



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 (per each member)		\$1,500	OFFICE VISIT CO-PAY	\$10
Primary Care	\$1,500	Office Visit (for observation)	\$10	
Specialty Care	\$300	Office Visit (for treatment)	\$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/Routine Cleaning - adult	\$0	0200* Composite Filling - one surface, anterior	\$25	
1200* Prophylaxis/Routine Cleaning - child	\$0	0210* Composite Filling - two surfaces, anterior	\$35	
8800* Radiography - synchronous, limited view exam	\$0	0220* Composite Filling - three surfaces, anterior	\$45	
8900* Radiography - synchronous, limited view exam	\$0	0230* Composite Filling - four surfaces, anterior/posterior angle	\$120	
PREVENTIVE (Class I - Preventive)		ORTHODONTIC REPAIR (Class I - Basic)		
1200* Topical Application of Fluoride - varnish	\$0	0240* Composite Filling - one surface, posterior	\$40	
1250* Topical Application of Fluoride - varnish/retain	\$0	0250* Composite Filling - two surfaces, posterior	\$105	
1300* One Figure Impression	\$0	0260* Composite Filling - three surfaces, posterior	\$155	
RADIOGRAPHS (Class I - Preventive)		ORTHODONTIC REPAIR (Class I - Basic)		
1300* One Figure Impression	\$0	0280* Composite Filling - four surfaces, posterior	\$190	
1310* Panoramic - complete series	\$0	0290* 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

ANNUAL MAXIMUMS (for each member)		\$1,800
Primary Care		\$1,500
Specialty Care		\$300
code	description	co-pay

DIAGNOSTIC (Class I - Preventive)

0120*	Periodic Oral Evaluation	\$0
0140*	Limited Oral Evaluation - problem focused	\$0
0150*	Comprehensive Oral Evaluation	\$0
0431	Predagnostic Test	\$0
1110	Prophylaxis/Routine Cleaning - adult	\$0
1120*	Prophylaxis/Routine Cleaning - child	\$0
9995	Teledentistry - synchronous; billed with exam	\$0
9996	Teledentistry - asynchronous; billed with exam	\$0

PREVENTIVE (Class I - Preventive)

1206*	Topical Application of Fluoride - varnish	\$0
1208*	Topical Application of Fluoride - excluding varnish	\$0
1330	Oral Hygiene Instructions	\$0

RADIOGRAPHS (Class I - Preventive)

0210*	Intraoral - complete series	\$0
0220*	Periapical - first radiographic image	\$0
0230*	Periapical - each additional radiographic image	\$0
0240*	Intraoral - occlusal radiographic image	\$0
0270*	Bitewing - single radiographic image	\$0
0272*	Bitewings - two radiographic images	\$0
0273*	Bitewings - three radiographic images	\$0
0274*	Bitewings - four radiographic images	\$0
0330*	Panoramic Radiographic Image	\$0

ADJUNCTIVE SERVICES (Class II - Basic)

0470	Diagnostic Casts (each)	\$45
1351*	Sealant - per tooth	\$0
1353*	Repair to Sealant - per tooth	\$0
1510*	Fixed Space Maintainer - unilateral per quadrant	\$155
1516*	Fixed Space Maintainer - bilateral, upper	\$200
1517*	Fixed Space Maintainer - bilateral, lower	\$200
1520*	Removable Space Maintainer - unilateral per quadrant	\$190
1526*	Removable Space Maintainer - bilateral, upper	\$270
1527*	Removable Space Maintainer - bilateral, lower	\$270
1551	Re-cement or Re-bond Bilateral Space Maintainer - upper	\$35
1552	Re-cement or Re-bond Bilateral Space Maintainer - lower	\$35
1553	Re-cement or Re-bond Unilateral Space Maintainer - per quadrant	\$35
2940	Protective Restoration (sedative filling)	\$45
9110*	Palliative (Emergency) Treatment - minor procedure	\$40
9215	Local Anesthesia	\$0
9230	Inhalation of Nitrous Oxide	\$40
9239	IV Moderate (Conscious) Sedation/Analgesia - first 15 minute increment	50%
9243	IV Moderate (Conscious) Sedation/Analgesia - each subsequent 15 minute increment	50%
9310*	Consultation (second opinion)	\$75
9910	Application of Desensitizing Medicament	\$30
9930	Treatment of Complications, Post-Surgical - unusual	\$75
9944	Hard Occlusal Guard (night guard) - full arch	\$315
9945	Soft Occlusal Guard (night guard) - full arch	\$315
9946	Hard Occlusal Guard (night guard) - partial arch	\$315
9951	Occlusal Adjustment - limited	\$72

SPECIALTY CARE

- Endodontics - Oral Surgery - Periodontics - Pedodontics -
Approved referral from DENCAP is required

Benefits are available after six (6) consecutive months of coverage. DENCAP pays 50% of our specialist's fees up to the Specialty Care Annual Maximum for covered services; you are responsible for the remaining balance.
A referral to an in-network provider is required.

OFFICE VISIT CO-PAY		
9430	Office Visit (for observation)	\$10
9999	Office Visit (regular hours)	\$10
code	description	co-pay

RESTORATIVE (Class II - Basic)

2140*	Amalgam Filling - one surface	\$50
2150*	Amalgam Filling - two surfaces	\$70
2160*	Amalgam Filling - three surfaces	\$90
2161*	Amalgam Filling - four or more surfaces	\$110
2330*	Composite Filling - one surface, anterior	\$65
2331*	Composite Filling - two surfaces, anterior	\$80
2332*	Composite Filling - three surfaces, anterior	\$95
2335*	Composite Filling - four surfaces, anterior/incisal angle	\$120
2391*	Composite Filling - one surface, posterior	\$80
2392*	Composite Filling - two surfaces, posterior	\$105
2393*	Composite Filling - three surfaces, posterior	\$135
2394*	Composite Filling - four surfaces, posterior	\$160

PROSTHETIC REPAIR (Class II - Basic)

2910	Re-cement Partial Coverage Restoration	\$40
2915	Re-cement Indirectly Fabricated or Prefab Post and Core	\$40
2920	Re-cement or Re-bond crown	\$40
5410	Adjustment to Complete Denture - upper	\$30
5411	Adjustment to Complete Denture - lower	\$30
5421	Adjustment to Partial Denture - upper	\$30
5422	Adjustment to Partial Denture - lower	\$30
5511	Repair to Broken Complete Denture Base - lower	\$70
5512	Repair to Broken Complete Denture Base - upper	\$70
5520	Replace Missing/Broken Teeth - denture, per tooth	\$80
5611	Repair Resin Partial Denture Base - lower	\$70
5612	Repair Resin Partial Denture Base - upper	\$70
5621	Repair Cast Partial Framework - lower	\$95
5622	Repair Cast Partial Framework - upper	\$95
5630	Repair or Replace Broken Clasp - per tooth	\$95
5640	Replace Missing/Broken Teeth - partial, per tooth	\$89
5650	Add Tooth to Existing Partial Denture	\$85
5660	Add Clasp to Existing Partial Denture - per tooth	\$130
5730	Reline Complete Upper Denture - in office	\$150
5731	Reline Complete Lower Denture - in office	\$150
5740	Reline Partial Upper Denture - in office	\$150
5741	Reline Partial Lower Denture - in office	\$150
5750	Reline Complete Upper Denture - lab	\$180
5751	Reline Complete Lower Denture - lab	\$180
5760	Reline Partial Upper Denture - lab	\$180
5761	Reline Partial Lower Denture - lab	\$180
6930	Re-cement or Re-bond Fixed Partial Denture	\$50

ENDODONTICS (Class III - Major)

3110	Pulp Cap - direct	\$50
3120	Pulp Cap - indirect	\$50
3220*	Therapeutic Pulpotomy	\$100
3310*	Root Canal Therapy - anterior tooth	\$380
3320*	Root Canal Therapy - premolar tooth	\$445
3330*	Root Canal Therapy - molar tooth	\$535
3346	Retreat of Previous Root Canal Therapy - anterior tooth	\$450
3347	Retreat of Previous Root Canal Therapy - premolar tooth	\$535
3348	Retreat of Previous Root Canal Therapy - molar tooth	\$600
3410	Apicoectomy Surgery - anterior tooth	\$400
3421	Apicoectomy Surgery - premolar tooth, first root	\$450
3425	Apicoectomy Surgery - molar tooth, first root	\$480
3426	Apicoectomy Surgery - each additional root	\$150
3430	Retrograde Filling - per root	\$100

LAB WORK AND PRECIOUS METALS

Additional charges may apply for lab work and precious metals for procedures involving crowns, bridges, prosthodontics, space maintainers, appliances and any repairs to such items.

code	description	co-pay	code	description	co-pay
PROSTHODONTICS (Class III - Major)			CROWNS (Class III - Major)		
5110*	Complete Upper Denture	\$635	2390	Crown - resin-based composite, anterior	\$240
5120*	Complete Lower Denture	\$635	2542*	Onlay - metallic, two surfaces	\$525
5130*	Immediate Upper Denture	\$695	2543*	Onlay - metallic, three surfaces	\$525
5140*	Immediate Lower Denture	\$695	2544*	Onlay - metallic, four surfaces	\$525
5211	Upper Partial Denture - resin base	\$575	2642*	Onlay - porcelain/ceramic, two surfaces	\$525
5212	Lower Partial Denture - resin base	\$575	2643*	Onlay - porcelain/ceramic, three surfaces	\$525
5213	Upper Partial Denture - cast metal framework with resin base, including clasps, rests, and teeth	\$750	2644*	Onlay - porcelain/ceramic, four surfaces	\$525
5214	Lower Partial Denture - cast metal framework with resin base, including clasps, rests and teeth	\$750	2662	Onlay - resin-based composite, two surfaces	\$525
5225	Upper Partial Denture - flexible base, including any clasps, rests and teeth	\$810	2663	Onlay - resin-based composite, three surfaces	\$525
5226	Lower Partial Denture - flexible base, including any clasps, rests and teeth	\$810	2664	Onlay - resin-based composite, four surfaces	\$525
5820	Interim Partial Denture - upper	\$395	2740*	Crown - porcelain/ceramic	\$760
5821	Interim Partial Denture - lower	\$395	2750	Crown - porcelain fused to high noble metal	\$635
5850	Tissue Conditioning - upper	\$85	2751*	Crown - porcelain fused to predominantly base metal	\$515
5851	Tissue Conditioning - lower	\$85	2752*	Crown - porcelain fused to noble metal	\$525
6010	Endosteal Implant in Conjunction with Denture	\$1,128	2780	Crown - 3/4 cast high noble metal	\$635
6012	Endosteal Implant in Conjunction with Denture	\$1,128	2781	Crown - 3/4 cast predominantly base metal	\$515
6210	Pontic - cast high noble metal	\$635	2782	Crown - 3/4 cast noble metal	\$525
6211	Pontic - cast predominantly base metal	\$515	2783	Crown - 3/4 porcelain/ceramic	\$760
6212	Pontic - cast noble metal	\$525	2790	Crown - full cast high noble metal	\$635
6240	Pontic - porcelain fused to high noble metal	\$635	2791*	Crown - full cast predominantly base metal	\$515
6241	Pontic - porcelain fused to predominantly base metal	\$515	2792*	Crown - full cast noble metal	\$525
6242	Pontic - porcelain fused to noble metal	\$625	2799	Crown - interim	\$155
6245	Pontic - porcelain/ceramic	\$760	2930*	Crown - prefabricated stainless steel, primary tooth	\$200
6740	Retainer Crown - porcelain/ceramic	\$760	2931*	Crown - prefabricated stainless steel, permanent tooth	\$200
6750	Retainer Crown - porcelain fused to high noble metal	\$635	2932*	Crown - prefabricated resin	\$200
6751	Retainer Crown - porcelain fused to predominantly base metal	\$515	2933*	Crown - prefabricated stainless steel with window	\$200
6752	Retainer Crown - porcelain fused to noble metal	\$525	2950	Core Buildup - including any pins	\$140
6780	Retainer Crown - 3/4 cast high noble metal	\$635	2952	Post and Core in Addition to Crown	\$170
6781	Retainer Crown - 3/4 cast predominantly base metal	\$515	2954	Prefabricated Post and Core in Addition to Crown	\$160
6782	Retainer Crown - 3/4 cast noble metal	\$625	ORAL SURGERY (Class III - Major)		
6783	Retainer Crown - 3/4 porcelain/ceramic	\$760	7111*	Extraction - coronal remnants (primary tooth)	\$50
6790	Retainer Crown - full cast high noble metal	\$635	7140*	Extraction - erupted tooth or exposed root	\$60
6791*	Retainer Crown - full cast predominantly base metal	\$515	7210	Surgical Removal of an Erupted Tooth	\$145
6792*	Retainer Crown - full cast noble metal	\$525	7220	Removal of Impacted Tooth - soft tissue	\$165
PERIODONTICS (Class III - Major)			7230	Removal of Impacted Tooth - partially bony	\$210
0180	Comprehensive Periodontal Evaluation	\$60	7240	Removal of Impacted Tooth - completely bony	\$245
4210*	Gingivectomy/Gingivoplasty - 4+ teeth/spaces per quad	\$350	7241	Removal of Impacted Tooth - complicated	\$365
4211*	Gingivectomy/Gingivoplasty - 1-3 teeth/spaces per quad	\$150	7250	Surgical Removal of Residual Tooth Roots	\$185
4212	Gingivectomy/Gingivoplasty - access for restorative procedure, per tooth	\$70	7280	Surgical Access of an Unerupted Tooth	\$250
4240	Gingival Flap Procedure - 4+ teeth/spaces per quad	\$400	7285	Incisional Biopsy of Oral Tissue - hard	\$330
4241	Gingival Flap Procedure - 1-3 teeth/spaces per quad	\$300	7286	Incisional Biopsy of Oral Tissue - soft	\$210
4249	Clinical Crown Lengthening - hard tissue	\$475	7287	Exfoliative Cytological Sample Collection	\$70
4260	Osseous Surgery - 4+ teeth/spaces per quad	\$435	7310	Alveoloplasty in Conjunction with Extractions - 4+ teeth/spaces per quad	\$150
4261	Osseous Surgery - 1-3 teeth/spaces per quad	\$400	7311	Alveoloplasty in Conjunction with Extractions - 1-3 teeth/spaces per quad	\$160
4341*	Perio Scaling and Root Planning - 4+ teeth per quad	\$130	7320	Alveoloplasty not in Conjunction with Extractions - 4+ teeth/spaces	\$220
4342*	Perio Scaling and Root Planning - 1-3 teeth per quad	\$80	7321	Alveoloplasty not in Conjunction with Extractions - 1-3 teeth/spaces	\$220
4355	Full Mouth Debridement	\$90	7471	Removal of Lateral Exostosis	\$400
4381	Site Specific Therapy, generic - per tooth	\$20	7472	Removal of Torus Palatinus	\$500
4381	Site Specific Therapy, Arestin © - per tooth	\$60	7473	Removal of Torus Mandibularis	\$450
4910	Periodontal Maintenance	\$80	7510	Incision and Drainage of Abscess - intraoral soft tissue	\$70
4921	Gingival Irrigation - per quad	\$10			

ORTHODONTICS (Class IV - Orthodontics)

Approved referral from DENCAP is required

Members are referred to an in-network Orthodontist

Up to Age 19, \$1800 discount / Over age 19, \$1200 discount
from usual and customary rate • 12 to 24 months standard braces

Benefits are subject to change.

Limitations and Exclusions found at:

dencap.com/general-policies

Note: Procedures marked with an asterisk (*) are EHB covered codes
[Essential Health Benefits]