

## MASSACHUSETTS/MOSES HEALTH

Group Number: 6005-0001

Altus Dental Preferred - Includes Connection Dental and DenteMax Networks

### Annual Maximum

\$2,000

### Elective Orthodontic Lifetime Maximum

\$1,500

### Maximum Lifetime Cap

Unlimited

Carry Over Max: \$400

In Network Bonus: \$200

Carry Over Limit: \$1,500

### 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 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
- 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/el](http://www.altusdental.com/el). 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](http://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](http://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](http://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, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.