



CITY OF DETROIT POST 2014 NON-SAFETY MEDICARE ELIGIBLE EMPLOYEES RETIREE HEALTH TRUST

Get the smile support you deserve with our all-in-one dental plan. From routine care to high annual maximums, we've got you covered. Sign up today and keep your teeth in top shape!

MAXIMUMS

Primary Care: \$2,500

Specialty Care: \$800

TOTAL ANNUAL MAXIMUM: \$3,300

Rate is per family member on plan

SPECIALTY CARE COVERAGE

50% coverage on specialty care

(At a specialty office)

PLAN COVERAGE

- Comparable to a 100/85/80 PPO plan
- Exams, Basic Cleanings, Fluoride at 100%
- No deductibles
- No waiting periods

Plan coverage has fixed co-payments for covered procedures. See [schedule of benefits](#) for plan details.



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



CITY OF DETROIT DENTAL (C) SCHEDULE OF BENEFITS AND FIXED CO-PAYS		
Primary Care	\$1,250	OFFICE VISIT CO-PAY
Specialty Care	\$800	Office Visit Co-Pay (per procedure)
DENTALPHAT (Class I - Preventive)		
9120	Periodontal Cleaning - general	\$0
9140	Limited Oral Evaluation - problem focused	\$0
9150	Oral Hygiene	\$0
9401	Photographic Test	\$0
9402	Oral Hygiene - Cleaning adult	\$0
9403	Photographic/Photocleaning - child	\$0
9404	Oral Hygiene - Cleaning child	\$0
9995	Toothbrush, mouthwash, dental floss, etc.	\$0
PROSTHODONTIC (Class II - Preventive)		
1200	Initial Application of Sealant - carious	\$0
1200	Initial Application of Sealant - non-carious	\$0
1200	Oral Hygiene - Cleaning - carious	\$0
1200	Oral Hygiene - Cleaning - non-carious	\$0
RADIOGRAPHY (Class I - Preventive)		
8010	Initial - complete series	\$0
8010	Initial - complete series - additional radiographic image	\$0
8010	Initial - second radiographic image	\$0
8010	Initial - second radiographic image - additional radiographic image	\$0
REFERRALS (Class I - Basic)		
2010	Referral - Partial Coverage Restoration	\$0
2010	Referral - Partial Coverage Restoration - Pediatric Post and Core	\$0
2020	Referral - Partial Coverage Restoration - Root Canal	\$0
2020	Referral - Partial Coverage Restoration - Root Canal - upper	\$0
2040	Adjustment to Complete Coverage	\$0