



## STERLING DENTAL PLAN

DENCAP's Sterling 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: \$500

**TOTAL ANNUAL MAXIMUM: \$3,000**

*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 100/80/70 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			
STERLING DENTAL (S)			
SCHEDULE OF BENEFITS AND FIXED CO-PAYS			
ANNUAL MAXIMUM (for each member)		OFFICE VISIT CO-PAY	
Primary Care	\$2,500	Office Visit (for observation)	\$15
Specialty Care	\$500	Office Visit (for observation)	\$15
<b>DIAGNOSTIC (Class I - Preventive)</b>			
9120* Periodic Oral Evaluation	\$0	2120* Amalgam Filling - one surface	\$25
9140* Limited Oral Evaluation - problem focused	\$0	2130* Amalgam Filling - two surfaces	\$35
9150* Comprehensive Oral Evaluation	\$0	2140* Amalgam Filling - three surfaces	\$45
9421* Radiographic Test	\$0	2161* Amalgam Filling - four or more surfaces	\$55
1110* Prophylaxis/Fluoride Cleaning - adult	\$0	2230* Composite Filling - one surface, anterior	\$35
1120* Prophylaxis/Fluoride Cleaning - child	\$0	2231* Composite Filling - two surfaces, anterior	\$45
8895* Periodontal - supragingival, scaled with exam	\$0	2232* Composite Filling - three surfaces, anterior	\$55
8896* Periodontal - supragingival, scaled with exam	\$0	2233* Composite Filling - four surfaces, anterior	\$65
<b>PREVENTIVE (Class I - Preventive)</b>			
1280* Topical Application of Fluoride - varnish	\$0	2234* Composite Filling - one surface, posterior	\$45
1281* Topical Application of Fluoride - varnish	\$0	2235* Composite Filling - two surfaces, posterior	\$55
1330* Oral Hygiene Instruction	\$0	2236* Composite Filling - three surfaces, posterior	\$65
<b>RADIOGRAPHIC (Class I - Preventive)</b>			
8210* Intraoral - complete series	\$0	2237* Composite Filling - four surfaces, posterior	\$75
		<b>PROSTHETIC REPAIR (Class I - Basic)</b>	
		2238* Replacement Partial Coverage Restoration	\$12

\*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](https://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/sterling-plan](https://dencap.com/sterling-plan)**