



Individual Plan Comparison

PLAN	Individual Value				Student				Senior Value			
AGE GROUP	For anyone age 18 and up				For students age 18 and up				For anyone age 50 and up			
PLAN DETAILS	Class I - Preventive: 100%* Class II - Basic: 80%* Class III - Major: 60%* Class IV - Orthodontics: 35%* Specialty: 50% Deductible: None		Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25		Class I - Preventive: 100%* Class II - Basic: 80%* Class III - Major: 60%* Class IV - Orthodontics: 35%* Specialty: 50% Deductible: None		Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25		Class I - Preventive: 100%* Class II - Basic: 80%* Class III - Major: 60%* Class IV - Orthodontics: 35%* Specialty: 50% Deductible: None		Vision Services Frequencies Exam: 12 months Frame: 24 months Lenses: 12 months Vision Co-Pays Exam: \$10 Materials: \$25	
PLAN COSTS	Dental Only		With Superior Vision		Dental Only		With Superior Vision		Dental Only		With Superior Vision	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Single:	\$29	\$324	\$41	\$468	\$24	\$264	\$36	\$408	\$27	\$300	\$40	\$450
Two Persons:	\$49	\$564	\$69	\$804	\$44	\$504	\$64	\$744	\$44	\$498	\$67	\$768
Family:	\$69	\$804	\$105	\$1,236	\$59	\$684	\$95	\$1,116	\$59	\$678	\$98	\$1,146
Large Family:	\$89	\$1,044	\$125	\$1,476	\$79	\$924	\$115	\$1,356	\$79	\$918	\$118	\$1,386
ANNUAL MAXIMUMS	Primary Care: \$2000 Specialty Care: \$500 Vision: N/A				Primary Care: \$2000 Specialty Care: \$500 Vision: N/A				Primary Care: \$2500 Specialty Care: \$500 Vision: N/A			
WAITING PERIOD	Primary Care: None Specialty Care: 6 Months Vision: None				Primary Care: None Specialty Care: 6 Months Vision: None				Primary Care: None Specialty Care: 6 Months Vision: None			

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See Superior Vision Individual Plan Benefits for optional vision coverage details.

DENCAP and Superior Vision are network based plans; out-of-network benefits are not covered.

*PERCENTAGES are APPROXIMATE, based on member co-payments as listed on the Schedule of Benefits and Fixed Co-Pays

