Antonio S. Abate, DDS, PC - 383

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#### James F. Skoney, DDS PC - 354

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Saint Clair Shores, MI 48081  
Phone: 586-779-0150

#### Great Expressions Dental - 215

5106 23 Mile Rd.,  
Shelby Township, MI 48316  
Phone: 586-726-6688

#### Gentle Dental - Shelby - 336

4737 24 Mile Rd.,  
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Phone: 248-651-0203

#### Ocie Drake, DDS - 49

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Phone: 248-646-6966

#### Freemans Family Dentistry - 13

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#### Roxann Baker, DDS - 502

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#### Cosmetic & Dental Center - 322

30555 Southfield Rd., Suite 310  
Southfield, MI 48076  
Phone: 248-593-5090

#### Cornal Ridgell, DMD PC - 361

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Southfield, MI 48075  
Phone: 248-423-9393

#### Wolverines Dental - 317

17070 W. Twelve Mile Rd.,  
Southfield, MI 48076  
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#### Great Expressions Dental - 262

28626 Telegraph Rd.,  
Southfield, MI 48034  
Phone: 248-647-7550

#### Great Expressions Dental - 287

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#### Midwestern Dental - 145

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#### Aspen Dental - 771

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Sterling Heights, MI 48313  
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#### Great Expressions Dental - 265

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#### Waleed Mammo, DDS - 190

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#### Aspen Dental - 769

22010 Eureka Rd.,  
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Phone: 313-766-0111

#### Dupuis Dental Center - 158

24929 Goddard Rd.,  
Taylor, MI 48180  
Phone: 734-947-3621

#### United Dental Center - 108

21925 Van Born Rd.,  
Taylor, MI 48180  
Phone: 313-563-5010

#### Great Expressions Dental - 216

6535 Rochester Rd.,  
Troy, MI 48084  
Phone: 248-879-5557

#### The Dentist West - 379

2390 S. Commerce Rd.,  
Walled Lake, MI 48390  
Phone: 248-438-6421

#### Great Expressions Dental - 288

1080 E. West Maple Rd.,  
Walled Lake, MI 48390  
Phone: 248-668-9419

#### Ryan Dental Group - 330

26620 Ryan Rd.,  
Warren, MI 48091  
Phone: 586-755-4770

#### Gentle Dental - Warren - 337

29753 Hoover Rd., Suite B  
Warren, MI 48093  
Phone: 586-573-0011

#### Sunshine Dental Center - 144

21761 Ryan Rd.,  
Warren, MI 48091  
Phone: 586-758-3620

#### Midwestern Dental - 149

7591 Nine Mile Rd.,  
Warren, MI 48091  
Phone: 586-759-3030

#### Universal Dental Center - 356

28282 Dequindre Rd.,  
Warren, MI 48092  
Phone: 586-574-2620

#### Great Expressions Dental - 224

11885 E. 12 Mile Rd., Ste 303B  
Warren, MI 48093  
Phone: 586-574-9800

#### Great Expressions Dental - 226

4216 Pontiac Lake Rd.,  
Waterford, MI 48328  
Phone: 248-674-1009

#### Shane Davidson, DDS - 358

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Waterford, MI 48327  
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#### Great Expressions Dental - 213

38110 Michigan Ave.,  
Wayne, MI 48184  
Phone: 734-728-1700

#### Great Expressions Dental - 291

6161 Orchard Lake Rd., Ste 201  
West Bloomfield, MI 48322  
Phone: 248-851-4915

#### Rita Patel, DDS - 315

8010 N. Wayne Rd.,  
Westland, MI 48185  
Phone: 734-522-6128

#### Gentle Dental - Wayne - 328

825 S. Wayne Rd.,  
Westland, MI 48186  
Phone: 734-722-5630

#### Great Expressions Dental - 312

22003 Allen Rd.,  
Woodhaven, MI 48183  
Phone: 734-692-1920

#### Midwestern Dental - 148

22500 Allen Rd.,  
Woodhaven, MI 48183  
Phone: 734-692-1920



| CODE                                                                                                                                                                                                                                                                       | PT CO-PAY | CODE                                                                                                                        | PT CO-PAY                                                 | CODE                                                                                                                                                        | PT CO-PAY                                                                |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|
| DIAGNOSTIC and PREVENTIVE                                                                                                                                                                                                                                                  |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| 9999/9430 Office Visit (regular hours)/Office visit (observation only)                                                                                                                                                                                                     | \$0.00    | CROWNS                                                                                                                      | 2390 Crown - resin-based composite (anterior)             | \$120.00                                                                                                                                                    | 7111 Extraction - coronal remnants (deciduous tooth)                     | \$30.00                                        |
| 0120 Periodic Oral Evaluation                                                                                                                                                                                                                                              | \$0.00    |                                                                                                                             | 2751 Crown - porcelain fused to predominantly base metal  | \$240.00                                                                                                                                                    | 7140 Extraction - erupted tooth or exposed root                          | \$30.00                                        |
| 0140 Limited Oral Evaluation - Problem Focused                                                                                                                                                                                                                             | \$0.00    |                                                                                                                             | 2752 Crown - porcelain fused to noble metal               | \$255.00                                                                                                                                                    | 7210 Surgical removal of an erupted tooth                                | \$50.00                                        |
| 0150 Comprehensive Oral Evaluation                                                                                                                                                                                                                                         | \$0.00    |                                                                                                                             | 2781 Crown - 3/4 cast predominantly base metal            | \$240.00                                                                                                                                                    | 7220 Removal impacted tooth - soft tissue                                | \$60.00                                        |
| 0431 Prediagnostic Test                                                                                                                                                                                                                                                    | \$0.00    |                                                                                                                             | 2782 Crown - 3/4 cast noble metal                         | \$290.00                                                                                                                                                    | 7230 Removal impacted tooth - partially bony                             | \$75.00                                        |
| 1110 Prophylaxis/Routine Cleaning - Adult                                                                                                                                                                                                                                  | \$0.00    |                                                                                                                             | 2791 Crown - full cast predominantly base metal           | \$210.00                                                                                                                                                    | 7240 Removal impacted tooth - completely bony                            | \$95.00                                        |
| 1120 Prophylaxis/Routine Cleaning - Child                                                                                                                                                                                                                                  | \$0.00    |                                                                                                                             | 2792 Crown - full cast noble metal                        | \$290.00                                                                                                                                                    | 7241 Removal impacted tooth - completely bony (complicated)              | \$120.00                                       |
| 1206 Topical Application of Fluoride Varnish                                                                                                                                                                                                                               | \$0.00    |                                                                                                                             | 2799 Crown - provisional                                  | \$120.00                                                                                                                                                    | 7250 Surgical removal of residual tooth roots                            | \$95.00                                        |
| 1208 Topical Application of Fluoride - Excluding Varnish                                                                                                                                                                                                                   | \$0.00    |                                                                                                                             | 2930/31/32/33 Crown - prefabricated stainless steel/resin | \$75.00                                                                                                                                                     | 7280 Surgical access of an unerupted tooth                               | \$130.00                                       |
| 1330 Oral Hygiene Instructions                                                                                                                                                                                                                                             | \$0.00    |                                                                                                                             | 2950 Core Buildup (including any pins)                    | \$75.00                                                                                                                                                     | 7310 Alveoloplasty in conjunction with extractions (4+ teeth or spaces)  | \$50.00                                        |
| 9215 Local Anesthesia                                                                                                                                                                                                                                                      | \$0.00    |                                                                                                                             | 2952 Post and Core in addition to Crown                   | \$90.00                                                                                                                                                     | 7311 Alveoloplasty in conjunction with extractions (1-3 teeth or spaces) | \$40.00                                        |
|                                                                                                                                                                                                                                                                            |           |                                                                                                                             | 2954 Prefabricated Post and Core in addition to Crown     | \$90.00                                                                                                                                                     | 7320 Alveoloplasty not in conjunction with exts. (4+ teeth or spaces)    | \$90.00                                        |
| X-RAYS                                                                                                                                                                                                                                                                     |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| 0210 Intraoral - Complete Series                                                                                                                                                                                                                                           | \$0.00    | ENDODONTICS                                                                                                                 | 2542/43/44 Onlay - metallic                               | \$300.00                                                                                                                                                    | 7321 Alveoloplasty not in conjunction with exts. (1-3 teeth or spaces)   | \$70.00                                        |
| 0220 Periapical - First radiographic image                                                                                                                                                                                                                                 | \$0.00    |                                                                                                                             | 2642/43/44 Onlay - porcelain/ceramic                      | \$300.00                                                                                                                                                    | 7471/2/3 Removal of exostosis/torus (per site)                           | \$140.00                                       |
| 0230 Periapical - Each Additional radiographic image                                                                                                                                                                                                                       | \$0.00    |                                                                                                                             | 2662/63/64 Onlay - resin-based composite                  | \$300.00                                                                                                                                                    | 7510 Incision and drainage of abscess (intraoral soft tissue)            | \$35.00                                        |
| 0240 Intraoral - Occlusal radiographic image                                                                                                                                                                                                                               | \$0.00    |                                                                                                                             |                                                           |                                                                                                                                                             | 9223 Deep sedation/general anesthesia - each 15 minute increment         | 50%                                            |
| 0270 Bitewing - Single radiographic image                                                                                                                                                                                                                                  | \$0.00    |                                                                                                                             | 3110/20 Pulp Cap (direct/indirect)                        | \$20.00                                                                                                                                                     | 9230 Inhalation of nitrous oxide                                         | \$15.00                                        |
| 0272 Bitewings - Two radiographic images                                                                                                                                                                                                                                   | \$0.00    |                                                                                                                             | 3220 Therapeutic Pulpotomy                                | \$45.00                                                                                                                                                     | PERIODONTICS                                                             |                                                |
| 0273 Bitewings - Three radiographic images                                                                                                                                                                                                                                 | \$0.00    |                                                                                                                             | 3310 Anterior Root Canal Therapy                          | \$130.00                                                                                                                                                    | 0180 Comprehensive Periodontal Evaluation                                | \$25.00                                        |
| 0274 Bitewings - Four radiographic images                                                                                                                                                                                                                                  | \$0.00    |                                                                                                                             | 3320 Bicuspid Root Canal Therapy                          | \$155.00                                                                                                                                                    | 4210 Gingivectomy/Gingivoplasty (4+ teeth or spaces)                     | \$125.00                                       |
| 0330 Panoramic radiographic image                                                                                                                                                                                                                                          | \$0.00    |                                                                                                                             | 3330 Molar Root Canal Therapy                             | \$205.00                                                                                                                                                    | 4211 Gingivectomy/Gingivoplasty (1 - 3 teeth or spaces)                  | \$90.00                                        |
|                                                                                                                                                                                                                                                                            |           |                                                                                                                             | 3346 Retreat of Previous Root Canal Therapy, anterior     | \$200.00                                                                                                                                                    | 4240 Gingival Flap Procedure (4+ teeth or spaces)                        | \$210.00                                       |
|                                                                                                                                                                                                                                                                            |           |                                                                                                                             | 3347 Retreat of Previous Root Canal Therapy, bicuspid     | \$250.00                                                                                                                                                    | 4241 Gingival Flap Procedure (1 - 3 teeth or spaces)                     | \$165.00                                       |
| RESTORATIVE                                                                                                                                                                                                                                                                |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| 2140 Amalgam Filling - One Surface                                                                                                                                                                                                                                         | \$15.00   | 3348 Retreat of Previous Root Canal Therapy, molar                                                                          | \$300.00                                                  | 4260 Osseous Surgery (4+ teeth or spaces)                                                                                                                   | \$250.00                                                                 |                                                |
| 2150 Amalgam Filling - Two Surfaces                                                                                                                                                                                                                                        | \$25.00   | 3410 Apicoectomy/Periradicular Surgery, anterior                                                                            | \$160.00                                                  | 4261 Osseous Surgery (1 - 3 teeth or spaces)                                                                                                                | \$210.00                                                                 |                                                |
| 2160 Amalgam Filling - Three Surfaces                                                                                                                                                                                                                                      | \$35.00   | 3421 Apicoectomy/Periradicular Surgery, bicuspid (first root)                                                               | \$160.00                                                  | 4341 Perio Scaling/Root Planing (4+ teeth)                                                                                                                  | \$55.00                                                                  |                                                |
| 2161 Amalgam Filling - Four or More Surfaces                                                                                                                                                                                                                               | \$50.00   | 3425 Apicoectomy/Periradicular Surgery, molar (first root)                                                                  | \$160.00                                                  | 4342 Perio Scaling/Root Planing (1 - 3 teeth)                                                                                                               | \$45.00                                                                  |                                                |
| 2330 Composite Filling - One Surface (Anterior)                                                                                                                                                                                                                            | \$20.00   | 3426 Apicoectomy/Periradicular Surgery (each additional root)                                                               | \$75.00                                                   | 4355 Full Mouth Debridement                                                                                                                                 | \$35.00                                                                  |                                                |
| 2331 Composite Filling - Two Surfaces (Anterior)                                                                                                                                                                                                                           | \$30.00   | 3430 Retrograde Filling (per root)                                                                                          | \$50.00                                                   | 4381 Site Specific Therapy (per tooth) - generic                                                                                                            | \$15.00                                                                  |                                                |
| 2332 Composite Filling - Three Surfaces (Anterior)                                                                                                                                                                                                                         | \$40.00   |                                                                                                                             |                                                           | 4381 Site Specific Therapy (per tooth) - Arestin®                                                                                                           | \$50.00                                                                  |                                                |
| 2335 Composite Filling - Four Surfaces (Anterior)/IA                                                                                                                                                                                                                       | \$55.00   | PROSTHODONTICS                                                                                                              |                                                           | 4910 Periodontal Maintenance                                                                                                                                | \$40.00                                                                  |                                                |
| 2391 Composite Filling - One Surface (Posterior)                                                                                                                                                                                                                           | \$40.00   | 5110/20 Complete Upper/Lower Denture                                                                                        | \$275.00                                                  | 4921 Gingival Irrigation - per quad                                                                                                                         | \$5.00                                                                   |                                                |
| 2392 Composite Filling - Two Surfaces (Posterior)                                                                                                                                                                                                                          | \$50.00   | 5130/40 Immediate Upper/Lower Denture                                                                                       | \$350.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 2393 Composite Filling - Three Surfaces (Posterior)                                                                                                                                                                                                                        | \$60.00   | 5211/12 Partial Upper/Lower Denture - resin base                                                                            | \$350.00                                                  | TOTAL ANNUAL MAXIMUM                                                                                                                                        |                                                                          |                                                |
| 2394 Composite Filling - Four Surfaces (Posterior)                                                                                                                                                                                                                         | \$70.00   | 5213/14 Partial Upper/Lower Denture- cast metal framework with resin bases (including conventional clasps, rests and teeth) | \$390.00                                                  | ► Primary Care Dentistry                                                                                                                                    |                                                                          | \$2,500.00                                     |
| ADJUNCTIVE SERVICES                                                                                                                                                                                                                                                        |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| 0470 Diagnostic Casts (each)                                                                                                                                                                                                                                               | \$15.00   | 5820/21 Partial Denture (interim)                                                                                           | \$235.00                                                  | ► Specialty Care Dentistry                                                                                                                                  |                                                                          | \$800.00                                       |
| 1351/53 Sealant or repair to Sealent - per tooth                                                                                                                                                                                                                           | \$10.00   | 5850/51 Tissue Conditioning (per arch)                                                                                      | \$40.00                                                   | Maximums are for each member                                                                                                                                |                                                                          |                                                |
| 1510 Unilateral - fixed (space maintainers)                                                                                                                                                                                                                                | \$80.00   | 6010/12 Endosteal implant in conjunction with denture                                                                       | \$940.00                                                  | Benefits are subject to change                                                                                                                              |                                                                          |                                                |
| 1515 Bilateral - fixed (space maintainers)                                                                                                                                                                                                                                 | \$110.00  | 6211 Pontic - cast predominantly base metal                                                                                 | \$275.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 1520 Unilateral - removable (space maintainers)                                                                                                                                                                                                                            | \$100.00  | 6212 Pontic - cast noble metal                                                                                              | \$320.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 1525 Bilateral - removable (space maintainers)                                                                                                                                                                                                                             | \$110.00  | 6241 Pontic - porcelain fused to predominantly base metal                                                                   | \$290.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 1550 Re-cement or re-bond space maintainer                                                                                                                                                                                                                                 | \$16.00   | 6242 Pontic - porcelain fused to noble metal                                                                                | \$310.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 2910 Re-cement inlay, onlay, veneer or partial coverage restoration                                                                                                                                                                                                        | \$20.00   | 2950 Core Buildup (including any pins)                                                                                      | \$75.00                                                   |                                                                                                                                                             |                                                                          |                                                |
| 2915 Recement indirectly fabricated or prefabricated post and core                                                                                                                                                                                                         | \$20.00   | 6751 Crown - porcelain fused to predominantly base metal                                                                    | \$290.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 2920 Re-cement or re-bond crown                                                                                                                                                                                                                                            | \$20.00   | 6752 Crown - porcelain fused to noble metal                                                                                 | \$310.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 2940 Protective Restoration (sedative filling)                                                                                                                                                                                                                             | \$20.00   | 6781 Retainer Crown - porcelain fused to predominantly base metal                                                           | \$240.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 6930 Re-cement or re-bond fixed partial denture                                                                                                                                                                                                                            | \$25.00   | 6782 Retainer Crown - porcelain fused to noble metal                                                                        | \$290.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 9110 Palliative (Emergency) Treatment, minor procedure                                                                                                                                                                                                                     | \$20.00   | 6791 Retainer Crown - 3/4 cast predominantly base metal                                                                     | \$210.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 9310 Consultation (Second Opinion)                                                                                                                                                                                                                                         | \$40.00   | 6792 Retainer Crown - 3/4 cast noble metal                                                                                  | \$290.00                                                  |                                                                                                                                                             |                                                                          |                                                |
| 9910 Application of Desensitizing Medicament                                                                                                                                                                                                                               | \$20.00   | REPAIRS and RELINES                                                                                                         |                                                           | SPECIALTY CARE (Oral Surgery - Periodontics - Pedodontics - Endodontics)                                                                                    |                                                                          |                                                |
| 9930 Treatment of Complications (post-surgical) - unusual circumstances                                                                                                                                                                                                    | \$15.00   | 5410/11/21/22 Denture/Partial adjustment (existing)                                                                         | \$30.00                                                   | (Approved referral from DENCAP required for all Specialty Care)                                                                                             |                                                                          |                                                |
| 9940 Occlusal Guard (night guard)                                                                                                                                                                                                                                          | \$130.00  | 5510/5610 Repair denture/partial (resin base)                                                                               | \$45.00                                                   | Members referred to another DENCAP Dentist for Specialty Care are responsible for 50% of the fee for covered treatment, including evaluations and x-rays. * |                                                                          |                                                |
| 9951 Occlusal Adjustment (limited)                                                                                                                                                                                                                                         | \$50.00   | 5520/5640 Replace missing/broken tooth on denture/partial                                                                   | \$30.00                                                   | \$800 ANNUAL MAXIMUM for Specialty Care                                                                                                                     |                                                                          |                                                |
| EMERGENCY TREATMENT FOR PAIN                                                                                                                                                                                                                                               |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          | (\$1,600.00 of Specialty Care at 50% Coverage) |
| When 50 miles away from your primary care dentist, DENCAP will reimburse you or your covered Dep for fifty percent (50%) of the amount up to one hundred dollars (\$100.00) of those emergency services which relieve severe pain or discomfort that are covered benefits. |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| ORTHODONTICS (NO LIFETIME MAXIMUM)                                                                                                                                                                                                                                         |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| (Approved referral from DENCAP required for all Orthodontic Care)                                                                                                                                                                                                          |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| DENCAP covers up to \$1,800.00 of the usual & customary fee at authorized locations for members under age 19. Over age 19 DENCAP covers up to \$1,200.00 of the usual & customary fee.                                                                                     |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| LAB WORK AND PRECIOUS METALS                                                                                                                                                                                                                                               |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
| Additional charges will apply for lab work and may apply for gold/precious metals for all procedures involving crowns, bridges, prosthodontics, space maintainers, appliances and any repairs to such items.                                                               |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |
|                                                                                                                                                                                                                                                                            |           |                                                                                                                             |                                                           |                                                                                                                                                             |                                                                          |                                                |