more than
Detroit Proud for 30 Years!

DENCAP
dental plans Est. 1984

FAQ

(Q) What is a DHMO?

(A) A DHMO (Dental Health Maintenance Organization) is a model where the emphasis is on preventive dentistry and containing costs on other necessary dental care. Your DHMO plans has no waiting periods, or deductibles, a $3,300 annual maximum, and reduced costs on dental treatments.

(Q) Are there any out-of-network benefits?

(A) You must seek services within the DENCAP Network in order to use your plans benefits. There are no out-of-network benefits unless it's an out of town emergency.

(Q) What if I have a dental emergency?

(A) Dental emergencies can be handled by your DENCAP Primary Care Dentist. Often times, there are after hour emergency numbers given on a dentist's answering service. If you are unable to get a hold of your DENCAP Dentist after hours, please call DENCAP at 888-98-TEETH.

(Q) What if I have an emergency out of town?

(A) If you are out of the DENCAP service area (50 or more miles away from your Primary Care Dentist), DENCAP will reimburse you or your covered dependent for 50% of the amount up to $100.00 for those emergency services which relieve severe pain or discomfort and are covered benefits.

(Q) How can I pay my premium?

(A) Your monthly premium payment can be made by pension deduct, or recurring automatic payments with your debit/credit card, or an ACH bank draft. Annual payments can be made by check, debit/credit card, or an ACH bank draft.

(Q) How do I assign myself to a dental office location?

(A) To assign yourself to an in-network dental office location, you must notify DENCAP over the phone or by email. Our provider directory is your resource for making your selection. You can view it on-line or call us for a paper listing.

(Q) May I change my Dental Office Location?

(A) Yes! Changes are allowed as needed to ensure that you are completely satisfied with your dental experience. Members can change their dental location with a 2 week notice by mail, phone, email or fax.

(Q) What is the Schedule of Benefits?

(A) The Schedule of Benefits is the listing of all covered procedures and the co-payments the patient is responsible for at the Primary Care Dental Office. All in-network Primary Care Offices will follow the Schedule of Benefits for covered procedures. A copy of the Schedule is available to you upon enrollment, and upon request.

(Q) Can my DENCAP Primary Care Dentist charge me differently than the co-pay listed on the Schedule of Benefits?

(A) No. The only time a DENCAP Primary Care Dentist can charge a member anything outside of the agreed co-payments is if the member has reached their annual maximum.

(Q) What can I do if my dental bill does not match the Schedule of Benefits?

(A) First, contact your DENCAP Primary Care Dentist's billing department to see if there was an error in billing. If you still have concerns, please call DENCAP.

(Q) When can I use my Specialty Care Coverage?

(A) Under the Retiree Advantage Plan, the $800 in specialty care coverage can be used immediately to access specialty care. Each member on the plan receives $800 in specialty care coverage. This renews annually on your effective date. Any procedure done at a specialty care office must have a referral from your assigned primary office.

Detroit-Based, Live Customer Service!

45 E. Milwaukee St. | Detroit, MI 48202 | Ph: (313) 972-1400 | Email: info@dencap.com | dencap.com