



Benefits Summary

Town of Wellesley

Product Name: Altus Dental

Plan Type: Plus With Connection Dental and DenteMax Networks

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 www.altusdental.com/content/exclusionsandlimitations. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Pre-Treatment Estimate is recommended for underlined procedures

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

	<u>Low</u>	<u>High</u>
Oral exam- Twice per calendar	50%	100%
Cleaning- Twice per calendar year, more frequent cleanings may be allowed for pregnant women or patients with diabetes or compromised immune systems. Documentation is required	50%	100%
Fluoride treatment-for children under age 19 once every 12 months	50%	100%
Bitewing one set per calendar year	50%	100%
Complete x-ray series or panoramic film once every 36 months. A panoramic film is a benefit for individuals ages 6 and older	50%	100%
Single x-rays as required	50%	100%
Sealants for children under age 16, once every 36 months on unrestored permanent bicuspid and molars	50%	100%
Space maintainers once per lifetime for lost deciduous (baby) teeth*	50%	100%
Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year*	50%	80%
Amalgam (silver) fillings, composite (white) fillings on front teeth*	50%	80%
Extractions and other routine oral surgery when not covered by the patient's medical plan*	50%	80%
General anesthesia or intravenous sedation for certain <i>complex</i> surgical procedures*	50%	80%
Root canal therapy on permanent teeth-one procedure per tooth per lifetime*	50%	80%
Repairs to existing partial/complete dentures once per calendar year*	50%	80%
Recementing crowns or bridges once every 60 months*	50%	80%
Rebasing or relining of full or partial dentures once every 60 months*	50%	80%
Recementing Crowns and Bridges once every 60 months*	50%	80%
Periodontal maintenance following active therapy two per year*	50%	80%
<u>Root planing and scaling once per quadrant every 24 months*</u>	50%	80%
<u>Osseous (bone) surgery once per quadrant every 24 months*</u>	50%	80%
<u>Gingivectomies once per site every 24 months*</u>	50%	80%
<u>Soft tissue grafts once per site every 60 months*</u>	50%	80%
<u>Crown lengthening once per site every 60 months*</u>	50%	80%
<u>Crowns over natural teeth, build ups, post & cores replacement limited to once every 60 months*</u>	N/A	50%
<u>Partial and complete dentures- replacement limited to once every 60 months*</u>	N/A	50%
<u>Bridges and crowns over implants replacement limited to once every 60 months*</u>	N/A	50%
<u>Surgical placement of endosteal implant and abutment; once every 60 months*</u>	N/A	50%
<u>Elective braces & related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required</u>	N/A	100%
Dependent children are covered under these benefits up until the end of the month they turn 26.		
The annual maximum is:	\$1,000	\$2,000
Orthodontic Lifetime Maximum	N/A	\$1,000
* After Annual Deductible	N/A	\$50/\$150

This is a summary of benefits. The information shown here is not a guarantee of payment. Payment is based on the Altus Dental allowance for each service. 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.

Note: *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 our network. Non-participating dentists have not agreed to accept the Altus Dental allowance as payment in full, so services from a non-participating 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. To find a participating dentist near you, use our Find a Dentist tool at altusdental.com.

How to Find a Dentist

When you choose from Altus Dental's 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 our network or look for a new participating 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 participating dentists that meet your needs – as well as maps and driving directions.

Beyond Benefits

When you visit us at altusdental.com, you can access a wealth of important dental health information and manage your plan by:

- Checking your benefits and claims
- Reviewing your deductibles and maximums
- Using our Find A Dentist tool to find a dentist in your area

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, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.