

Benefit Highlights

Plus Plan

Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Plus plan works. At Altus Dental, we pride ourselves on providing our members with excellent customer service. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card and a Certificate of Coverage.

How to Contact Us

INTERNET

You can access your account information online 24 hours a day, 7 days a week at www.altusdental.com.

INFOLINE

1.877.223.0588

InfoLine, our automated telephone information system, is also 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.

SHREWSBURY SCHOOL DEPARTMENT

Your group number: 2011-0001

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 calendar year maximum)

- 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

Plan pays 100%; Member Coinsurance 0%

- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months
- Periodontal maintenance following active therapy – two per year

Plan pays 80%; Member Coinsurance 20% Deductible Applies

- 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
- 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% Deductible Applies

- 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
- Surgical placement of endosteal implant and abutment; replacement limited to once every 60 months

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

How Your Plan Works

Dental insurance helps you pay for the most common dental procedures. And, it's important to understand how your Altus Dental Plus plan works so you can get the most from your dental benefits.

How does the plan work? It's easy when you use participating network dentists.

The Altus Dental network includes many of the dentists in your area, delivering easy access to care for you and your covered family members. We are the largest Preferred Provider Organization (PPO) in the state. We also offer access to dentists nationwide through the CONNECTION Dental network. All our dentists must pass our rigorous credentialing process, so you know it's care you can count on.

Finding a Dentist

Your Current Dentist

If you already have a dentist, simply ask if he or she participates with Altus Dental. If your dentist isn't in the network yet, please let us know. We actively recruit new dentists to the network.

www.altusdental.com

Log on to our website and use our online dentist directory to find a dentist in a location that's convenient for you, or to check if your dentist participates with Altus Dental. You may search by name, location or specialty. If your card displays the CONNECTION Dental logo, this means you have access to a national network and can search for a dentist or specialist in all 50 states. Our directory will provide you with the names and addresses of all the dentists that meet your search criteria, 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 a participating dentist.

In-Network Care

When you receive care from a participating dentist, your out-of-pocket expenses will be less. That's because the dentist has agreed to accept the allowance as full payment, minus your coinsurance and any applicable deductibles – which means no "balance" billing. Just show your ID card and you're done – it's that simple! Participating dentists will handle all the paperwork and inquiries directly with us. We will also pay the dentist directly.

Out-of-Network Care

You also have the freedom to receive care from dentists who do not belong to the network. If you go to a non-participating dentist, you'll be reimbursed at a usual and customary level, which most dentists accept as payment in full, after any applicable deductibles or coinsurance.

Members Online

Once you're enrolled, **Members Online** helps you manage your dental benefits with ease. Simply log on to **www.altusdental.com** to verify your specific benefit and eligibility information or to research the status of a claim. You can also create a personal Claim Activity Statement and instantly print a copy of your ID card.

Our website is also a valuable resource for maintaining good oral health – from dental health articles and wellness commercials to our custom Children's Dental Health section. Or take the Dental Health Challenge and find out if you are at an increased risk for dental disease.

*Claims and correspondence
should be sent to:*

**Altus Dental
P.O. Box 1557
Providence, RI 02901-1557**



ENROLLMENT FORM

P.O. Box 1557
Providence, RI 02901-1557
877-223-0588

Please print.

Employer Group Name		Altus Dental Group Number		Date of Hire		Location No. (if applicable)																															
Social Security No. / Subscriber I.D. No.		Subscriber Name: First - Last																																			
Date of Birth - MM/DD/YYYY		Street Address / P.O. Box No.																																			
Effective Date of Action:		Apt. No.		City		State		Zip																													
QUALIFYING EVENT <div><div>___ Open Enrollment</div><div>___ Workers' Compensation</div><div>___ New Hire/Re-hire</div><div>___ Return From Leave of Absence</div><div>___ Marriage</div><div>___ Dependent's Loss of Coverage</div><div>___ Divorce</div><div>___ Full-Time/Part-Time Status</div><div>___ Birth or Adoption</div><div>___ Death of a Member</div></div>				DEPENDENT INFORMATION <table><thead><tr><th>First Name Only <small>If last name differs, please indicate in "other remarks" below.</small></th><th>Date of Birth</th><th>Relationship</th><th>Check box if full-time student over 19. Group must have student rider:</th></tr></thead><tbody><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>						First Name Only <small>If last name differs, please indicate in "other remarks" below.</small>	Date of Birth	Relationship	Check box if full-time student over 19. Group must have student rider:				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>
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ACTION CODE (Check One) <i>(Changes must be made on the first of the month)</i> Explain in "Other Remarks" if necessary.																																					
ADDITIONS: <div>___ New Subscriber</div> <div>___ Add Dependent to Family</div> <div>___ Reinstatement</div>																																					
TERMINATION: <div>___ Remove Subscriber</div> <div>___ Remove Dependent / Student</div>																																					
STATUS CHANGE: <div>___ Change "Type of Coverage"</div> <div>Please indicate change (e.g. Individual to Family) in the section below.</div> <div>___ Name / Address Change</div> <div>___ Transfer from Sublocation # _____ to # _____</div>				DENTIST INFORMATION List the dentists you or your covered family members use: <table><thead><tr><th>Dentist(s) Last Name</th><th>First Name</th><th>City/Town</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>						Dentist(s) Last Name	First Name	City/Town																									
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COBRA: <div>___ Reinstatement of Subscriber</div> <div>___ Addition of Dependent — (From prior ID # _____)</div>				CORRECTIONS / OTHER REMARKS (Please Explain) <div></div> <div></div> <div></div>																																	
Type of Coverage (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Individual & Spouse <input type="checkbox"/> Family <input type="checkbox"/> Individual & Child/Children																																					
COORDINATION OF BENEFITS																																					
DENTAL — Are You or Any of Your Dependents Covered by <u>Another Dental Plan</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Complete the Section Below.																																					
Other Dental Insurance Name: _____						Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family																															
Other Dental Insurance Address: _____																																					
Employer Name Through Which You/Your Dependents Have Other Insurance: _____																																					
Group Policy No.		Policyholder Name			Policyholder ID No.																																
MEDICAL — Are You or Any of Your Dependents Covered by <u>A Medical Plan</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Complete the Section Below.																																					
Name of Medical Insurance Company/HMO: _____						Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family																															
Name of Health Plan/Type of Coverage: _____																																					
Employer Name Through Which You/Your Dependents Have Other Insurance: _____																																					
Group Policy No.		Policyholder Name			Policyholder ID No.																																

I certify that all information is true and correct to the best of my knowledge. Also, I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Altus Dental. In addition, if my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature

Date _____

Benefits Administrator Authorization

Date

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 1-800-843-3582.

Português (Portuguese): ATENÇÃO: Se fala português, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

Altus Dental Plan Rates and Payroll Deductions: FY20

For Benefit-Eligible Employees in School Dept.

Plan Year: July 1, 2019 - June 30, 2020

Tier	Monthly Rate	26 Deductions <u>Full</u> Year Staff	20 Deductions* All Other Staff
EE	\$40.43	\$18.66	\$24.26
EE + Spouse	\$82.54	\$38.10	\$49.52
EE + Child(ren)	\$93.69	\$43.24	\$56.21
EE + Family	\$145.69	\$67.24	\$87.41

*Deductions will be taken from the 2nd pay in September through the 1st pay in June

Note: New Hire deduction are pro-rated, see Payroll Office with questions

Coverage takes effect on the first day of the month following date of hire or qualifying event

Employees who enroll in this plan and subsequently resign from the employ of Shrewsbury Public Schools are responsible for all unpaid premiums due.



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:



Learn more about your Altus Dental plan



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



Go "green" by registering for paperless communications



Get tips to keep your smile healthy

Registering at our site is easy. Follow these steps:

1

Go to altusdental.com to launch our new site

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.