

# Welcome to the DENCAP family!

We are excited to handle the dental benefits for BAC members and their families. We've been proud to work with the BAC over the years, and we look forward to many more.



#### **BAC Members Smile Wide in 2025!**

Get the smile support you deserve with our all-in-one dental plan. From routine care to braces, we've got you covered. Sign up today and keep your teeth in top shape!

BAC Plan				
Primary maximum per member	\$2,500 benefit			
Specialty maximum per member	\$800 benefit			
Preventive (Cleanings, exams and most x-rays)	100%†			
Basic (Fillings, etc.)	80%†			
<b>Major</b> (Endo, perio, oral surgery at a general dentist)	70%†			
Specialty coverage per member (At a specialty office)	50%			
Ortho (adults 19+) (under 19)	\$1,200 benefit \$1,800 benefit			

<sup>†</sup> PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

### For More Plan Information

Want all the details? Scan the QR code with your smart phone to head to your BAC landing page:

Link: dencap.com/bac

## Why Choose DENCAP?

- Higher benefit coverage than other plans
- Live, local customer service
- No deductibles, no waiting periods
- Choose from our wide network of dentists

#### New for 2025!

A schedule of benefits helps members know their expected out of pocket costs at the dentist.

de		of Michig		an 1148) D FIXED CO-PAYS	313-872-14 808-98-TEET dencap.co
	ANNUAL MAXIMUMS (for each member)	\$3,300		OFFICE VISIT CO-PAY	
	mary Care	\$2,500	9430	Office Visit (for observation)	\$10
504	ecialty Care	\$800	9999	Office Visit (regular hours)	510
600	DIAGNOSTIC (Class I - Preventive)	co-pay	- 00	RESTORATIVE (Class 8 - Basic)	00-pay
0120	Periodic Oral Evaluation	50	2140	Amalgam Filling - one surface	\$35
0140	Limited Oral Evaluation - problem focused	\$0	2150	Amaigam Filling - two surfaces	\$4 \$4 \$6
0150	Comprehensive Oral Evaluation	50	2160	Amalgam Filling - three surfaces	24
0431	Prediagnostic Test	50	2161	Amalgam Filling - four or more surfaces	56
1110	Prophylavis/Routine Cleaning - adult	50	2330	Composite Filling - one surface, anterior	\$34
1120	Prophylaxis/Routine Cleaning - child	50	2331	Composite Filling - two surfaces, anterior	\$40
9995	Teledentistry - sunchronous: billed with exam	\$30	2332	Composite Filling - three surfaces, anterior	20
9994	Teledentistry - asynchronous; billed with exam	\$30	2335	Composite Filling - four surfaces, anterior incisal angle	58
	PREVENTIVE (Class I - Preventive)		2391	Composite Filling - one surface, posterior	546

