



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 6,200 participating locations in Massachusetts, Rhode Island and Southern New Hampshire.
- National access through CONNECTION Dental, over 108,000 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 Dentals.
- 9 out of 10 members would recommend Altus Dental to a friend or family

For additional information, please contact Richard Cahillane
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www.MAChamberDental.com

Coverage options and pricing valid through March 31, 2017.

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
1 - 9	100%
10 - 49	90%
50 - 74	75%
75 and up.	70%

	Altus Dental	Plus Plan 1	Plus Plan 2	Plus Plan 3
Type I Services Diagnostic/ Preventative: Exams, Cleanings, X-rays Fluoride Treatments, Sealants	100%	100%	100%	100%
Deductible	None	None	None	None
Type II Services 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
Type III Services 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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