





**ALTUS DENTAL  
UNDER AGE 19 PLAN  
BENEFITS SUMMARY (HMO-MA)  
In-Network Coverage Only**

This is a summary of benefits. Refer to the Evidence of Coverage for a full description of the plan provisions.  
To be covered, services must be dentally necessary and appropriate as per our review guidelines.

MAXIMUMS		 Indicates Pre-treatment Estimate recommended / Prior Authorization as required.
Annual Maximum	None	
Medically Necessary Orthodontic Lifetime Maximum	None	
Maximum Lifetime Cap	Unlimited	
Please refer to your Tufts Health Plan Summary of Benefits and Coverage for information about your Out-of-Pocket Maximum.		

Procedure	In Network	Frequency / Limitations <sup>†</sup>
<b>Diagnostic</b>		
Oral exam	100%	Twice per policy year
Comprehensive exam	100%	Once per lifetime per dentist location
Bitewing x-rays	100%	Two sets per policy year
Complete x-ray series and panoramic film	100%	Once every 36 months
Single x-rays	100%	Limitations apply
<b>Preventive</b>		
Cleaning	100%	Twice per policy year
Fluoride treatment	100%	Once every 3 months
Sealants	100%	Once every 36 months on unrestored molars
Space maintainers	100%	
<b>Minor Restorative</b>		
Amalgam (silver) fillings	75%	Once per 12 months per tooth surface
Composite (white) fillings	75%	Once per 12 months per tooth surface
Rebasing or relining of partial or complete dentures	75%	Once every 24 months
Recementing crowns and onlays	75%	
<b>Major Restorative</b>		
 Crowns (over natural teeth when teeth cannot be restored with regular fillings). Stainless steel crowns are covered at a different coinsurance amount.	50%	Replacement limited to once every 60 months
<b>Endodontics</b>		
Root canal therapy on permanent teeth	75%	One procedure per tooth per lifetime
Vital pulpotomy	75%	One procedure per tooth per lifetime
Apicoectomy	75%	One procedure per tooth per lifetime
<b>Periodontics</b>		
 Root planing and scaling	75%	Once per quadrant every 36 months
<b>Prosthetics</b>		
 Partial and complete dentures	50%	Replacement limited to once every 60 months
<b>Extractions and Oral Surgery</b>		
Simple extractions not requiring surgery	75%	
Surgical extractions and other routine oral surgery when not covered by a patient's medical plan	75%	
<b>Orthodontics</b>		
 Medically necessary braces and related services <b>Requires prior authorization.</b> No payment will be made if not obtained.	50%	Covered only when medically necessary; patient must have severe and handicapping malocclusion as defined by HLD index score of 28 or higher and/or one or more auto qualifiers.
<b>Other Services</b>		
Palliative treatment (minor procedures necessary to relieve acute pain)	75%	
General anesthesia or intravenous (I.V.) sedation	75%	
Dependent children are covered under these benefits up until they turn age 19.		

<sup>†</sup> **Time limits** on services (e.g. 6, 12, 24, 36, or 60 months) are computed 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.