

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 EAST BRIDGEWATER

Group #: 6130-0001

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
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Fluoride treatment for children under age 19 twice per calendar year
- Sealants for children under age 16, once per unrestored permanent molar every 36 months

Plan pays 100%; Member Coinsurance 0%

- 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 all teeth.
- 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
- Rebasement 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

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

Orthodontics:

Plan pays 100%; Member Coinsurance 0%

- Braces and related services for dependent children under the age of 23
Lifetime Maximum (orthodontics only): \$1000

Dependent Coverage – Dependent children are covered up until the end of the month that they turn age 26.

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



altus dental™

Altus Dental Insurance Company, Inc.

Register today at altusdental.com

Taking good care of your teeth and gums is an important part of keeping your whole body healthy.

When you register at altusdental.com, you can take charge of your oral health and:



Register for paperless communications



See if your dentist participates or locate a new one



Understand the costs of dental care in your area



See how you've used your dental benefits this year



Learn more about your Altus Dental plan



Get tips to keep your smile healthy

Registering at our site is easy. Follow these steps:

1

Go to altusdental.com to register

2

Under "Log In To Your Account," click on "Click Here to Register"

3

Click on "Member with Coverage"

4

Enter the subscriber's information



Once you've registered, we'll occasionally send you e-mails with information and quick tips that make it easy to have a healthy smile.

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Benefits Summary: Altus Vision™ - 150 Plus

Benefit	Description	Copay
In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers 117,000 Access Points		
WELLVISION® EXAM		
Exams 1 exam every 12 months	• Comprehensive eye exam to ensure overall visual wellness	\$10
PRESCRIPTION GLASSES		
Frames 1 pair every 12 months	<ul style="list-style-type: none"> • \$150 allowance for wide selection of frames • 20% savings on amount over allowance. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied • Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans • Allowance may differ at Costco® Optical, however it is of equivalent value. Costco® Optical allowance of \$80 is equivalent to \$150 frame allowance at VSP doctor locations and participating retail chains 	\$25
Lenses 1 pair every 12 months	• Single vision, lined bifocal, lined trifocal, and lenticular lenses	
Covered Lens Enhancements	<ul style="list-style-type: none"> • Impact-resistant lenses for children • Standard Progressive Lenses 	\$0
CONTACT LENSES (instead of glasses)		
Contacts Every 12 months	• \$150 allowance for contacts	\$0
	• Contact lens fitting and evaluation	Up to \$60
VALUE-ADDED PROGRAMS		
VSP Essential Medical Eye Care Program	<ul style="list-style-type: none"> • Exams and services to treat immediate issues like pink eye and sudden changes in vision • Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more • Members with diabetes who do not have diabetic eye disease receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply. Ask your VSP network doctor for details 	

Extra Savings		
Additional Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more • Discount rate for Premium Progressive Lenses: \$95-\$105; Custom Progressive Lenses: \$150-\$175 	
Featured Frames	<ul style="list-style-type: none"> • Extra \$20 allowance on featured brands like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Not applicable at Costco® Optical. Ask your VSP network doctor for more details 	
Additional Glasses and Sunglasses	<ul style="list-style-type: none"> • 20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam 	
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15%-20% savings. See VSP.com for more information 	
TruHearing®¹	<ul style="list-style-type: none"> • Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information 	

Monthly Rates			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$6.50	\$13.00	\$13.65	\$18.85

See reverse side for more information.

Your Coverage with Out-of-Network Providers:

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses & Fitting/Evaluation Fees	Up to \$120
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Items Not Covered

The following items are excluded unless otherwise stated in the Benefits Summary: plano lenses (refractive correction of less than $\pm .50$ diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics, vision training or supplemental testing; local, state and/or federal taxes, except where VSP is required by law to pay.

Items not covered under contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; fitting and evaluation fees for corneal refractive therapy, orthokeratology, and myopia management; re-fitting of contact lenses after the initial (90-day) fitting period; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Dependent Coverage

Dependent children are covered through the end of the month they turn age 26.

Notice of Nondiscrimination and Accessibility Policy

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VSP and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage for covered services from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

¹ VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP").