

MASSACHUSETTS/MOSES HEALTH

Group Number: 6005-0001

Altus Dental Preferred - Includes Connection Dental and DenteMax Networks

Annual Maximum

\$1,500

Elective Orthodontic Lifetime Maximum

\$1,500

Maximum Lifetime Cap

Unlimited

Carry Over Max: \$350

In Network Bonus: \$150

Carry Over Limit: \$1250

In-Network Deductible

Individual \$50

Family \$150

Out-of-Network Deductible

Individual \$50

Family \$150

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 >

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: 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

In Network: Plan pays 50%; Member Coinsurance 50% - (Deductible Applies)

Out of Network: Plan pays 40%; Member Coinsurance 60% - (Deductible Applies)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings composite (white) fillings on all teeth
- 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
- Periodontal maintenance following active therapy two per year

In Network: Plan pays 100%; Member Coinsurance 0%

Out of Network: Plan pays 100%; Member Coinsurance 0%

- P** • Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

This is a summary of benefits. 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/ej. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Note: This plan does not include a missing tooth clause. In addition, 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 an out-of-network 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 www.altusdental.com.

How to Find a Dentist

Choose from Altus Dental's extensive network of dentists, you're sure to find one that's right for you. Visit www.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. 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.

Beyond Benefits

When you visit us at www.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, encontramos serviços linguísticos, grátis. Ligue para 1-877-223-0588.



Know Before You Go: Pre-Treatment Estimates

Did you know that you can find out how much a particular procedure will cost?

Altus Dental's pre-treatment estimates help you manage the costs of your dental care.

What is a pre-treatment estimate?

A pre-treatment estimate calculates how much your plan covers before you receive treatment from your provider. You know the cost beforehand so there are no surprises.



Healthy Smiles For Life

Pre-Treatment Estimates



How does it work?

Ask your dentist to submit a pre-treatment estimate before your procedure

(your dentist will know what to do.) Next, we'll review your treatment plan to determine:

- Do we need more information from your dentist?
- Does the procedure meet clinical guidelines?
- Will you exceed your annual maximum benefit?
- Is there a time limitation?

We will notify you, in advance, of how much is covered and how much you might need to pay. If a procedure is not fully covered, your dentist may be able to offer alternatives to reduce the cost.

When should I request a pre-treatment estimate?

Always consider a pre-treatment estimate for procedures expected to cost \$300 or more.

While estimates are not required for these procedures, it is best to find out in advance what amount will be covered by Altus Dental.

What if a procedure is denied?

If a service is denied, our notice will explain the reason(s) for the denial and describe the process for filing an appeal.

Note: Pre-treatment estimates do not guarantee coverage for a procedure. Circumstances can change between the time we review the estimate and when you had the service.

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We make managing your benefits easy.



Register at altusdental.com for instant and secure access to your member benefits and wellness information.

When you register for an online account at altusdental.com, you can:



See if your current dentist or eye doctor is in-network or find a new provider



Order or print a new ID card



View your benefits summary and highlights



Check your dental insurance eligibility for services and procedures



View your dental deductible and maximum amounts as well as remaining balances



Get oral health care tips with

 **Healthy Smiles For Life**

Registering is fast, easy and secure.

All you need is your Altus Dental ID number. Visit altusdental.com today and select “Click here to register” or log in with your username and password. We use two-factor authentication for an extra layer of security. We’ll send a security code by email or text when you log in. Enter the code to access your account.

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Introducing the maximum carry over provision



Get the most out of your benefits with the Maximum Carry Over Provision

In addition to good oral health habits, regular dental check-ups are the best way to maintain healthy teeth and gums. That is why we encourage all of our members to take advantage of the preventive care services covered under their plan.

As further incentive for you to receive regular dental care, we offer an annual Maximum Carry Over Provision. This unique benefit allows you to carry over unused portions of your annual maximum to the following year, as long as you use your preventive care benefits (exams and cleanings). This allows you to save unused benefit dollars in case more expensive treatments become necessary in the future.

You can “carry over” unused balances up to a limit of \$1,500, depending on your plan’s benefits.

Please note: This feature applies to benefit programs that cover major restorative services (crowns and bridges) and offer annual benefit maximums of \$1,000 or more. Orthodontic benefits and lifetime benefit programs are excluded from this provision.

Who is Eligible?

You are eligible for Maximum Carry Over benefits if:

1. You and your dependents have been enrolled in the plan for a full calendar year.
2. You receive a preventive care benefit (e.g. exams and cleanings) during the year.
3. Your claims during the year did not exceed the annual cap set under your benefit plan. See the chart below for Claims Cap examples.

Maximum Carry Over benefits are calculated based on your plan’s annual maximum:

	Your Plan
ANNUAL MAXIMUM	\$1,500
CLAIMS CAP	\$700
ANNUAL CARRY OVER	\$350
CARRY OVER BONUS*	\$150

*A bonus is available for members who receive all services from participating Altus Dental dentists.

Members are eligible to accrue benefit dollars up to their plan’s Carry Over maximum.

	Your Plan
ANNUAL MAXIMUM	\$1,500
CARRY OVER MAXIMUM	\$1,250

Carry Over amounts are made available to the member by March 15th of the following Plan Year.



Maximum Carry Over in Action

Jordan’s dental plan offers an annual maximum of \$1,000. Last March, Jordan received a cleaning and dental exam. Later in the year, he had a filling replaced. The cost for these procedures did not exceed his company’s \$500 Claims Cap. As a result, Jordan is eligible to carry over \$250 to the new Plan Year. Because Jordan received treatment from participating Altus Dental dentists, he is eligible for a Carry Over bonus of \$100 - bringing his Carry Over total to \$350 (\$250 + \$100).

Maximum Carry Over Terminology

Claims Cap: An annual limit on the amount of claims dollars you can spend to qualify for Carry Over benefits.

Carry Over Max: The maximum amount of dollars that a member is eligible to carry over to the following year.

Preventive Care Benefits: Routine dental exams and cleanings.

Major Restorative Services: More expensive dental treatments that include crowns and bridges.