

# Understanding Your Plan Your Benefit Summary

## TOWN OF WESTPORT - HIGH PLAN

Group Number: 2600-0014

Altus Dental Plus - Includes Connection Dental and DenteMax Networks

Effective: 07/01/2023 - 06/30/2024

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/content/exclusionsandlimitations](http://www.altusdental.com/content/exclusionsandlimitations). To be covered, services must be dentally necessary and appropriate as per our review guidelines.

**Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays do not count against your annual maximum.**

### Icons

- P** Pre-treatment Estimate Recommended
- A** Prior Authorization Required
- D** Deductible Applies

### Provisions

**Annual Maximum:** \$1,500

**Elective Orthodontic Lifetime Maximum:** \$1,000

**Maximum Lifetime Cap:** Unlimited

**Individual Deductible:** \$50

**Family Deductible:** \$150

**Dependent Coverage** - Dependent children are covered under these benefits up until the end of the month that they turn 26.

Procedure	Covered At	Frequency / Limitations
<b>DIAGNOSTIC</b>		
Oral exam	100%	Twice per calendar year
Bitewing x-rays	100%	One set per calendar year
Complete x-ray series or panoramic film	100%	Once every 36 months.
Single x-rays	100%	As required
<b>PREVENTIVE</b>		
Cleaning	100%	Twice per calendar year
Fluoride treatment	100%	For children under age 19 twice per calendar year
Sealants	100%	For children under age 16, once every 36 months on unrestored permanent molars
Space maintainers	100%	Unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
<b>RESTORATIVE</b>		
Amalgam (silver) fillings and composite (white) fillings	80% <b>D</b>	
<b>P</b> Crowns over natural teeth, build ups, posts and cores	50% <b>D</b>	Replacement limited to once every 60 months
Recementing crowns or bridges	80% <b>D</b>	Once every 60 months
<b>ENDODONTICS</b>		
Root canal therapy on permanent teeth	80% <b>D</b>	One procedure per tooth per lifetime.

Continued on back 

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## Beyond Benefits

When you visit us at [altusdental.com](http://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

## 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 with Altus Dental. 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 find a participating dentist near you, use our Find a Dentist tool at [www.altusdental.com](http://www.altusdental.com).

Procedure	Covered At	Frequency / Limitations
<b>PERIODONTICS</b>		
<b>P</b> Root planing and scaling	80% <b>D</b>	Once per quadrant every 24 months
<b>P</b> Osseous (bone) surgery	80% <b>D</b>	Once per quadrant every 24 months (bone grafts are not covered)
<b>P</b> Gingivectomies	80% <b>D</b>	Once per site every 24 months
<b>P</b> Soft tissue grafts	80% <b>D</b>	Once per site every 60 months
<b>P</b> Crown lengthening	80% <b>D</b>	Once per site every 60 months
Periodontal maintenance following active therapy	100%	Two per year
<b>PROSTHODONTICS</b>		
<b>P</b> Bridges and crowns over implants	50% <b>D</b>	Replacement limited to once every 60 months
<b>P</b> Partial and complete dentures	50% <b>D</b>	Replacement limited to once every 60 months
Repairs to existing partial or complete dentures	80% <b>D</b>	Once per calendar year
Rebasing or relining of partial or complete dentures	80% <b>D</b>	Once every 60 months
<b>IMPLANT SERVICES</b>		
<b>P</b> Surgical placement of endosteal implant and abutment	50% <b>D</b>	Replacement limited to once every 60 months
<b>EXTRACTIONS AND ORAL SURGERY</b>		
Extractions and other routine oral surgery when not covered by a patient's medical plan	80% <b>D</b>	
<b>ORTHODONTICS</b>		
<b>P</b> Elective braces and related services	50%	For dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.
<b>OTHER SERVICES</b>		
Palliative treatment (minor procedures necessary to relieve acute pain)	80% <b>D</b>	Twice per calendar year
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	80% <b>D</b>	

**Note: This plan does not include a missing tooth clause. In addition, 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.