



DPOS Comparison

Plan Name	Single 1 person	Couple 2 people	Family 3+ people	In Network Percent Coverage	Annual Maximum Plan / Ortho
Preferred 1800	\$35.27	\$69.29	\$129.70	100 / 80 / 50 / 50	\$1800 / NA

Same coverage in and out of network

Prestige 1250	\$36.37	\$71.45	\$133.76	100 / 80 / 80 / 50	\$1250 / NA
Prestige 1250 + Cosmetic	\$38.49	\$80.94	\$150.30	100 / 80 / 80 / 50	\$1250 / \$1000
Prestige 1800	\$37.53	\$73.71	\$137.98	100 / 80 / 80 / 50	\$1800 / NA
Prestige 1800 + Cosmetic	\$39.65	\$83.20	\$154.52	100 / 80 / 80 / 50	\$1800 / \$1000

Same coverage in and out of network

Choice 1500 + Cosmetic	\$36.75	\$73.49	\$110.24	100 / 80 / 80 / 50	\$1500 / \$1000
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OOB coverage is 80 / 60 / 40 / 40

Community 1250 + Cosmetic	\$31.23	\$58.87	\$112.41	100 / 80 / 80 / 50	\$1250 / \$1000
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Community 1250 Plan has a minimum of 50 subscribers.

Important notes:

Dental Percent Coverage categories are: 1. Diagnostic, Preventive, X-Rays / 2. Fillings / 3. Root Canals, Perio, OS / 4. Crowns, Dentures, Partials

Deductible for all plans is \$50 / \$100 (Individual / Family)

Orthodontics are covered under plans with +Cosmetic coverage

Minimum 5 or more DPOS subscribers or 10 or more DPOS and DHMO subscribers

Contact DENCAP for a custom quote- groups 100+

Our PPO plans are given a new name - DPOS. They still utilize the DENTEMAX Network. Call us to learn more about this change. Additional plan options available.



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