altus dental™

Benefits Summary

TOWN OF HADLEY-CORE PLAN

Group Number: 2291-0001

Altus Dental Preferred Point of Service Option - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays don't count against your annual maximum.

Annual Maximum

$1,500

Maximum Lifetime Cap

Unlimited

In-Network Deductible

Individual $50

Family $150

Out-of-Network Deductible

Individual $50

Family $150

Dependent Coverage

Dependent children are covered under these benefits up until the end of the month that they turn 26.

P **Pre-treatment Estimate Recommended**

A **Prior Authorization Required**

See back page for additional information >

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning twice per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers once per lifetime for lost deciduous (baby) teeth
- Periodontal maintenance following active therapy two per year

In Network: Plan pays 100%; Member Coinsurance 0% - (Deductible Applies)

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

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.

P • Root planing and scaling once per quadrant every 24 months

P • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)

P • Gingivectomies once per site every 24 months

P • Soft tissue grafts once per site every 60 months

P • Crown lengthening once per site every 60 months

- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months

Thank you for choosing Altus Dental. This document provides a summary of benefits to help you understand your dental plan.

Please understand that the information shown here is not a guarantee of payment. Refer to the Certificate of Coverage for the full plan terms. The Certificate includes any limitations or exclusions not seen here. For a complete listing of frequencies and limitations go to altusdental.com/el. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

This plan does not include a missing tooth clause. If covered, crowns, bridges, partials and complete dentures are paid when the permanent structure is inserted (seated) by the dentist. Member coverage must be active on the date that the permanent structure is inserted and payment is based on benefits available on that day — for example, if the member's annual maximum has been paid prior to the insertion of the permanent structure, the service will not be paid.

Time limits on services (e.g. 6, 12, 24, 36, or 60 months) are figured to the exact day. Services are then covered the following day. For example, when a service is covered once every 12 months, if the service was done on July 1, it will not be covered again until the following year on July 2 or after.

Out-of-Network Coverage

You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in the network. Out-of-network dentists have not agreed to accept the allowance as payment in full, so services from an out-of-network dentist may cost you more. You may also have to pay the dentist at the time of service and file a claim yourself. To be eligible, all claims must be filed within one year of the date of service.

How to Find a Dentist

When you choose from the extensive network of dentists, you're sure to find one that's right for you. Visit altusdental.com to use our online Find a Dentist tool. You can see if your current dentist is in the network or look for a new dentist by searching by name, location or specialty. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of network dentists that meet your needs – as well as maps and driving directions.

Your Benefits Online

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- Check your benefits and claims
- Review your deductibles and maximums
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altus dental™

Benefits Summary

TOWN OF HADLEY-HIGH PLAN

Group Number: 2291-0002

Altus Dental Preferred Point of Service Option - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays don't count against your annual maximum.

Annual Maximum

$2,000

Maximum Lifetime Cap

Unlimited

In-Network Deductible

Individual $50

Family $150

Out-of-Network Deductible

Individual $50

Family $150

Dependent Coverage

Dependent children are covered under these benefits up until the end of the month that they turn 26.

P **Pre-treatment Estimate Recommended**

A **Prior Authorization Required**

See back page for additional information >

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per calendar year
- Cleaning three 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.
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 16, once every 36 months on unrestored permanent molars
- Space maintainers once per lifetime for lost deciduous (baby) teeth
- Periodontal maintenance following active therapy two per year

In Network: Plan pays 100%; Member Coinsurance 0% - (Deductible Applies)

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

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.

P • Root planing and scaling once per quadrant every 24 months

P • Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)

P • Gingivectomies once per site every 24 months

P • Soft tissue grafts once per site every 60 months

P • Crown lengthening once per site every 60 months

- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months

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

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

P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months

P • Bridges and crowns over implants replacement limited to once every 60 months

P • Partial and complete dentures replacement limited to once every 60 months

P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

- Teeth whitening once per arch every 60 months
- Athletic mouth guards for dependent children under age 19, once every 24 months.

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altus dental™

Altus Dental Insurance Company, Inc.

Preventive Rewards Program

Nothing is more important to us than your oral health. That's why we've introduced the Preventive Rewards Program. When you choose this benefit enhancement, none of your preventive dental services count toward your annual maximum, allowing you to stretch your benefit dollars.

Here's how the Preventive Rewards Program works:

- Let's say your annual maximum is **$1,500**.
- Each year, you receive:
  - **Two cleanings**
  - **Two exams**
  - **X-rays**
  - **Fluoride Treatment**
  - **Sealants**
- At the end of the year, your annual maximum **remains $1,500**

Example only. Refer to your specific coverage.

The savings add up

Wondering how preventive benefits affect your annual maximum? Here's an example:

	Without Option	With Option
ANNUAL MAXIMUM	$1,500	$1,500
FIRST EXAM	$30	$30
SECOND EXAM	$30	$30
FIRST CLEANING	$78	$78
SECOND CLEANING	$78	$78
X-RAYS (FULL MOUTH)	$105	$105
FLUORIDE TREATMENT	$25	$25
SEALANTS (4)	$184	$184
REMAINING MAXIMUM	$970	**$1,500**

**This example is based on preventive benefits covered at 100%. Please refer to your benefit summary for details on your specific coverage.*

That's it – no criteria to meet and this benefit enhancement is yours every year.

Why preventive services matter

Your mouth is a window to your body. Diseases such as cancer, heart disease, kidney disease and diabetes can sometimes be identified by your dentist during preventive services like routine dental exams, cleanings and x-rays.

Prevention plays a key role in good oral health, and that can lead to good overall health. Ask about our Preventive Rewards Program today.

REV1219 09/20 - 2M

altus dental™
Altus Dental Insurance Company, Inc.

Altus Dental Insurance Company, Inc.
PO Box 1557
Providence, RI 02901-1557
877-223-0588

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 _____

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SUBMIT TO ALTUS DENTAL