



INDIVIDUAL ELITE PLAN

DENCAP's Individual Elite 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: \$2,000

Specialty Care: \$500

TOTAL ANNUAL MAXIMUM: \$2,500

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 100/75/70 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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INDIVIDUAL VALUE DENTAL (IV) SCHEDULE OF BENEFITS AND FIXED CO-PAYS			
ANNUAL MAXIMUMS (for each member)		OFFICE VISIT CO-PAY	
Primary Care	\$2,000	Office Visit (for observation)	\$15
Specialty Care	\$500	Office Visit (regular hours)	\$15
DIAGNOSTIC (Class I - Preventive)		RESTORATIVE (Class II - Basic)	
9120* Periodic Oral Evaluation	\$0	2140* Amalgam Filling - one surface	\$14
9140* Limited Oral Evaluation - problem focused	\$0	2150* Amalgam Filling - two surfaces	\$32
9150* Comprehensive Oral Evaluation	\$0	2160* Amalgam Filling - three surfaces	\$50
9421 Periapical Test	\$0	2161* Amalgam Filling - four or more surfaces	\$67
1110 Prophylaxis/Routine Cleaning - adult	\$0	2230* Composite Filling - one surface, anterior	\$47
1120 Prophylaxis/Routine Cleaning - child	\$0	2231* Composite Filling - two surfaces, anterior	\$55
9995 Transillumination - synchronous, labeled with exam	\$0	2232* Composite Filling - three surfaces, anterior	\$75
9996 Transillumination - asynchronous, labeled with exam	\$0	2233* Composite Filling - four surfaces, anterior/incisal angle	\$85
PREVENTIVE (Class I - Preventive)		COSMETIC (Class III - Aesthetic)	
1200* Topical Application of Fluoride - varnish	\$0	2381* Composite Filling - one surface, posterior	\$52
1208* Topical Application of Fluoride - excluding varnish	\$0	2382* Composite Filling - two surfaces, posterior	\$64
1210* Oral Hygiene Instruction	\$0	2383* Composite Filling - three surfaces, posterior	\$76
		2384* Composite Filling - four surfaces, posterior	\$102
RADIOGRAPHS (Class I - Preventive)		PROSTHETIC REPAIR (Class II - Basic)	

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 the plan page to see complete details and enroll today!



dencap.com/individual-elite-plan

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