

**HEALTHCHOICE WELCOME**  
**SCHEDULE OF BENEFITS AND FIXED CO-PAYS**

<b>ANNUAL MAXIMUMS (for each member)</b>		<b>\$3,500</b>
<b>Primary Care</b>		<b>\$2,500</b>
<b>Specialty Care</b>		<b>\$1,000</b>

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

code description co-pay

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<b>DIAGNOSTIC (Class I - Preventive)</b>		
<b>0120</b>	Periodic Oral Evaluation	\$0
<b>0140</b>	Limited Oral Evaluation - problem focused	\$0
<b>0150</b>	Comprehensive Oral Evaluation	\$0
<b>0431</b>	Prediagnostic Test	\$0
<b>1110</b>	Prophylaxis/Routine Cleaning - adult	\$0
<b>1120</b>	Prophylaxis/Routine Cleaning - child	\$0

<b>PROSTHETIC REPAIR (Class II - Basic)</b>		
<b>2910</b>	Re-cement Partial Coverage Restoration	\$35
<b>2915</b>	Re-cement Indirectly Fabricated or Prefab Post/Core	\$35
<b>2920</b>	Re-cement or Re-bond crown	\$40
<b>5410</b>	Adjustment to Complete Denture - upper	\$32
<b>5411</b>	Adjustment to Complete Denture - lower	\$32
<b>5421</b>	Adjustment to Partial Denture - upper	\$32
<b>5422</b>	Adjustment to Partial Denture - lower	\$32

<b>PREVENTIVE (Class I - Preventive)</b>		
<b>1330</b>	Oral Hygiene Instructions	\$0

<b>RADIOGRAPHS (Class I - Preventive)</b>		
<b>0210</b>	Intraoral - complete series	\$0
<b>0220</b>	Periapical - first radiographic image	\$0
<b>0230</b>	Periapical - each additional radiographic image	\$0
<b>0240</b>	Intraoral - occlusal radiographic image	\$0
<b>0270</b>	Bitewing - single radiographic image	\$0
<b>0272</b>	Bitewings - two radiographic images	\$0
<b>0273</b>	Bitewings - three radiographic images	\$0
<b>0274</b>	Bitewings - four radiographic images	\$0
<b>0330</b>	Panoramic Radiographic Image	\$0

<b>5520</b>	Replace Missing/Broken Teeth - denture, per tooth	\$93
<b>5630</b>	Repair or Replace Broken Clasp - per tooth	\$111
<b>5640</b>	Replace Missing/Broken Teeth - partial, per tooth	\$94
<b>5650</b>	Add Tooth to Existing Partial Denture	\$90
<b>5660</b>	Add Clasp to Existing Partial Denture - per tooth	\$137
<b>5730</b>	Reline Complete Upper Denture - in office	\$158
<b>5731</b>	Reline Complete Lower Denture - in office	\$158
<b>5740</b>	Reline Partial Upper Denture - in office	\$160
<b>5741</b>	Reline Partial Lower Denture - in office	\$162
<b>5750</b>	Reline Complete Upper Denture - lab	\$238
<b>5751</b>	Reline Complete Lower Denture - lab	\$238
<b>5760</b>	Reline Partial Upper Denture - lab	\$236
<b>5761</b>	Reline Partial Lower Denture - lab	\$236
<b>6930</b>	Re-cement or Re-bond Fixed Partial Denture	\$40

<b>ADJUNCTIVE SERVICES (Class II - Basic)</b>		
<b>0470</b>	Diagnostic Casts (each)	\$41
<b>1351</b>	Sealant - per tooth	\$15
<b>1510</b>	Fixed Space Maintainer - unilateral per quadrant	\$133
<b>1520</b>	Removable Space Maintainer - unilateral per quadrar	\$171
<b>2940</b>	Protective Restoration (sedative filling)	\$26
<b>9110</b>	Palliative (Emergency) Treatment - minor procedure	\$21
<b>9215</b>	Local Anesthesia	\$0
<b>9930</b>	Treatment of Complications, Post-Surgical - unusual	\$19

<b>ENDODONTICS (Class III - Major)</b>		
<b>3110</b>	Pulp Cap - direct	\$38
<b>3120</b>	Pulp Cap - indirect	\$38
<b>3220</b>	Therapeutic Pulpotomy	\$153
<b>3310</b>	Root Canal Therapy - anterior tooth	\$400
<b>3320</b>	Root Canal Therapy - premolar tooth	\$450
<b>3330</b>	Root Canal Therapy - molar tooth	\$500
<b>3346</b>	Retreat of Previous Root Canal Therapy - anterior tooth	\$425
<b>3347</b>	Retreat of Previous Root Canal Therapy - premolar tooth	\$525
<b>3348</b>	Retreat of Previous Root Canal Therapy - molar tooth	\$600
<b>3410</b>	Apicoectomy Surgery - anterior tooth	\$390
<b>3421</b>	Apicoectomy Surgery - premolar tooth, first root	\$441
<b>3425</b>	Apicoectomy Surgery - molar tooth, first root	\$505
<b>3426</b>	Apicoectomy Surgery - each additional root	\$204
<b>3430</b>	Retrograde Filling - per root	\$79

<b>RESTORATIVE (Class II - Basic)</b>		
<b>2140</b>	Amalgam Filling - one surface	\$44
<b>2150</b>	Amalgam Filling - two surfaces	\$52
<b>2160</b>	Amalgam Filling - three surfaces	\$60
<b>2161</b>	Amalgam Filling - four or more surfaces	\$67
<b>2330</b>	Composite Filling - one surface, anterior	\$57
<b>2331</b>	Composite Filling - two surfaces, anterior	\$68
<b>2332</b>	Composite Filling - three surfaces, anterior	\$80
<b>2335</b>	Composite Filling - four surfaces, anterior/incisal ang	\$138
<b>2391</b>	Composite Filling - one surface, posterior	\$62
<b>2392</b>	Composite Filling - two surfaces, posterior	\$74
<b>2393</b>	Composite Filling - three surfaces, posterior	\$86
<b>2394</b>	Composite Filling - four surfaces, posterior	\$153

<b>SPECIALTY CARE</b>		
- Endodontics - Oral Surgery - Periodontics - Pedodontics - Approved referral from DENCAP is required		

**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.

Benefits are available after six (6) consecutive months of coverage. DENCAP pays 50% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.

**HEALTHCHOICE WELCOME**  
**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 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
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$800	2790	Crown - full cast high noble metal	\$919
5850	Tissue Conditioning - upper	\$95	2791	Crown - full cast predominantly base metal	\$680
5851	Tissue Conditioning - lower	\$95	2792	Crown - full cast noble metal	\$739
6010	Surgical Placement of Endosteal Implant Body	\$1,241	2799	Crown - interim	\$219
6011	Surgical Access to an Implant Body	\$525	2930	Crown - prefabricated stainless steel, primary tooth	\$190
6012	Surgical Placement of Interim Endosteal Implant Body for Transitional Prothesis	\$1,187	2931	Crown - prefabricated stainless steel, permanent	\$189
6211	Pontic - cast predominantly base metal	\$656	2932	Crown - prefabricated resin	\$202
6212	Pontic - cast noble metal	\$559	2933	Crown - prefabricated stainless steel with window	\$190
6241	Pontic - porcelain fused to predominantly base metal	\$501	2950	Core Buildup - including any pins	\$135
6242	Pontic - porcelain fused to noble metal	\$525	2952	Post and Core in Addition to Crown	\$200
6751	Retainer Crown - porcelain fused to predominantly base metal	\$510	2954	Prefabricated Post and Core in Addition to Crown	\$160
6752	Retainer Crown - porcelain fused to noble metal	\$540	<b>ORAL SURGERY (Class III - Major)</b>		
6781	Retainer Crown - 3/4 cast predominantly base metal	\$590	7111	Extraction - coronal remnants (primary tooth)	\$53
6782	Retainer Crown - 3/4 cast noble metal	\$526	7140	Extraction - erupted tooth or exposed root	\$53
6791	Retainer Crown - full cast predominantly base metal	\$561	7210	Surgical Removal of an Erupted Tooth	\$107
6792	Retainer Crown - full cast noble metal	\$571	7220	Removal of Impacted Tooth - soft tissue	\$114
<b>PERIODONTICS (Class III - Major)</b>			7230	Removal of Impacted Tooth - partially bony	\$146
0180	Comprehensive Periodontal Evaluation	\$51	7240	Removal of Impacted Tooth - completely bony	\$191
4210	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$315	7241	Removal of Impacted Tooth - complicated	\$284
4211	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$165	7250	Surgical Removal of Residual Tooth Roots	\$195
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$390	7280	Surgical Access of an Unerupted Tooth	\$252
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$315	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$135
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$499	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$135
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$410	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$175
4341	Perio Scaling and Root Planning - 4+ teeth per quad	\$95	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$175
4342	Perio Scaling and Root Planning - 1-3 teeth per quad	\$72	7471	Removal of Lateral Exostosis	\$276
4355	Full Mouth Debridement	\$64	7472	Removal of Torus Palatinus	\$264
4381	Site Specific Therapy, generic - per tooth	\$45	7473	Removal of Torus Mandibularis	\$259
4910	Periodontal Maintenance	\$70	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$60

*Benefits are subject to change.  
Limitations and Exclusions found at:  
[dencap.com/general-policies](http://dencap.com/general-policies)*

**ORTHODONTICS (Class IV - Orthodontics)**

Member must have twelve (12) months of continuous enrollment to be eligible for the orthodontic benefit.

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 months standard braces