How to Enroll

How do I join?

Once the application is processed by HCM, you will receive your DC Dental Plans Enrollment Packet in 10 business days.

Go online to

healthchoiceofmichigan.com/apply/welcome

or scan here



Why do you need dental insurance?

Your mouth is the gateway to your body - you need to keep it healthy! Strong teeth and healthy gums are contributors to better overall health.

You may be more likely to visit a dentist just knowing you are covered.

In the case you do need dental work, insurance makes treatment much more affordable.



Scan QR code to visit dencap.com/welcome

- 1. Open your camera app
- 2. Point your camera at the QR code to scan it.

Frequently Asked Questions:

How soon will my benefits take effect?

Applications and payments received prior to the 15th of the month will become eligible the 1st of the following month.

Who are eligible dependents?

Dependents are children up to the age of 26. An adult child (age 19 and older) is not eligible for coverage if the adult child has another offer of employer-sponsored coverage.

What are my out-of-pocket costs?

Upon enrollment, members will receive a detailed co-payment schedule that describes the covered benefits and related co-payment amounts.

What services are excluded?

Dental procedures that are not on the co-payment schedule are not a covered benefit.

What if I have an out-of-town emergency?

If the member is more than 50 miles away from an In-Network Provider, they can be seen by an Out-of Network Provider for the treatment of pain and DC Dental Plans will reimburse the member up to \$100. The member will need to follow-up with their Primary General Dentist for further treatment.

Who can I contact if I have questions about my plan?

Contact DC Dental Plans Customer Service at 800-451-5918, press "0" Monday - Thursday 9am - 5pm Friday 9am - 3:30pm



DC Dental Plans 45 E. Milwaukee Street Detroit, Michigan 48202 800.451.5918



a DENCAP company





Welcome Plan Dental Program

2024/2025 Plan Year

Getting the Most Out of Your Dental Insurance



Know Your Plan

Review your Schedule of Benefits & 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, and a cleaning.

Regular check-ups can keep you & your teeth healthy.

Preventive dentistry may help you avoid expensive procedures and save you money.



Annual Maximum & Renewal Dates

Utilize your annual maximums.

Pay attention to renewal dates as some treatments can be spread over two years.

Call DC Dental Plans or your primary care dental office for assistance with renewals and 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 & Local Customer Service



Benefits Summary



Welcome Plan Dental Program

For a complete schedule of benefits please go to the dedicated landing page: dencap.com/welcome



The below summary of the HealthChoice Welcome Plan Benefits is additional information to your Certificate of Coverage. The percentages mentioned are applicable to DC Dental's fixed co-pay schedule. This plan utilizes the **Emerald Network.**

Office Visit	\$10 Co-Pay
Class I - Preventive (cleanings, fluoride)	100%†
Class I - Preventive (exams, x-rays, etc.)	95% †
Class II - Basic (fillings, repairs, etc.)	75% †
Class III - Major (dentures, oral surgery, root canals, etc.)	65% †
Class III - Major (crowns, bridges, periodontics, etc.)	65% †
Class IV - Specialty Care (oral surgery, endodontics, periodontics, pedodontics)	50%
Deductible	None
Primary Care Maximum	\$2,500
Specialty Care Maximum (6 month waiting period)	\$1,000
Orthodontic Maximum (lifetime, comprehensive cases only)	\$1,800 discount up to age 19
Orthodontic Maximum (lifetime, comprehensive cases only)	\$1,200 discount ages 19+

† Coverage at a general dentist. Percentages are approximate, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

Exclusions and Limitations apply.

