



DHMO Group Comparison

Plan Name	Single 1 person	Couple 2 people	Family 3+ people	In Network Percent Coverage*	Annual Maximum Primary / Specialty
Hallmark	\$21.50	\$40.00	\$61.50	100 / 80 / 70	\$2500 / \$800
Grand	\$24.00	\$45.00	\$69.00	100 / 80 / 70	\$2800 / \$1000
Valor	\$18.00	\$35.00	\$51.00	100 / 75 / 70	\$2500 / \$800

Valor plan for caregiver groups only. Please contact DENCAP for eligibility details.

DHMO Individual Comparison

Plan Name	Single 1 person	Couple 2 people	Family 3+ people	In Network Percent Coverage*	Annual Maximum Primary / Specialty
Flex Essential	\$18.93	\$37.86	\$56.79	100 / 70 / 60	\$1200 / \$0
Flex Plus Enhanced	\$26.42	\$49.84	\$69.26	100 / 70 / 60	\$1500 / \$300
Individual Elite	\$31.00	\$53.00	\$77.50	100 / 75 / 70	\$2000 / \$500
Sterling	\$29.00	\$48.00	\$69.00	100 / 80 / 65	\$2500 / \$500

Flex, Flex Plus, and Individual plans can also be found on the ACA Marketplace. | Annual payment options available | Flex and Flex Plus have a 6 month waiting period on Class III services | Individual plan has a 6 month and Flex Plus a 12 month waiting period for specialty care.

Important notes:

- *Percentages are approximate
- DENCAP is a network based plan; out of network benefits are not covered.
- Dental Percent Coverage categories are:
(1.) Diagnostic, Preventive, X-Rays (2.) Fillings (3.) Root Canals, Perio, Crowns, Dentures, Partial
- Office visit co-pays vary by plan; please refer to the Schedule of Benefits and Fixed Co-Pays
- All premium rates on this page are monthly.

DHMO advantages:

- All plans have Schedule of Fixed benefits and Co-Pays
- All plans offer Orthodontic coverage - up to age 19, \$1800 benefit, over age 19, \$1200 benefit
- No deductible
- Most plans certified and provide EHB - contact DENCAP for details



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