



# Benefits Summary

## Grad Employee & Postdoc Dental Plan

Plan Year 9/1/2024-8/31/2025

Altus Dental POS - Includes Connection Dental and DenteMax Networks

Exams, cleanings, bitewing x-rays, single x-rays, fluorides, sealants and full mouth/Panorex x-rays don't count against your annual maximum.

**Annual Maximum**  
\$2,250

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

**Maximum Lifetime Cap**  
Unlimited

**TJM Lifetime Cap**  
\$500

**Deductible**  
Individual \$0  
Family \$0

**Out-of-Network Deductible**  
Individual \$75  
Family \$225

**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 >

### Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per policy year. Problem or focused visit. Specialist consultation.
- Cleaning four per policy year
- Fluoride treatment for children under age 19 or Fluoride varnish for all covered members, for a total of two treatments per policy year.
- Bitewing x-rays one set per 6 months
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 18, once every 36 months on unrestored permanent molars
- Space maintainers, unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost baby teeth
- Periodontal maintenance following active therapy four per policy year

### Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year
- Amalgam (silver) fillings and composite (white) fillings
- 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. Retreatment upon review
- Misc-Laboratory and Biopsy
- P** • Root planing and scaling once per quadrant every 24 months
- P** • Osseous (bone) surgery once per quadrant every 24 months
- P** • Guided tissue regeneration and bone replacement graft once per site every 24 months.
- P** • Gingivectomies once per site every 24 months
- P** • Soft tissue grafts once per site every 36 months
- P** • Crown lengthening once per site every 60 months
  - Repairs to existing partial or complete dentures once per policy year
  - Recementing crowns or bridges once every 60 months
  - Rebasings or relining of partial or complete dentures once every 60 months

### Plan pays 65%; Member Coinsurance 35%

- P** • Crowns over natural teeth, build ups, posts and cores replacement limited to once 60 months.
- P** • Occlusal guards, replacement limited to once every 36 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** • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months
  - Teeth Whitening once per arch every 60 months
  - Athletic Mouth Guards for dependent children under age 19, once every 24 months.
  - Non-surgical and surgical procedures for temporomandibular (TMJ) disorders subject to a \$500 lifetime maximum

### Plan pays 50%; Member Coinsurance 50%

- P** • Elective braces and related services for all covered members. 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, encontramos serviços linguísticos, grátis. Ligue para 1-877-223-0588.