altus dental™
Altus Dental Insurance Company, Inc.

Benefit Highlights

Point of Service Plan

Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Point of Service plan works. At Altus Dental, we pride ourselves on providing our members with excellent customer service. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card and a Certificate of Coverage.

How to Contact Us

INTERNET

You can access your account information online 24 hours a day, 7 days a week at **www.altusdental.com**.

INFOLINE
1.877.223.0588

InfoLine, our automated telephone information system, is also available 24 hours a day, 7 days a week.

CUSTOMER SERVICE
1.877.223.0588

Our customer service representatives are available Monday – Thursday 8 am to 7 pm and Friday 8 am to 5 pm, ET.

TOWN OF HADLEY – CORE PLAN

Group number**: 2291-0001**

The annual maximum is:	$1500 per member per calendar year
The annual deductible is:	$50 per individual / $150 per family
The maximum lifetime cap is:	Unlimited

Pretreatment estimates are recommended for underlined procedures.

Plan pays 100%; Member Coinsurance 0% (In-Network)
Plan pays 100%; Member Coinsurance 0% (Out-of-Network)

- Two oral exams per calendar year
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Sealants for children under age 16, once per unrestored permanent molar every 36 months
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months
- Periodontal maintenance following active therapy – two per year

Plan pays 100%; Member Coinsurance 0% Deductible Applies (In-Network)
Plan pays 80%; Member Coinsurance 20% Deductible Applies (Out-of-Network)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per tooth every 60 months

Dependent Coverage – Dependent children are covered up until the end of the month that they turn age 26.

Monthly Premium (7/1/20 - 6/30/21)

$27.18 Individual **$53.63 Two Person** **$100.23 Family**

How Your Plan Works

Dental insurance helps you pay for the most common dental procedures. And, it's important to understand how your Altus Dental POS plan works so you can get the most from your dental benefits.

How does the plan work? It's easy when you use participating network dentists.

The Altus Dental network includes many of the dentists in your area, delivering easy access to care for you and your covered family members. We are the largest Preferred Provider Organization (PPO) in the state. We also offer access to dentists nationwide through the CONNECTION Dental network. All our dentists must pass our rigorous credentialing process, so you know it's care you can count on.

Finding a Dentist

Your Current Dentist

If you already have a dentist, simply ask if he or she participates with Altus Dental. If your dentist isn't in the network yet, please let us know. We actively recruit new dentists to the network.

www.altusdental.com

Log on to our website and use our online dentist directory to find a dentist in a location that's convenient for you, or to check if your dentist participates with Altus Dental. You may search by name, location or specialty. If your card displays the CONNECTION Dental logo, this means you have access to a national network and can search for a dentist or specialist in all 50 states. Our directory will provide you with the names and addresses of all the dentists that meet your search criteria, as well as maps and driving directions.

Thanks for choosing Altus Dental – we look forward to providing you and any covered family members with quality dental benefits.

Maximize your coverage with a participating dentist.

In-Network Care

When you receive care from a participating dentist, your out-of-pocket expenses will be less. That's because the dentist has agreed to accept the allowance as full payment, minus your coinsurance and any applicable deductibles – which means no "balance" billing. Just show your ID card and you're done – it's that simple! Participating dentists will handle all the paperwork and inquiries directly with us. We will also pay the dentist directly.

Out-of-Network Care

You also have the freedom to receive care from dentists who do not belong to the network. If you go to a non-participating dentist, you'll be reimbursed at a usual and customary level, based on your plan's out-of-network coinsurance level shown on the front of this benefit sheet. Most dentists accept this as payment in full, after any applicable deductibles or coinsurance.

Members Online

Once you're enrolled, **Members Online** helps you manage your dental benefits with ease. Simply log on to **www.altusdental.com** to verify your specific benefit and eligibility information or to research the status of a claim. You can also create a personal Claim Activity Statement and instantly print a copy of your ID card.

Our website is also a valuable resource for maintaining good oral health – from dental health articles and wellness commercials to our custom Children's Dental Health section. Or take the Dental Health Challenge and find out if you are at an increased risk for dental disease.

Claims and correspondence should be sent to:

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TOWN OF HADLEY – HIGH PLAN

Group number**: 2291-0002**

The annual maximum is:	$2000 per member per calendar year
The annual deductible is:	$50 per individual / $150 per family
The maximum lifetime cap is:	Unlimited

Pretreatment estimates are recommended for underlined procedures.

Plan pays 100%; Member Coinsurance 0% (In-Network)
Plan pays 100%; Member Coinsurance 0% (Out-of-Network)

- Two oral exams per calendar year
- Three cleanings per calendar year
- Fluoride treatment - for children under age 19 or Fluoride varnish for all covered members, for a total of two treatments per calendar year
- One set of bitewing x-rays per calendar year
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Sealants for children under age 16, once per unrestored permanent molar every 36 months
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months
- Periodontal maintenance following active therapy – two per year

Plan pays 100%; Member Coinsurance 0% Deductible Applies (In-Network)
Plan pays 80%; Member Coinsurance 20% Deductible Applies (Out-of-Network)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per tooth every 60 months

Plan pays 50%; Member Coinsurance 50% Deductible Applies (In-Network)
Plan pays 50%; Member Coinsurance 50% Deductible Applies (Out-of-Network)

- Athletic mouth guards – for dependent children under age 19, once every 24 months
- Teeth whitening once per arch every 60 months
- Surgical placement of endosteal implant and abutment; replacement limited to once every 60 months
- Crowns over natural teeth, build ups, posts and cores - replacement limited to once every 60 months
- Bridges, build ups, posts and cores, crowns over implants - replacement limited to once every 60 months
- Partial and complete dentures - replacement limited to once every 60 months

Dependent Coverage – Dependent children are covered up until the end of the month that they turn age 26.

Monthly Premium (7/1/20 - 6/30/21)

$51.09 Individual **$97.02 Two Person** **$150.73 Family**

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ENROLLMENT FORM

I. SUBSCRIBER INFORMATION

Subscriber Name (First, Last)		Date of Birth (MM/DD/YYYY)	Social Security / I.D. #	
Street Address / P.O. Box No.	Apt. No.	City	State	Zip
Email Address				

II. GROUP INFORMATION

Employer / Group Name	Group No.	Division No.	Date of Hire	Location No. (if applicable)

III. ENROLLMENT INFORMATION

EFFECTIVE DATE OF ACTION (MM/DD/YYYY)

QUALIFYING EVENT

- ☐ Open Enrollment
- ☐ New Hire/Re-hire
- ☐ Marriage
- ☐ Divorce
- ☐ Birth or Adoption
- ☐ Workers' Compensation
- ☐ Return from Leave of Absence
- ☐ Loss of Coverage
- ☐ Full-Time/Part-Time Status
- ☐ Death of a Member

ACTION CODE

Check one.
Changes typically made on the first of the month.

ADDITIONS
- ☐ New Subscriber
- ☐ Add Dependent to Family
- ☐ Reinstatement

TERMINATION
- ☐ Remove Subscriber
- ☐ Remove Dependent
  List name in Section IV

STATUS CHANGE
- ☐ Name / Address Change
- ☐ Transfer from Sublocation # _____ to # _____
- ☐ Change Type of Coverage (Please indicate change, e.g. Individual to Family, in "Type of Coverage" section below.)

COBRA
- ☐ Reinstatement of Subscriber
- ☐ Addition of Dependent
  Prior ID # _____

TYPE OF COVERAGE

Check one.

☐ Individual ☐ 2 Person ☐ Family

HIGH / LOW

Check one.

☐ High ☐ Low

IV. DEPENDENT INFORMATION

***Group must have student rider.**

First Name	Last Name (if different)	Date of Birth (MM/DD/YYYY)	Relationship	Check if student over 19*
				☐
				☐
				☐
				☐
				☐

V. DENTIST INFORMATION

List the dentist(s) you or your covered family members use.

Dentist(s) Last Name, First Name	City / Town	Patient(s) Last Name, First Name

VI. COORDINATION OF BENEFITS

Are you or any of your dependents covered by another DENTAL plan? ☐ **No** ☐ **Yes** *If Yes, please complete the section below.*

Policyholder Name (First, Last)	Policyholder I.D. No.	Group I.D. No.
Dental Insurance Company	Dental Insurance Address (Street, City, State, Zip)	
Employer Name (through which you/your dependents have coverage)		

I certify that all information is correct to the best of my knowledge. I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with underwriting guidelines. If my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature _____ Date _____ Benefits Administrator Authorization _____ Date _____

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY
Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-223-0588.
Português (Portuguese): ATENÇÃO: Se fala português, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.