

ANNUAL MAXIMUMS (for each member)		\$2,500
Primary Care		\$2,000
Specialty Care		\$500

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$10
9999	Office Visit (regular hours)	\$10

code description co-pay

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DIAGNOSTIC (Class I - Preventative)

ENDODONTICS (Class III - Major)

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	\$10
1120	Prophylaxis/Routine Cleaning - child	\$10

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

PREVENTATIVE (Class I - Preventative)

PERIODONTICS (Class III - Major)

1206	Topical Application of Fluoride - varnish	\$6
1208	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0

0180	Comprehensive Periodontal Evaluation	\$48
4210	Gingivectomy/Gingivoplasty - 4+ teeth or spaces per quad	\$300
4211	Gingivectomy/Gingivoplasty - 1-3 teeth or spaces per quad	\$120
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$54
4240	Gingival Flap Procedure - 4+ teeth or spaces per quad	\$365
4241	Gingival Flap Procedure - 1-3 teeth or spaces per quad	\$300
4249	Clinical Crown Lengthening - hard tissue	\$475
4260	Osseous Surgery - 4+ teeth or spaces per quad	\$435
4261	Osseous Surgery - 1-3 teeth or spaces per quad	\$370
4341	Perio Scaling and Root Planing - 4+ teeth per quad	\$90
4342	Perio Scaling and Root Planing - 1-3 teeth per quad	\$68
4355	Full Mouth Debridement	\$60
4381	Site Specific Therapy, generic - per tooth	\$20
4381	Site Specific Therapy, Arestin © - per tooth	\$60
4910	Periodontal Maintenance	\$60
4921	Gingival Irrigation - per quad	\$10

RADIOGRAPHS (Class I - Preventative)

0210	Intraoral - complete series	\$36
0220	Periapical - first radiographic image	\$6
0230	Periapical - each additional radiographic image	\$6
0240	Intraoral - occlusal radiographic image	\$18
0270	Bitewing - single radiographic image	\$7
0272	Bitewings - two radiographic images	\$14
0273	Bitewings - three radiographic images	\$22
0274	Bitewings - four radiographic images	\$29
0330	Panoramic Radiographic Image	\$36

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

ADJUNCTIVE SERVICES (Class II - Basic)

0470	Diagnostic Casts (each)	\$36
1351	Sealant - per tooth	\$18
1353	Repair to Sealant - per tooth	\$18
1510	Fixed Space Maintainer - unilateral	\$126
1516	Fixed Space Maintainer - bilateral, upper	\$162
1517	Fixed Space Maintainer - bilateral, lower	\$162
1520	Removable Space Maintainer - unilateral	\$162
1526	Removable Space Maintainer - bilateral, upper	\$174
1527	Removable Space Maintainer - bilateral, lower	\$174
1550	Re-cement or Re-bond Space Maintainer	\$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

ORAL SURGERY (Class III - Major)

7111	Extraction - coronal remnants (primary tooth)	\$50
7140	Extraction - erupted tooth or exposed root	\$50
7210	Surgical Removal of an Erupted Tooth	\$96
7220	Removal of Impacted Tooth - soft tissue	\$108
7230	Removal of Impacted Tooth - partially bony	\$156
7240	Removal of Impacted Tooth - completely bony	\$200
7241	Removal of Impacted Tooth - complicated	\$240
7250	Surgical Removal of Residual Tooth Roots	\$185
7280	Surgical Access of an Unerupted Tooth	\$216
7285	Incisional Biopsy of Oral Tissue - hard	\$330
7286	Incisional Biopsy of Oral Tissue - soft	\$210
7287	Exfoliative Cytological Sample Collection	\$60
7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth or spaces per quad	\$96
7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth or spaces per quad	\$72
7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth or spaces	\$144
7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth or spaces	\$120
7471	Removal of Lateral Exostosis	\$246
7472	Removal of Torus Palatinus	\$246
7473	Removal of Torus Mandibularis	\$246
7510	Incision and Drainage of Abscess - intraoral soft tissue	\$48

Benefits are subject to change

code	description	co-pay	code	description	co-pay
CROWNS (Class III - Major)			PROSTHODONTICS (Class III - Major)		
2390	Crown - resin-based composite, anterior	\$222	5110	Complete Upper Denture	\$535
2542	Onlay - metallic, two surfaces	\$475	5120	Complete Lower Denture	\$535
2543	Onlay - metallic, three surfaces	\$475	5130	Immediate Upper Denture	\$595
2544	Onlay - metallic, four surfaces	\$475	5140	Immediate Lower Denture	\$595
2642	Onlay - porcelain/ceramic, two surfaces	\$475	5211	Upper Partial Denture - resin base	\$475
2643	Onlay - porcelain/ceramic, three surfaces	\$475	5212	Lower Partial Denture - resin base	\$475
2644	Onlay - porcelain/ceramic, four surfaces	\$475	5213	Upper Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$650
2662	Onlay - resin-based composite, two surfaces	\$475	5214	Lower Partial Denture - cast metal framework with resin base, including conventional clasps, rests and teeth	\$650
2663	Onlay - resin-based composite, three surfaces	\$475	5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$710
2664	Onlay - resin-based composite, four surfaces	\$475	5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$710
2740	Crown - porcelain/ceramic	\$715	5820	Interim Partial Denture - upper	\$395
2750	Crown - porcelain fused to high noble metal	\$595	5821	Interim Partial Denture - lower	\$395
2751	Crown - porcelain fused to predominantly base metal	\$465	5850	Tissue Conditioning - upper	\$85
2752	Crown - porcelain fused to noble metal	\$475	5851	Tissue Conditioning - lower	\$85
2780	Crown - 3/4 cast high noble metal	\$595	6010	Endosteal Implant in Conjunction with Denture	\$1,128
2781	Crown - 3/4 cast predominantly base metal	\$465	6012	Endosteal Implant in Conjunction with Denture	\$1,128
2782	Crown - 3/4 cast noble metal	\$475	6210	Pontic - cast high noble metal	\$595
2783	Crown - 3/4 porcelain/ceramic	\$715	6211	Pontic - cast predominantly base metal	\$465
2790	Crown - full cast high noble metal	\$595	6212	Pontic - cast noble metal	\$475
2791	Crown - full cast predominantly base metal	\$465	6240	Pontic - porcelain fused to high noble metal	\$595
2792	Crown - full cast noble metal	\$475	6241	Pontic - porcelain fused to predominantly base metal	\$465
2799	Crown - provisional	\$144	6242	Pontic - porcelain fused to noble metal	\$475
2930	Crown - prefabricated stainless steel, primary tooth	\$180	6245	Pontic - porcelain/ceramic	\$715
2931	Crown - prefabricated stainless steel, permanent tooth	\$180	6740	Retainer Crown - porcelain/ceramic	\$715
2932	Crown - prefabricated resin	\$180	6750	Retainer Crown - porcelain fused to high noble metal	\$595
2933	Crown - prefabricated stainless steel with window	\$180	6751	Retainer Crown - porcelain fused to predominantly base metal	\$465
2950	Core Buildup - including any pins	\$120	6752	Retainer Crown - porcelain fused to noble metal	\$475
2952	Post and Core in Addition to Crown	\$150	6780	Retainer Crown - 3/4 cast high noble metal	\$595
2954	Prefabricated Post and Core in Addition to Crown	\$140	6781	Retainer Crown - 3/4 cast predominantly base metal	\$465
PROSTHETIC REPAIR (Class II - Basic)			LAB WORK AND PRECIOUS METALS		
2910	Re-cement Partial Coverage Restoration	\$24	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.		
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$24	ORTHODONTICS (Class IV - Orthodontics)		
2920	Re-cement or Re-bond crown	\$25	Approved referral from DENCAP is required		
5410	Adjustment to Complete Denture - upper	\$30	Members are referred to an in-network Orthodontist		
5411	Adjustment to Complete Denture - lower	\$30	Up to Age 19, \$1800 discount from usual and customary rate		
5421	Adjustment to Partial Denture - upper	\$30	Over Age 19, \$1200 discount from usual and customary rate		
5422	Adjustment to Partial Denture - lower	\$30	12 to 24 month standard braces		
5511	Repair to Broken Complete Denture Base - lower	\$70	SPECIALTY CARE		
5512	Repair to Broken Complete Denture Base - upper	\$70	- Endodontics - Oral Surgery - Periodontics - Pedodontics -		
5520	Replace Missing/Broken Teeth - denture, per tooth	\$80	Approved referral from DENCAP is required		
5611	Repair Resin Partial Denture Base - lower	\$70	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.		
5612	Repair Resin Partial Denture Base - upper	\$70	The Member is responsible for the remaining amount.		
5621	Repair Cast Partial Framework - lower	\$95	Having x-rays sent from the Primary Care Dentist may be cost effective.		
5622	Repair Cast Partial Framework - upper	\$95	Benefit available after 6 consecutive months of coverage.		
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			

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.

EHB Annual Limit on Cost Sharing: \$350 per child / \$700 for two or more children