

ANNUAL MAXIMUMS (for each member)		\$3,300
Primary Care		\$2,500
Specialty Care		\$800
code	description	co-pay
DIAGNOSTIC (Class I - Preventative)		
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
PREVENTATIVE (Class I - Preventative)		
1206	Topical Application of Fluoride - varnish	\$6
1208	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0
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

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$5
9999	Office Visit (regular hours)	\$5
code	description	co-pay
ENDODONTICS (Class III - Major)		
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
PERIODONTICS (Class III - Major)		
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
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

HALLMARK DENTAL (H)
SCHEDULE OF BENEFITS AND FIXED CO-PAYS

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