



Group Plan Comparison

PLAN	Grand	Grand with Superior Vision	Hallmark	Hallmark with Superior Vision	DCD	DCD	DCD with Superior Vision
GROUP SIZE	5 or more Subscribers		3 or more Subscribers		2 Subscribers	3 or more Subscribers	
PLAN DETAILS	Type I - Preventative: 100%* Type II - Basic: 90%* Type III - Major: 70%* Type IV - Orthodontics: 35%* Specialty: 50%	Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	Type I - Preventative: 100%* Type II - Basic: 80%* Type III - Major: 60%* Type IV - Orthodontics: 35%* Specialty: 50%	Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25
MONTHLY PLAN COSTS	Single: \$21 Two Persons: \$40 Family: \$62	Single: \$27.50 Two Persons: \$51.35 Family: \$80.80	Single: \$19 Two Persons: \$34 Family: \$55	Single: \$25.50 Two Persons: \$45.35 Family: \$73.80	Single: \$22 Two Persons: \$41 Family: \$61	Single: \$18 Two Persons: \$32 Family: \$54	Single: \$24.50 Two Persons: \$43.35 Family: \$72.80
ANNUAL MAXIMUMS	Primary Care: \$2500 Specialty Care: \$800	Primary Care: \$2500 Specialty Care: \$800 Vision: N/A	Primary Care: \$2500 Specialty Care: \$800	Primary Care: \$2500 Specialty Care: \$800 Vision: N/A	Primary Care: \$2500 Specialty Care: \$500	Primary Care: \$2500 Specialty Care: \$500	Primary Care: \$2500 Specialty Care: \$500 Vision: N/A
WAITING PERIOD	Primary Care: None Specialty Care: None	Primary Care: None Specialty Care: None Vision: None	Primary Care: None Specialty Care: None	Primary Care: None Specialty Care: None Vision: None	Primary Care: None Specialty Care: 6 Months	Primary Care: None Specialty Care: 6 Months	Primary Care: None Specialty Care: 6 Months Vision: None

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See Superior Vision Group Plan Benefits for optional vision coverage details.
 DENCAP and Superior Vision are network based plans; out-of-network benefits are not covered.
 * PERCENTAGES APPROXIMATE, Based on Member Co-Payments as Listed in Schedule of Benefits

