

Welcome to the DENCAP family!

We are excited to handle the dental benefits for Pipefitters Local 636 and their families. We've been proud to work with the Pipefitters Local 636 over the years, and we look forward to many more.



Pipefitters Local 636 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!

Pipefitters Local 636 Plan					
Primary maximum per member	\$1,500 benefit				
Specialty maximum per member	\$500 benefit				
Preventive (Cleanings, exams and most x-rays)	100%†				
Basic (Fillings, etc.)	75%†				
Major (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				

 $[\]dagger$ 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 Pipefitters Local 636 landing page:

Link: dencap.com/pipefitters-local-636

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		PEFITTER F BENEFI		on 898) ID FIXED CO-PAYS	313-972-1430 809-99-TEETH dencep.com
	ANNUAL MAXIMUMS (for each member)	\$2,000		OFFICE VISIT CO-PAY	
Primary Core \$1,500			Office Visit (for observation)	\$10	
	ecialty Care	\$500	9999	Office Visit (regular hours)	\$10
600	Se description	co-pay	00	de description	co-pay
	DIAGNOSTIC (Class I - Preventive)			RESTORATIVE (Class II - Basic)	
0120	Periodic Oral Evaluation	\$0	2140	Amalgam Fitting - one surface	\$65
0140	Limited Oral Evaluation - problem focused	50	2150	Amalgam Filling - two surfaces	\$65
0150	Comprehensive Oral Evaluation	50	2160	Amalgam Filling - three surfaces	\$75
0431	Prediagnostic Test	50	2161	Amalgam Filling - four or more surfaces	\$65
1110	Prophylaxis/Routine Cleaning - adult	50	2330	Composite Filling - one surface, anterior	\$65
1120	Prophylaxis/Routine Cleaning - child	50	2331	Composite Filling - two surfaces, anterior	575
9995	Teledentistry - sunchronous; billed with exam	\$30	2332	Composite Filling - three surfaces, anterior	\$84
9995	Teledentistry - asynchronous: billed with exam	\$30	2335	Composite Filling - four surfaces, anterior/incisal angle	\$65
	PREVENTIVE (Class I - Preventive)		2291	Composite Filling - one surface, posterior	500

