

**DENCAP STUDENT CHOICE DENTAL PLAN**  
**Dental Program: DCD**  
**Schedule of Benefits and Co-payments**

(313) 972-1400



CODE	DIAGNOSTIC AND PREVENTATIVE	MEMBER PAYS	CODE	CROWN AND BRIDGE	MEMBER PAYS	CODE	REPAIR OF PROSTHESIS	MEMBER PAYS
9999	Office Visit (regular hours)	\$5.00	2791	Full Cast Predominantly Base Metal (per unit)	\$385.00	5510/5610	Repair Denture/Partial (resin base)	\$65.00
0120	Periodic Oral Evaluation	No Charge	2751	Porcelain Fused to Pred. Base Metal (per unit)	\$385.00	5520/5640	Replace Missing/Broken Tooth on Denture/Partial	\$50.00
0140	Limited Oral Evaluation - Problem Focused	No Charge	2752	Porcelain Fused to Noble Metal (per unit)	\$395.00	5620	Repair Partial Cast Framework	\$80.00
0150	Comprehensive Oral Evaluation	No Charge	2781	3/4 Cast Predominantly Base Metal (per unit)	\$385.00	5630	Repair or Replace Broken Clasp	\$80.00
0431	Predagnostic Test	No Charge	27,67XX/6212	Cast Noble Metal (per unit)	\$395.00	5650	Add Tooth to Existing Partial Denture	\$70.00
1110	Prophylaxis/Routine Cleaning - Adult	No Charge	2930/1/2/3	Prefabricated Stainless Steel-Resin Crown	\$150.00	5660	Add Clasp to Existing Partial Denture	\$105.00
1120	Prophylaxis/Routine Cleaning - Child	No Charge	6211/6791	Cast Predominantly Base Metal (per unit)	\$385.00	57XX++	Reline Complete or Partial Denture (office)	\$125.00
1330	Oral Hygiene Instructions	No Charge	6241/6751	Porcelain Fused - Pred. Base Metal (per unit)	\$395.00	57XX+++	Reline Complete or Partial Denture (lab)	\$150.00
9215	Local Anesthesia	No Charge	6242/6752	Porcelain Fused to Noble Metal (per unit)	\$395.00			
1203/4	Fluoride Treatment (up to age 19)	No Charge	6781	Crown- 3/4 Cast Pred. Base Metal (per unit)	\$385.00		<b>ORAL SURGERY</b>	
1351	Sealant - per tooth	\$15.00	2390	Resin-based Composite Crown, Anterior	\$185.00	7140/7111	Simple Extraction of Single Tooth	\$40.00
	<b>X-RAY COVERAGE</b>		2799	Provisional Crown	\$120.00	7210	Surgical Removal of an Erupted Tooth	\$80.00
0220	Periapical - First Film	\$5.00	2952/6970	Cast Post and Core	\$120.00	7220	Removal Impacted Tooth - soft tissue	\$90.00
0230	Periapical - Each Additional Film	\$5.00	2954/6972	Prefabricated Post and Core	\$110.00	7230	Removal Impacted Tooth - partially bony	\$130.00
0240	Intraoral - Occlusal Film	\$15.00				7240	Removal Impacted Tooth - completely bony	\$180.00
0270	Bitewing - Single Film	\$6.00		<b>ENDODONTICS (interior of tooth)</b>		7241	Removal Impacted Tooth - completely bony (diff.)	\$205.00
0272	Bitewings - Two Films	\$12.00	3310	Anterior Root Canal Therapy	\$270.00	7250	Surgical Removal of Residual Tooth Roots	\$150.00
0273	Bitewings - Three Films	\$18.00	3320	Bicuspid Root Canal Therapy	\$310.00	7280	Surgical Access of an Unerupted Tooth	\$180.00
0274	Bitewings - Four Films	\$24.00	3330	Molar Root Canal Therapy	\$365.00	7310	Alveoloplasty in conj. w/exts. (4+ teeth or spaces)	\$80.00
	<b>ADJUNCTIVE SERVICES</b>		3346	Retreat of Previous RCT - Anterior	\$290.00	7311	Alveoloplasty in conj. w/exts. (1-3 teeth or spaces)	\$60.00
0210	Intraoral - Complete Series	\$30.00	3347	Retreat of Previous RCT - Bicuspid	\$350.00	7320	Alveoloplasty not in conj. w/exts. (4+ teeth or spaces)	\$120.00
0330	Panoramic Film	\$30.00	3348	Retreat of Previous RCT - Molar	\$410.00	7321	Alveoloplasty not in conj. w/exts. (1-3 teeth or spaces)	\$100.00
0470	Diagnostic Casts (each)	\$30.00	3220	Therapeutic Pulpotomy	\$70.00	7471/2/3	Removal of Exostosis (per site)	\$205.00
9110	Palliative (Emergency) Treatment (minor-reg. hrs.)	\$15.00	3430	Retrograde Filling (per root)	\$60.00	7510	Incision & Drainage of Abscess (intraoral soft tiss.)	\$40.00
9440	Office Visit (after hours)	\$45.00	3110/20	Pulp Cap (direct/indirect)	\$30.00	9241	IV Anesthesia - first 30 min. (3+ surg. extractions)	\$100.00
2910	Recement Inlay, Onlay or Par. Cov. Rest.	\$20.00	3410	Apicoectomy/Periradicular Surg.- Anterior	\$280.00	9242	IV Anesthesia - each add'l 15 min. (3+ surg exts.)	\$35.00
2915	Recement Cast or Prefab. Post and Core	\$20.00	3421	Apicoectomy/Per. Surg.-Bicuspid (first root)	\$310.00		<b>UNCLASSIFIED TREATMENT</b>	
2920	Recement Crown	\$20.00	3425	Apicoectomy/Per. Surg. - Molar (first root)	\$350.00	9430	Office Visit - Observation (no other treatment)	\$10.00
6930	Recement Bridge (fixed partial denture)	\$25.00	3426	Apicoectomy/Per. Surg. (each add'l. root)	\$100.00	9930	Treatment of Complications (post-surg. minor-per visit)	\$15.00
2940	Sedative Filling	\$20.00					<b>ANNUAL MAXIMUM for Primary Care Dentistry</b>	<b>\$2,500.00</b>
2950	Core Buildup (including any pins)	\$100.00		<b>PERIODONTICS (gums and supporting tissue)</b>			<b>ORTHODONTICS</b>	
6973	Core Buildup for Bridge/Ret. (incl. any pins)	\$100.00	0180	Comprehensive Periodontal Evaluation	\$40.00		(Approved referral from DENCAP required for all Orthodontic Care)	
	<b>RESTORATIVE (fillings)</b>		4355	Full Mouth Debridement	\$50.00		DENCAP covers up to \$1800 of the fee at authorized locations for members under age 19. Over age 19, DENCAP covers up to \$800 of the fee.	
2140	Amalgam Filling - One Surface	\$25.00	4910	Periodontal Maintenance	\$50.00			
2150	Amalgam Filling - Two Surfaces	\$32.00	4341	Perio Scaling/Root Planing (>=4)	\$75.00			
2160	Amalgam Filling-Three Surfaces	\$40.00	4342	Perio Scaling/Root Planing (<=3)	\$55.00			
2161	Amalgam Filling-Four or More Surfaces	\$50.00	4381	Site Specific Therapy (per tooth)	\$50.00			
2330	Composite Filling - One Surface (Anterior)	\$35.00	4210	Gingivectomy/Gingivoplasty (>=4 or bounded)	\$260.00			
2331	Composite Filling - Two Surfaces (Anterior)	\$45.00	4211	Gingivectomy/Gingivoplasty (<=3 or bounded)	\$210.00			
2332	Composite Filling - Three Surfaces (Anterior)	\$55.00	4240	Gingival Flap Procedure (>=4 or bounded)	\$310.00			
2335	Comp Filling-Four or More Surfaces/IA (Anterior)	\$65.00	4241	Gingival Flap Procedure (<=3 or bounded)	\$270.00		<b>SPECIALTY CARE</b>	
2391	Composite Filling - One Surface (Posterior)	\$40.00	4260	Osseous Surgery (>=4 or bounded)	\$350.00		(Approved referral from DENCAP required for all Specialty Care)	
2392	Composite Filling - Two Surfaces (Posterior)	\$50.00	4261	Osseous Surgery (<=3 or bounded)	\$300.00		Members referred to another DENCAP Dentist for Specialty Care are responsible for 50% of the fee for covered treatment, including evaluations and x-rays (see <b>NOTE</b> ).	
2393	Composite Filling-Three Surfaces (Posterior)	\$60.00	9951	Occlusal Adjustment (limited)	\$60.00		Pedodontics are covered at 50% for dependents up to age 5.	
2394	Composite Filling-Four Surfaces (Posterior)	\$80.00		<b>PROSTHODONTICS (removables)</b>			<b>Benefits available after six continuous months of enrollment.</b>	
	<b>SPACE MAINTAINERS</b>		5110	Complete Upper Denture	\$445.00		<b>ANNUAL MAXIMUM for Specialty Care</b>	<b>\$500.00</b>
1510	Space Maintainer - Fixed - Unilateral	\$105.00	5120	Complete Lower Denture	\$445.00			
1515	Space Maintainer - Fixed - Bilateral	\$135.00	5130	Immediate Upper Denture	\$495.00			
1520	Space Maintainer - Removable - Unilateral	\$135.00	5140	Immediate Lower Denture	\$495.00			
1525	Space Maintainer - Removable - Bilateral	\$145.00	5211/12	Partial U/L Denture - Resin Based	\$395.00			
1550	Re-cementation of Space Maintainer	\$20.00	5213/14	Partial U/L Denture - Cast Metal Framework with Resin Bases (inc.regular clasps, rests & teeth)	\$540.00			
9940	Occlusal Guard (night guard)	\$225.00	5850/51	Tissue Conditioning (per arch)	\$70.00			
			54XX+	Denture/Partial Adjustment (existing)	\$20.00			

XX = 2782, 2792, 6212, 6782, 6792  
+ 5410, 5411, 5421, 5422  
++ 5730, 5731, 5740, 5741  
+++ 5750, 5751, 5760, 5761

**ORTHODONTICS**  
(Approved referral from DENCAP required for all Orthodontic Care)  
DENCAP covers up to \$1800 of the fee at authorized locations for members under age 19. Over age 19, DENCAP covers up to \$800 of the fee.

**SPECIALTY CARE**  
(Approved referral from DENCAP required for all Specialty Care)  
Members referred to another DENCAP Dentist for Specialty Care are responsible for 50% of the fee for covered treatment, including evaluations and x-rays (see **NOTE**).  
Pedodontics are covered at 50% for dependents up to age 5.  
**Benefits available after six continuous months of enrollment.**

**ANNUAL MAXIMUM for Specialty Care** **\$500.00**  
Additional charges will apply for lab work and/or for gold/precious metals for all procedures involving crowns, bridges, prosthodontics, space maintainers, appliances and any repairs to such items.

**NOTE:** Having x-rays sent from the Primary Care Dentist to the Specialist may be cost effective.

Benefits and Co-payments subject to change.