



DETROIT MEDICAL CENTER (DMC)

Schedule of Benefits and Fixed Co-pays

313-972-1400
888-98-TEETH
www.dencap.com

ROUTINE CLEANINGS, EXAMS, X-RAYS - 100% Covered*

CODE	YOUR CO-PAY
9999 Office Visit (regular hours)	\$5.00
0120 Periodic Oral Evaluation	\$0.00
0140 Limited Oral Evaluation - Problem Focused	\$0.00
0150 Comprehensive Oral Evaluation	\$0.00
0431 Prediagnostic Test	\$0.00
1110/20 Prophylaxis/Routine Cleaning - Adult/Child	\$0.00
1203/04 Fluoride Treatment - Child / Adult (up to age 19)	\$0.00
1330 Oral Hygiene Instructions	\$0.00
9215 Local Anesthesia	\$0.00
0210 Intraoral - Complete Series	\$0.00
0220 Periapical - First Film	\$0.00
0230 Periapical - Each Additional Film	\$0.00
0240 Intraoral - Occlusal Film	\$0.00
0270 Bitewing - Single Film	\$0.00
0272 Bitewings - Two Films	\$0.00
0273 Bitewings - Three Films	\$0.00
0274 Bitewings - Four Films	\$0.00
0330 Panoramic Film	\$0.00

FILLINGS - 85% Covered*

2140 Amalgam Filling - One Surface	\$10.00
2150 Amalgam Filling - Two Surfaces	\$20.00
2160 Amalgam Filling-Three Surfaces	\$30.00
2161 Amalgam Filling-Four or More Surfaces	\$45.00
2330 Composite Filling - One Surface (Anterior)	\$20.00
2331 Composite Filling - Two Surfaces (Anterior)	\$30.00
2332 Composite Filling - Three Surfaces (Anterior)	\$40.00
2335 Composite Filling - Four Surfaces (Anterior)/IA	\$55.00
2391 Composite Filling - One Surface (Posterior)	\$30.00
2392 Composite Filling - Two Surfaces (Posterior)	\$40.00
2393 Composite Filling - Three Surfaces (Posterior)	\$50.00
2394 Composite Filling - Four Surfaces (Posterior)	\$60.00

ADJUNCTIVE (Preparation) SERVICES - 75% Covered*

0470 Diagnostic Casts (each)	\$15.00
1351 Sealant - per tooth	\$10.00
1510 Unilateral - fixed (space maintainers)	\$80.00
1515 Bilateral - fixed (space maintainers)	\$110.00
1520 Unilateral - removable (space maintainers)	\$110.00
1525 Bilateral - removable (space maintainers)	\$120.00
1550 Re-cementation of space maintainer	\$15.00
2910 Recement Inlay, Onlay or Partial Cov. Rest.	\$30.00
2915 Recement cast or prefabricated post/core	\$30.00
2920 Recement Crown	\$20.00
2940 Protective Restoration	\$0.00
6930 Recement Bridge (fixed partial denture)	\$40.00
9110 Palliative (Emergency) Treatment (minor-reg. hrs.)	\$20.00
9430 Office visit for observation (no other treatment)	\$10.00
9930 Treatment complications (post-surg minor-per visit)	\$10.00
9940 Occlusal guard (night guard)	\$225.00
9951 Occlusal adjustment (limited)	\$55.00
9999 Office Visit (reg. hrs. - unscheduled)	\$20.00

BRACES / ORTHODONTICS (NO LIFETIME MAXIMUM)

NOTE: Approved referral from DENCAP required for all Orthodontic Care

DENCAP Covers: \$1800-\$2012 (under age 19)

\$1200-\$1286 (over age 19)

(Coverage amounts vary by Orthodontic Center)

PLEASE CONTACT DENCAP FOR MORE DETAILS AND AUTHORIZED LOCATIONS

CROWNS - 80% Covered*

CODE	YOUR CO-PAY
2390 Crown resin-based composite	\$135.00
2751 Crown porcelain/base metal	\$230.00
2752 Crown porcelain/noble metal	\$240.00
2781/6781 Crown 3/4 cast pred. base metal	\$230.00
2782/6782 3/4 cast noble metal	\$240.00
2791/6791 Crown full cast base metal/pred.base metal/noble	\$230.00
2792/6792 Crown full cast noble metal	\$240.00
2799 Provisional Crown	\$100.00
2930/1/2/3 Crown (stainless steel - primary/permanent)	\$90.00
2950 Core Buildup (Including Any Pins)	\$90.00
2952/54 Post and Core in Addition to Crown/Prefab.	\$90.00
6751 Crown - porcelain fused - pred. base metal per unit	\$230.00
6752 Crown - porcelain fused to noble metal per unit	\$240.00

ROOT CANALS & ENDODONTICS - 80% Covered*

3110/20 Pulp Cap (direct/indirect)	\$20.00
3220 Therapeutic Pulpotomy	\$45.00
3310 Anterior Root Canal Therapy	\$150.00
3320 Bicuspid Root Canal Therapy	\$195.00
3330 Molar Root Canal Therapy	\$270.00
3346 Retreat of Previous RCT - anterior	\$250.00
3347 Retreat of Previous RCT - bicuspid	\$300.00
3348 Retreat of Previous RCT - molar	\$350.00
3410 Apicoectomy/Periradicular Surgery-anterior	\$240.00
3421 Apicoectomy/Periradicular Surgery-bicuspid-1st rt	\$240.00
3425 Apicoectomy/Periradicular Surgery-molar-1st rt	\$240.00
3426 Apicoectomy/Periradicular Surg. (ea. addtl. root)	\$60.00
3430 Retrograde Filling (per root)	\$65.00

DENTURES & BRIDGES - 80% Covered*

5110/20 Complete Upper/Lower Denture	\$350.00
5130/40 Immediate Upper/Lower Denture	\$350.00
5211/12 Partial U/L Denture - resin base	\$350.00
5213/14 Partial U/L Denture- cast metal framework with-- resin bases (inc. conventional clasps, rests & teeth)	\$365.00
5820/21 Partial Denture (interim)	\$275.00
5850/51 Tissue Conditioning (per arch)	\$40.00
6010 Endosteal implant in conj. with denture - 50% covered	\$940.00
6211/6212 Pontic - cast pred. base metal	\$225.00/\$240.00
6241 Pontic - porcelain fused - pred. base metal per unit	\$230.00
6242 Pontic - porcelain fused to noble metal per unit	\$230.00
6970 Post and Core-add'n to fixed partial retainer	\$70.00
6972 Prefab. Post and Core-add'n to fixed partial ret.	\$65.00
6973 Core Buildup for Bridge/Ret. (incl. any pins)	\$75.00

REPAIRS to DENTURES & BRIDGES - 75% Covered*

54XX+ Denture/Partial adjustment (existing)	\$20.00
5510/5610 Repair denture/partial (resin base)	\$60.00
5520/5640 Replace missing/broken tooth on denture/partial	\$30.00
5620/30 Partial cast framework/Repair or replace broken clasp	\$85.00
5650 Add tooth to existing partial denture	\$50.00
5660 Add clasp to existing partial denture	\$90.00
57XX++ Reline complete or partial denture (office)	\$100.00
57XX+++ Reline complete or partial denture (lab)	\$125.00

(+ 5410, 5411, 5421, 5422) (++) 5730, 5731, 5740, 5741) (+++) 5750, 5751, 5760, 5761)

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.

EXTRACTIONS & ORAL SURGERY - 85% Covered*

CODE	YOUR CO-PAY
7111 Extraction, coronal remnants (deciduous tooth)	\$0.00
7140 Extraction, erupted tooth or exposed root	\$0.00
7210 Surgical removal of an erupted tooth	\$37.00
7220 Removal impacted tooth- soft tissue	\$40.00
7230 Removal impacted tooth- partially bony	\$55.00
7240 Removal impacted tooth- completely bony	\$65.00
7241 Removal impacted tooth- completely bony (diff.)	\$80.00
7250 Surgical removal of residual tooth roots	\$55.00
7280 Surgical access of an unerupted tooth	\$80.00
7310 Alveoloplasty in conj. w extractions (4+ teeth or spaces)	\$90.00
7311 Alveoloplasty in conj. with extractions (1-3 teeth or spaces)	\$70.00
7320 Alveoloplasty not in conj. w/extractions (4+ teeth or spaces)	\$90.00
7321 Alveoloplasty not in conj. with extractions (1-3 teeth or spaces)	\$70.00
7471/2/3 Removal of exostosis (per site)	\$85.00
7510 Incision & drainage of abscess (intraoral soft tiss.)	\$20.00
9230 Inhalation of nitrous oxide	\$15.00
9241/42 IV anesthesia (for 3 or more surgical extractions)	40%

GUM DISEASE & PERIODONTICS - 75% Covered*

0180 Comprehensive Periodontal Evaluation	\$0.00
4210 Gingivectomy/Gingivoplasty (>=4)	\$210.00
4211 Gingivectomy/Gingivoplasty (<=3)	\$180.00
4240 Gingival Flap Procedure (>=4)	\$270.00
4241 Gingival Flap Procedure (<=3)	\$255.00
4260 Osseous Surgery (>=4)	\$330.00
4261 Osseous Surgery (<=3)	\$265.00
4341 Perio Scaling/Root Planing (>=4)	\$70.00
4342 Perio Scaling/Root Planing (<=3)	\$40.00
4355 Full Mouth Debridement	\$30.00
4381 Site Specific Therapy (per tooth)	\$50.00
4910 Periodontal Maintenance	\$30.00

Zoom!® Whitening discounts are also available at DENCAP participating offices.

Primary Care Annual Maximum **Unlimited**

Specialty Care Annual Maximum **\$1,000.00**

IMPLANTS & VENEERS (25% Discount)

We offer exclusive discounts on cosmetic implants and dentistry. Please call DENCAP directly for offices that perform these procedures at 25% discounted rates.

SPECIALTY CARE (Oral Surgery - Periodontics - Pedodontics - Endodontics)

(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**.

ANNUAL MAXIMUM for Specialty Care **\$1,000.00**
(\$2,000.00 of Specialty Care at 50% Coverage)

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

* PERCENTAGES ARE APPROXIMATE, THE CO-PAYS ARE FIXED.