

Dentcare Benefit Plan
Covered Dental Services

Diagnostic & Preventive Services

Patient Co-payment

Oral Examination	No Charge
Full Mouth X-Ray	No Charge
Single Films (periapical or bitewing)	No Charge
Bitewing Series	No Charge
Cleaning of Teeth (prophylaxis & polishing)	No Charge
Fluoride Treatment	No Charge
Specialty Consultation	No Charge
Treatment in case of dental emergency	No Charge

Restorative Dentistry

Silver Amalgam, One Surface	No Charge
Silver Amalgam, Two Surfaces	No Charge
Silver Amalgam, Three Surfaces or more	No Charge
Composite Filling, One Surface	No Charge
Composite Filling, Two Surfaces	No Charge
Composite Filling, Three Surfaces or more	No Charge

Oral Surgery

Routine Extractions - per tooth	No Charge
Surgical Extractions	No Charge
Soft Tissue Impactions	No Charge
Bony Impactions	No Charge
Alveolectomy - per quadrant	No Charge

Root Canal Therapy

Pulp Capping, Direct	No Charge
Pulpotomy	No Charge
Root Therapy - Anterior	No Charge
Root Therapy - Bicuspid	No Charge
Root Therapy - Molar	No Charge

Periodontics

Scaling of Teeth, per quad.....	No Charge
Pedicle Soft Tissue Graft.....	150.00
Free Soft Tissue Graft.....	150.00
Gingivectomy, per quad.....	No Charge
Osseous surgery, per quad.....	No Charge

Prosthetics - Crowns

Acrylic with Metal Crown.....	No Charge
Porcelain Crown.....	No Charge
Porcelain with Metal Crown.....	50.00
Post.....	No Charge
Recementation, per Crown.....	No Charge

Prosthetics - Fixed Bridges

Acrylic w/ Metal Bridge Crown or Pontic.....	50.00
Porcelain w/ Metal Bridge Crown or Pontic.....	50.00
Recementation, Bridge.....	No Charge

Prosthetics - Removable

Full Upper or Lower Denture, w/adjustments.....	50.00
Partial Upper or Lower Denture, cast base.....	50.00
Denture Repairs.....	No Charge
Broken Body of Denture.....	No Charge

Orthodontia - Maximum case fee – 24 months

Dependent Children*.....	300.00
Adult.....	300.00

*Children covered up to age 19, 23 if full-time student.