



## COVERAGE OPTIONS

Three plans which offer different levels of coverage and very competitive rates.

**Altus Dental  
Plus Plan 1  
Basic Coverage**

Offered to employers with one or more participating employees

**Altus Dental  
Plus Plan 2  
Enhanced Coverage**

Offered to employers with ten or more participating employees

**Altus Dental  
Plus Plan 3  
Enhanced Coverage  
with Orthodontics**

Offered to employers with twenty or more participating employees

See chart on back for coverage option details.

**American Benefits Group** offers an outstanding group dental insurance program through Altus Dental of Massachusetts for Chamber of Commerce members.

- Altus Dental offers the state's largest Preferred Provider (PPO) Dental Network. More than 8,600 participating locations in Massachusetts, Rhode Island and Southern New Hampshire.
- National access through CONNECTION Dental, over 167,000 dentists locations.
- Altus Network Development adds an average of 200 dentists annually.
- 99% of our customers are satisfied or very satisfied with the quality of the dental service they received through Altus Dental.
- 9 out of 10 members would recommend Altus Dental to a friend or family.

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For additional information, please contact Richard Cahillane  
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[www.MAChamberDental.com](http://www.MAChamberDental.com)

Coverage options and pricing valid through March 31, 2018.

## REQUIREMENTS

Employer must abide by the following guidelines. See employer agreement for complete details.

- Subscriber must be active full time employee
- Employer must contribute at least 50% of monthly premium
- Association Member Groups must maintain enrollment participation schedule.
- Billing must be through pre-authorized automatic ACH. \$20 per group/per month administrative fee

Eligible Subscribers	Participation Requirement
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1 - 9	100%
10 - 49	90%
50 - 74	75%
75 and up.	70%

	Altus Dental	Plus Plan 1	Plus Plan 2	Plus Plan 3
<b>Type I Services</b> Diagnostic/ Preventative: Exams, Cleanings, X-rays Fluoride Treatments, Sealants	100%	100%	100%	100%
Deductible	None	None	None	None
<b>Type II Services</b> Basic Restorative: Fillings, Oral Surgery, Periodontics, End- odontics, Prosthetic Maintenance, Emergency Dental Care	80%	80%	80%	80%
Deductible	\$50 single \$150 family	\$50 single \$150 family	\$50 single \$150 family	\$50 single \$150 family
<b>Type III Services</b> Major Restorative: Prosthodontics, Bridges Dentures & Crowns	N/A	50%	50%	50%
Orthodontic Services	N/A	N/A	50%	50%
Deductible	N/A	\$50 single \$150 family	\$50 single \$150 family	\$50 single \$150 family
Benefit Max. Per Year	\$750 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
Orthodontic Lifetime Benefit (available to age 19)	N/A	N/A	\$1,000 per person	\$1,000 per person
Maximum Carry Over Provision	N/A	\$1,000	\$1,000	\$1,000
Pricing	\$33.55 Individual \$67.09 Individual + 1 \$122.20 Family	\$45.80 Individual \$91.62 Individual +1 \$143.69 Family	\$45.86 Individual \$93.28 Individual +1 \$151.07 Family	

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