



DPOS Comparison

Plan Name	Single 1 person	Couple 2 people	Family 3+ people	In Network Percent Coverage	Annual Maximum Plan / Ortho
Preferred 1800	\$38.80	\$76.22	\$142.67	100 / 80 / 50 / 50	\$1800 / NA

Same coverage in and out of network

Prestige 1250	\$40.01	\$78.60	\$147.14	100 / 80 / 80 / 50	\$1250 / NA
Prestige 1250 + Cosmetic	\$42.34	\$89.04	\$165.33	100 / 80 / 80 / 50	\$1250 / \$1000
Prestige 1800	\$41.28	\$81.08	\$151.78	100 / 80 / 80 / 50	\$1800 / NA
Prestige 1800 + Cosmetic	\$43.61	\$91.52	\$169.97	100 / 80 / 80 / 50	\$1800 / \$1000

Same coverage in and out of network

Choice 1500 + Cosmetic	\$40.43	\$80.84	\$121.26	100 / 80 / 80 / 50	\$1500 / \$1000
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OON coverage is 80 / 60 / 40 / 40

Community 1250 + Cosmetic	\$34.35	\$64.76	\$123.65	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+
- All premium rates on this page are monthly.
- DPOS plans utilize the DENTEMAX Network. Additional plan options available.



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