



FLEX DENTAL PLAN

DENCAP's Flex Plan is a full dental plan with coverage for almost all dental procedures. This is a DHMO Plan utilizing DENCAP's DHMO Network.

MAXIMUMS

Primary Care: \$2,500

Specialty Care: not included

TOTAL ANNUAL MAXIMUM: \$2,500

Rate is per family member on plan

ORTHODONTIC COVERAGE

\$1,800 Benefit (under 19)

\$1,200 Benefit (over 19)

Lifetime max at in-network dentist

PLAN COVERAGE

Comparable to a 100/70/60 PPO plan

Exams, Basic Cleanings, Fluoride at 100%

Specialty Care at 50%

No Deductibles

Plan coverage has fixed co-payments for covered procedures. See [schedule of benefits](#) for plan details.

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| FLEX DENTAL (F) | | SCHEDULE OF BENEFITS AND FIXED CO-PAYS | |
|--|-----|---|-----------------------|
| ANNUAL MAXIMUMS (per each member) | | Primary Care | Specialty Care |
| | | \$2,500 | Not Covered |
| ORTHODONTIC (Class I - Preventive) | | RESTORATIVE (Class II - Basic) | |
| 0100* Limited Oral Evaluation | \$0 | 1140* Amalgam Filling - one surface | \$100 |
| 0140* Limited Oral Evaluation - problem focused | \$0 | 1150* Amalgam Filling - two surfaces | \$170 |
| 0150* Comprehensive Oral Evaluation | \$0 | 1160* Amalgam Filling - three surfaces | \$240 |
| 0400* Periodontal Exam | \$0 | 1170* Amalgam Filling - four or more surfaces | \$310 |
| 1100* Prophylaxis/Fluoride Cleaning - adult | \$0 | 1200* Composite Filling - one surface, anterior | \$85 |
| 1120* Prophylaxis/Fluoride Cleaning - child | \$0 | 1210* Composite Filling - two surfaces, anterior | \$95 |
| 0800* Radiographs - panoramic, lateral cephalogram | \$0 | 1220* Composite Filling - three surfaces, anterior | \$105 |
| 0890* Radiographs - panoramic, lateral cephalogram | \$0 | 1230* Composite Filling - four surfaces, anterior | \$130 |
| PREVENTIVE (Class I - Preventive) | | RESTORATIVE (Class II - Basic) | |
| 1200* Topical Application of Fluoride - varnish | \$0 | 1240* Composite Filling - one surface, posterior | \$80 |
| 1210* Topical Application of Fluoride - varnish | \$0 | 1250* Composite Filling - two surfaces, posterior | \$105 |
| 1220* One figure radiographs | \$0 | 1260* Composite Filling - three surfaces, posterior | \$130 |
| RADIOGRAPHS (Class I - Preventive) | | RESTORATIVE (Class II - Basic) | |
| 0200* Intraoral - complete series | \$0 | 1270* Composite Filling - four surfaces, posterior | \$160 |
| | | 1280* Removable Partial Coverage Restoration | \$300 |



QUESTIONS?

Our live, local customer service team is standing by to assist you. Call

(313) 972-1400

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Need to find a dental office location? Visit

dencap.com/find-a-dentist

READY TO ENROLL?

Scan the QR code with your smartphone and visit your custom page to see complete details and enroll today!



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