



Altus Dental Insurance Company, Inc.

Benefit Highlights

Plus Plan

ATHOL ROYALSTON REGIONAL SCHOOL DISTRICT – LOW PLAN OPTION

The annual maximum is: \$1000 per member per calendar year
The annual deductible is: \$0
The maximum lifetime cap is: Unlimited

Pretreatment estimates are recommended for underlined procedures.

Plan pays 100%; Member Coinsurance 0%

- 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

Plan pays 80%; Member Coinsurance 20%

- 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.
- 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
- 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

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.

Welcome to Altus Dental

This overview highlights your dental benefits and explains how your Plus plan works. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card.

Register at altusdental.com to learn more about your benefits and choose to receive paperless communications from us through your secure and convenient online account.

How to Contact Us

ONLINE

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

INFOLINE

1.877.223.0588

Our automated telephone information system is 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

Receiving care from a participating network dentist will save you money. To make sure you get the maximum out of your dental plan, it's important to know how your plan works.

The Altus Dental network includes many dentists in your area. We are the largest Preferred Provider Organization (PPO) in the state. We also offer access to dentists nationwide through the CONNECTION Dental network. All of our network dentists pass our rigorous credentialing process.

How to Find a Dentist

Choose from Altus Dental's extensive network of dentists. With a continually expanding list of participating 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 participates with us or look for a new dentist by searching by name, location or specialty. If your card displays the CONNECTION Dental logo, you have access to a national network of dentists and specialists. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of dentists that meet your needs — 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 participating dentists

In-network care

When you receive care from a participating dentist, your out-of-pocket costs will be less. That's because the dentist has agreed to accept the allowance as full payment, minus any coinsurance and applicable deductibles, which means no "balance billing." Participating dentists also handle paperwork and inquiries directly with us.

Out-of-network care

You have the freedom to see a dentist who does not belong to our network. However, when you go to a non-participating dentist, it will usually cost you more money. That's because non-participating dentists expect you to pay for any difference between the amount Altus Dental allows and the amount the dentist charges.

You may also have to file the claim yourself and be reimbursed by Altus Dental.

Members Online

When you register at altusdental.com, you can log in to see your benefits, eligibility and claims information whenever it's convenient for you. And, you can choose to receive paperless communications from us through your secure and convenient online account. Visit www.altusdental.com today!

*Claims and correspondence
should be sent to:*

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

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY

Altus Dental Insurance Co. 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.



Altus Dental Insurance Company, Inc.

Benefit Highlights

Plus Plan

ATHOL ROYALSTON REGIONAL SCHOOL DISTRICT – HIGH OPTION PLAN

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%

- Two oral exams per calendar year
- Two cleanings per calendar year
- Fluoride treatment for children under age 19 twice per calendar year
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- 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

- 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

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