dencap DENTAL PLANS

The BAC Dental Plan Benefits

The BAC dental plan offers complete dental coverage to members and their families. Contact your benefit representative at the BAC for details on enrollment eligibility.

Coverage Highlights

Plan Details

Annual Max:
$1500 (per family member on plan)

Lifetime Ortho Max:
$1800 (up to age 19)

$1800 (adults 19+)

Coverage

No waiting periods

No deductibles

Comparable to a 100/75/75 PPO Plan

Exams, Cleanings, Fluoride at 100%

Specialty Care at 50%

PLASTER • BRICK • TILE • MARBLE • TERRAZZO • CEMENT • CAULKERS • REFRACTORY • CLEANER • POINTER • STONE

LOCAL 2

Please return all forms and direct all questions about enrollment to:

BAC of MI Health and Welfare Fund
P.O. Box 99490
Troy, MI 48099-9490
or call:
(248) 828-6000

Contact DENCAP by phone at
(800) 451-5918

Visit
dencap.com/BAC
to view Provider Directory or benefit details.

45 E. Milwaukee St. | Detroit, MI 48202 | f: (844) 919-1601 | dencap.com

DENCAP Dental Plans Request Form - New ENROLLMENT

Clear Data

- Complete the "Employee Section" of this form including employee signature, then return to your group administrator.
- This form is NOT for making changes to existing subscribers. Please use the Change/Delete form if making changes to an already enrolled employee.
- For participating network dental locations, visit dencap.com
- Your Member I.D. Card will be mailed within 2 weeks of receipt of form.
- Contact your group administrator to make changes to your coverage.

TODAY'S DATE: ____/____/ 20____

EMPLOYEE SECTION: *Required information, this section MUST be completed*

LAST NAME (Print)	FIRST	INITIAL	DATE OF BIRTH MONTH DAY YEAR	SEX	SOCIAL SECURITY NUMBER
STREET ADDRESS		Apt#		☐ M ☐ F	– –
CITY	STATE	ZIP	PHONE NUMBER: -		
For DHMO Only Dental Office Selection *(Enter 4 digit number from Provider Directory)* ➡ ☐☐☐☐			E-MAIL:		

LIST ALL DEPENDENTS TO BE COVERED BELOW. INCLUDE LAST NAME IF DIFFERENT FROM SUBSCRIBER		DATE OF BIRTH MONTH DAY YEAR	Qualified Disabled Dependent	SEX	SOCIAL SECURITY NUMBER
SPOUSE				☐ M ☐ F	– –
DEPENDENT			YES ☐	☐ M ☐ F	– –
DEPENDENT			YES ☐	☐ M ☐ F	– –
DEPENDENT			YES ☐	☐ M ☐ F	– –
DEPENDENT			YES ☐	☐ M ☐ F	– –

➡ **EMPLOYEE SIGNATURE:**_____ **DATE:** _____

GROUP ADMINISTRATOR SECTION: *Required information, this section MUST be completed*

COMPANY NAME *OR* GROUP NUMBER: _____

PLAN SELECTION:_____

DESIRED EFFECTIVE DATE:

Please START coverage on the FIRST DAY of MONTH: _____ **YEAR:**_____

To ensure that your addition will be effective for the current month, please submit by the 10th of the current month. In some cases, enrollments can be processed for the current month when received later than the 10th of the month, but are not guaranteed. If an invalid date or no date is entered in the desired effective date field, the earliest date possible will be used.

ADMINISTRATOR SIGNATURE:_____ **TITLE:** _____ **DATE:** _____
REQUIRED

Group Administrator: Please retain a copy of completed form for your records

- If submitting electronically, type your name in the administrator signature box.
(Your e-mail to DENCAP serves as a binding signature.)

Email This Form

f5:V.04.18.23

Return this form to: DENCAP Dental Plans, Inc., 45 E. Milwaukee St., Detroit, MI 48202. Or fax to 844-919-1601. Or email to enrollments@dencap.com

Benefits Summary
BAC

The below summary of the BAC Plan Benefits is additional information to your Certificate of Coverage. If the information in this document is different from your Certificate of Coverage, this document applies. The percentages noted are applied to DENCAP's Dental allowance for each service and may vary based on your dentist's current fees.

Covered Services:
Annual Maximum: $1,500
Deductible: None
Waiting Period: None

	DENCAP DHMO Benefit
Office Visit	None
Diagnostic and Preventive – performed by a general dentist	
Exams, X-Rays, Cleanings	100%
Sealants (1st and 2nd Molars only – once in lifetime up to age 14)	100%
Space Maintainers (Up to age 19, primary teeth only)	75%
Fluoride Treatment (Up to age 19)	100%
Basic – performed by a general dentist	
Fillings	75%
Root Canals	75%
Routine Extractions	75%
Major – performed by a general dentist	
Periodontics	75%
Crowns (D2751/D2791 only)	75%
Bridges, Dentures, Partials, Repairs to Appliances	75%
Specialty Care	
Oral Surgery, Endodontics, Periodontics, Pedodontics	50%
Orthodontics - Lifetime Maximum, Comprehensive Case Only	
Up to age 19	$1,800
Over age 19	$1,800

DENCAP CUSTOMER SERVICE or CLAIM STATUS
800-451-5918

DENTAL OFFICES, SUBMIT CLAIMS TO:
DENCAP Dental Plans
P.O. Box 2819 Detroit, MI 48202-3231

Getting the Most Out of Your Dental Insurance

Know Your Plan

- Review your Schedule of Benefits and Fixed Co-pays or Benefit Summary to learn about your out-of-pocket costs.
- Visit an in-network provider to use your plan
- Know your primary and specialty care maximums

Preventive Dentistry

- Check-ups usually consist of an exam, x-rays, & a cleaning
- Regular check-ups can keep you & your teeth healthy
- Preventive dentistry may help you avoid expensive procedures & save you money

Annual Maximum & Renewal Dates

- Utilize your annual maximums
- Pay attention to renewal dates as some treatment can be spread over two years
- Call DENCAP or your primary care dental office for assistance with renewals & maximums

Be Your Own Advocate

- Always ask for a written treatment plan before any procedure is completed
- Consult with your dentist to check if there are other cost-effective treatment options available

Detroit-Based, Live Customer Service!

dencap.com