



FLEX PLUS DENTAL PLAN

DENCAP's Flex Plus 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: \$1,500

*Specialty Care: \$300

TOTAL ANNUAL MAXIMUM: \$1,800

Rates are 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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dencap		FLEX PLUS DENTAL (FP) SCHEDULE OF BENEFITS AND FIXED CO-PAYS		01/01/2020
ANNUAL MAXIMUMS (for each member)		\$1,500	OFFICE VISIT CO-PAY	\$10
Primary Care	\$1,500	\$100	Office Visit (for observation)	\$10
Specialty Care	\$300	\$100	Office Visit (for observation)	\$10
ORTHODONTIC (Class I - Preventive)		RESTORATIVE (Class I - Basic)		
0100* Annual Oral Evaluation	\$0	0140* Amalgam Filling - one surface	\$120	
0140* Limited Oral Evaluation - problem focused	\$0	0150* Amalgam Filling - two surfaces	\$170	
0150* Comprehensive Oral Evaluation	\$0	0160* Amalgam Filling - three surfaces	\$220	
0400* Radiographic Test	\$0	0180* Amalgam Filling - four or more surfaces	\$310	
1100* Prophylaxis/Fluoride Cleaning - adult	\$0	0200* Composite Filling - one surface, anterior	\$25	
1200* Prophylaxis/Fluoride Cleaning - child	\$0	0210* Composite Filling - two surfaces, anterior	\$80	
8800* Radiography - synchronous, limited view exam	\$0	0220* Composite Filling - three surfaces, anterior	\$135	
8900* Radiography - synchronous, limited view exam	\$0	0230* Composite Filling - four surfaces, anteroposterior angle	\$130	
PREVENTIVE (Class I - Preventive)		0240* Composite Filling - one surface, posterior	\$80	
1200* Topical Application of Fluoride - varnish	\$0	0260* Composite Filling - two surfaces, posterior	\$105	
1200* Topical Application of Fluoride - varnish (varnish)	\$0	0270* Composite Filling - three surfaces, posterior	\$155	
1300* One Radiograph - panoramic	\$0	0280* Composite Filling - four surfaces, posterior	\$190	
RADIOGRAPHS (Class I - Preventive)		PROSTHETIC REPAIR (Class I - Basic)		
1300* Panoramic - complete series	\$0	0300* Replacement Partial Coverage Restoration	\$100	

*There is a 6 month waiting period for specialty for new members from the date of their effective date with DENCAP.



QUESTIONS?

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

(313) 972-1400

FIND A DENTIST

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!



dencap.com/flex-plus-plan