altus dental

Altus Dental Insurance Company, Inc.

Benefit Highlights

Plus Plan

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.

TOWN OF MIDDLEBOROUGH – HIGH PLAN

Your group number: **7842-0002**

The annual maximum is: **$1500** 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
- Periodontal maintenance following active therapy – two per year

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relive acute pain) twice per calendar year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Space maintainers for lost deciduous (baby) teeth, replacement limited to 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
- Root canal therapy
- Simple extractions not requiring surgery
- 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%

- 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	$44.16 Individual	$121.44 Family