



Benefit Highlights

Plus Plan

Hampden Wilbraham Regional School District – LOW PLAN

Group#: 7752-0004

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% (exempt from annual maximum)

- Two oral exams per calendar year
- Two cleanings per calendar year
- One set of bitewing x-rays per calendar year

Plan pays 100%; Member Coinsurance 0%

- Fluoride treatment for children under age 19 once 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

Plan pays 80%; Member Coinsurance 20% Deductible Applies

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings; composite (white) fillings on front teeth only. For composite fillings on back teeth, the plan pays what would have been paid for an amalgam filling. Patient is responsible for the balance up to the dentist's charge.
- Simple extractions not requiring surgery
- Periodontal maintenance following active therapy – two per year

Dependent Coverage – Dependent children are covered up until the end of the month that they turn age 21. Dependent children who are full-time students over age 21 are covered as long as they stay in school or up until the end of the month that they turn age 26.

21 Pay Periods:	\$13.78 Individual	\$27.65 Two Person	\$55.49 Family
26 Pay Periods:	\$11.14 Individual	\$22.34 Two Person	\$44.82 Family

Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Plus 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.

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 Plus 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, which most dentists accept 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:*

**Altus Dental
P.O. Box 1557
Providence, RI 02901-1557**

Benefit Highlights

Plus Plan

Hampden Wilbraham Regional School District – HIGH PLAN

Group#: 7752-0001

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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% (exempt from annual maximum)

- Two oral exams per calendar year
- Two cleanings per calendar year
- One set of bitewing x-rays per calendar year

Plan pays 100%; Member Coinsurance 0%

- Fluoride treatment for children under age 19 once 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

Plan pays 80%; Member Coinsurance 20% Deductible Applies

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings; composite (white) fillings on front teeth only. For composite fillings on back teeth, the plan pays what would have been paid for an amalgam filling. Patient is responsible for the balance up to the dentist's charge.
- Simple extractions not requiring surgery
- Root canal therapy
- Periodontal maintenance following active therapy – two per year
- 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

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

Orthodontics:

Plan pays 50%; Member Coinsurance 50%

- Braces and related services for dependent children under the age of 19
Lifetime Maximum (orthodontics only): \$1000

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21 Pay Periods:	\$22.90 Individual	\$48.55 Two Person	\$80.97 Family
26 Pay Periods:	\$18.50 Individual	\$39.21 Two Person	\$65.40 Family

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