

ANNUAL MAXIMUMS (for each member)		\$1,000
Primary Care		Unlimited
Specialty Care		\$1,000

code	description	co-pay
<b>DIAGNOSTIC (Class I - Preventive)</b>		
0120	Periodic Oral Evaluation	\$0
0140	Limited Oral Evaluation - problem focused	\$20
0150	Comprehensive Oral Evaluation	\$0
0431	Prediagnostic Test	\$0
1110	Prophylaxis/Routine Cleaning - adult	\$0
1120	Prophylaxis/Routine Cleaning - child	\$0
<b>PREVENTIVE (Class I - Preventive)</b>		
1330	Oral Hygiene Instructions	\$0
<b>RADIOGRAPHS (Class I - Preventive)</b>		
0210	Intraoral - complete series	\$25
0220	Periapical - first radiographic image	\$0
0230	Periapical - each additional radiographic image	\$5
0240	Intraoral - occlusal radiographic image	\$0
0270	Bitewing - single radiographic image	\$0
0272	Bitewings - two radiographic images	\$10
0273	Bitewings - three radiographic images	\$15
0274	Bitewings - four radiographic images	\$20
0330	Panoramic Radiographic Image	\$25
<b>ADJUNCTIVE SERVICES (Class II - Basic)</b>		
0470	Diagnostic Casts (each)	\$53
1351	Sealant - per tooth	\$15
1510	Fixed Space Maintainer - unilateral per quadrant	\$173
1520	Removable Space Maintainer - unilateral per quadrant	\$222
2940	Protective Restoration (sedative filling)	\$34
9110	Palliative (Emergency) Treatment - minor procedure	\$27
9215	Local Anesthesia	\$0
9930	Treatment of Complications, Post-Surgical - unusual	\$25
<b>RESTORATIVE (Class II - Basic)</b>		
2140	Amalgam Filling - one surface	\$57
2150	Amalgam Filling - two surfaces	\$68
2160	Amalgam Filling - three surfaces	\$78
2161	Amalgam Filling - four or more surfaces	\$87
2330	Composite Filling - one surface, anterior	\$61
2331	Composite Filling - two surfaces, anterior	\$75
2332	Composite Filling - three surfaces, anterior	\$91
2335	Composite Filling - four surfaces, anterior/incisal and	\$114
2391	Composite Filling - one surface, posterior	\$68
2392	Composite Filling - two surfaces, posterior	\$83
2393	Composite Filling - three surfaces, posterior	\$99
2394	Composite Filling - four surfaces, posterior	\$134

**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.

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

code	description	co-pay
<b>PROSTHETIC REPAIR (Class II - Basic)</b>		
2910	Re-cement Partial Coverage Restoration	\$25
2915	Re-cement Indirectly Fabricated or Prefab Post and	\$25
2920	Re-cement or Re-bond crown	\$25
5410	Adjustment to Complete Denture - upper	\$32
5411	Adjustment to Complete Denture - lower	\$32
5421	Adjustment to Partial Denture - upper	\$32
5422	Adjustment to Partial Denture - lower	\$32
5520	Replace Missing/Broken Teeth - denture, per tooth	\$93
5630	Repair or Replace Broken Clasp - per tooth	\$111
5640	Replace Missing/Broken Teeth - partial, per tooth	\$94
5650	Add Tooth to Existing Partial Denture	\$90
5660	Add Clasp to Existing Partial Denture - per tooth	\$137
5730	Reline Complete Upper Denture - in office	\$158
5731	Reline Complete Lower Denture - in office	\$158
5740	Reline Partial Upper Denture - in office	\$160
5741	Reline Partial Lower Denture - in office	\$162
5750	Reline Complete Upper Denture - lab	\$238
5751	Reline Complete Lower Denture - lab	\$238
5760	Reline Partial Upper Denture - lab	\$236
5761	Reline Partial Lower Denture - lab	\$236
6930	Re-cement or Re-bond Fixed Partial Denture	\$32
<b>ENDODONTICS (Class III - Major)</b>		
3110	Pulp Cap - direct	\$38
3120	Pulp Cap - indirect	\$38
3220	Therapeutic Pulpotomy	\$92
3310	Root Canal Therapy - anterior tooth	\$400
3320	Root Canal Therapy - premolar tooth	\$450
3330	Root Canal Therapy - molar tooth	\$500
3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$425
3347	Retreat of Previous Root Canal Therapy - premolar	\$525
3348	Retreat of Previous Root Canal Therapy - molar tooth	\$600
3410	Apicoectomy Surgery - anterior tooth	\$390
3421	Apicoectomy Surgery - premolar tooth, first root	\$441
3425	Apicoectomy Surgery - molar tooth, first root	\$505
3426	Apicoectomy Surgery - each additional root	\$204
3430	Retrograde Filling - per root	\$79

**SPECIALTY CARE**

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

Benefits are available after six (6) consecutive months of coverage. DENCAP pays 35% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.

**HEALTHCHOICE SMALL BUSINESS  
SCHEDULE OF BENEFITS AND FIXED CO-PAYS**

code	description	co-pay	code	description	co-pay
<b>PROSTHODONTICS (Class III - Major)</b>			<b>CROWNS (Class III - Major)</b>		
5110	Complete Upper Denture	\$700	2390	Crown - resin-based composite, anterior	\$244
5120	Complete Lower Denture	\$700	2751	Crown - porcelain fused to predominantly base metal	\$643
5211	Upper Partial Denture - resin base	\$750	2752	Crown - porcelain fused to noble metal	\$680
5212	Lower Partial Denture - resin base	\$750	2781	Crown - 3/4 cast predominantly base metal	\$649
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$800	2782	Crown - 3/4 cast noble metal	\$689
5850	Tissue Conditioning - upper	\$95	2790	Crown - full cast high noble metal	\$919
5851	Tissue Conditioning - lower	\$95	2791	Crown - full cast predominantly base metal	\$680
6211	Pontic - cast predominantly base metal	\$565	2792	Crown - full cast noble metal	\$739
6212	Pontic - cast noble metal	\$559	2799	Crown - interim	\$219
6241	Pontic - porcelain fused to predominantly base metal	\$501	2930	Crown - prefabricated stainless steel, primary tooth	\$190
6242	Pontic - porcelain fused to noble metal	\$525	2931	Crown - prefabricated stainless steel, permanent tooth	\$189
6751	Retainer Crown - porcelain fused to predominantly base metal	\$510	2932	Crown - prefabricated resin	\$202
6752	Retainer Crown - porcelain fused to noble metal	\$540	2933	Crown - prefabricated stainless steel with window	\$190
6781	Retainer Crown - 3/4 cast predominantly base metal	\$590	2950	Core Buildup - including any pins	\$135
6782	Retainer Crown - 3/4 cast noble metal	\$526	2952	Post and Core in Addition to Crown	\$200
6791	Retainer Crown - full cast predominantly base metal	\$561	2954	Prefabricated Post and Core in Addition to Crown	\$160
6792	Retainer Crown - full cast noble metal	\$571	<b>ORAL SURGERY (Class III - Major)</b>		
<b>PERIODONTICS (Class III - Major)</b>			7111	Extraction - coronal remnants (primary tooth)	\$53
0180	Comprehensive Periodontal Evaluation	\$51	7140	Extraction - erupted tooth or exposed root	\$53
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quadrant	\$315	7210	Surgical Removal of an Erupted Tooth	\$107
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quadrant	\$165	7220	Removal of Impacted Tooth - soft tissue	\$114
4240	Gingival Flap Procedure - 4+ teeth/spaces per quadrant	\$368	7230	Removal of Impacted Tooth - partially bony	\$146
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quadrant	\$315	7240	Removal of Impacted Tooth - completely bony	\$191
4260	Osseous Surgery - 4+ teeth/spaces per quadrant	\$499	7241	Removal of Impacted Tooth - complicated	\$284
4261	Osseous Surgery - 1-3 teeth/spaces per quadrant	\$410	7250	Surgical Removal of Residual Tooth Roots	\$195
4341	Perio Scaling and Root Planning - 4+ teeth per quadrant	\$95	7280	Surgical Access of an Unerupted Tooth	\$252
4342	Perio Scaling and Root Planning - 1-3 teeth per quadrant	\$72	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quadrant	\$135
4355	Full Mouth Debridement	\$64	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quadrant	\$135
4381	Site Specific Therapy, generic - per tooth	\$45	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$175
4910	Periodontal Maintenance	\$63	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$175
<b>ORTHODONTICS (Class IV - Orthodontics)</b>			7471	Removal of Lateral Exostosis	\$276
Member must have twelve (12) months of continuous enrollment to be eligible for the orthodontic benefit.			7472	Removal of Torus Palatinus	\$264
Members are referred to an in-network Orthodontist			7473	Removal of Torus Mandibularis	\$259
Up to Age 19, \$1800 discount / Over age 19, \$1200 discount from usual and customary rate • 12 to 24 months standard braces			7510	Incision and Drainage of Abscess - intraoral soft tissue	\$60

*Benefits are subject to change.  
Limitations and Exclusions found at:  
dencap.com/general-policies*