altus dental™

Benefits Summary

TOWN OF MIDDLEBOROUGH-LOW

Group Number: 7842-0001

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Annual Maximum

$1,500

Maximum Lifetime Cap

Unlimited

Carry Over Max: $350

In Network Bonus: $150

Carry Over Limit: $1250

Deductible

Individual $0

Family $0

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 >

Plan pays 80%; Member Coinsurance 20%

- 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
- Periodontal maintenance following active therapy two per year

Plan pays 50%; Member Coinsurance 50%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
- 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 • 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 • 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

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

Monthly Rates Effective: 7/1/2024 - 6/30/2026

Individual: $33.08 Family: $91.04

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.