

# Welcome to the DENCAP family!

We are excited to handle the dental benefits for Wayne County Employees and their families. We've been proud to work with Wayne County for the past 40 years, and we look forward to many more.



### Smile Wide in 2025!

This open enrollment, DENCAP offers two great options Plus, we've got you covered with great orthodontic benefits!

### Smile Guard Plan

Fully covered by the county, this comprehensive plan has everything you need.

Comparable to 100/50/50†

### Radiant Plan

Upgrade for even higher coverage and enhanced benefits.

Comparable to **100/100/85**†

 $\dagger$  PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

## 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.

der	Wayne County Smile Guard Plan (Smile Guard) SCHEDULE OF BENEFITS AND FIXED CO-PAYS				
_	ANIVOLAL MAXIMUMS (for each member)	UNLIMITED OFFICE VISIT CO-PAY		OFFICE VISIT CO-PAY	
Primary Care Specialty Care sode description			9430	9430 Office Visit (for observation)	
			9999	Office Visit (regular hours)	510
		00-pay	code dissorption		10-947
	DIAGNOSTIC (Class I - Preventive)			RESTORATIVE (Class II - Basic)	
1120	Periodic Oral Evaluation	\$0	2140	Amaigam Filling - one surface	\$106
1140	Limited Oral Evaluation - problem focused	50	2150	Amaigam Filling - tire surfaces	\$135
1150	Comprehensive Oral Evaluation	\$0	2160	Amaigam Filling - three surfaces	\$160
0431	Prediagnostic Test	50	2161	Amaigam Filling - four or more surfaces	\$190
1110	Prophylania/Routine Cleaning - adult	\$0	2330	Composite Filling - one surface, anterior	\$125
1120	Prophylaxis/Routine Cleaning - child	50	2331	Composite Filling - two surfaces, anterior	\$145
9995	Teledentalry - synchronous; billed with exam	\$30	2332	Composite Filling - three surfaces, enterior	\$175
9995	Teledentistry - asunchronous; billed with exam	\$30	2335	Composite Filling - four surfaces, anterior/inclast angle	\$220
	PREVENTIVE (Class I - Preventive)		2391	Composite Filling - one surface, posterior	\$130
1206	Topical Application of Fluoride - varnish	50	2392	Composite Filling - two surfaces, posterior	\$164
1208	Topical Application of Fluorida - excluding varnish	50	2393	Composite Filling - three surfaces, posterior	\$209
1330	Oral Hydiene Instructions	50	2294	Composite Filling - four surfaces, posterior	\$255

### For More Plan Information

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

#### Link:

dencap.com/wayne-county-actives/

