

DMS

administered by

altusdental[™]



How Your DMS Plan Works

Save with the low-cost alternative to traditional insurance

DMS is an affordable dental plan that provides comprehensive benefits through its network of select providers. With DMS, you will choose a primary dental provider and you, along with anyone on your plan, will visit that provider for your oral health care. Your provider will coordinate referrals to network specialists. There are no out-of-network benefits except for dental emergencies.

Advantages of DMS Dental Plans

Savings	Low monthly rates when compared to traditional dental insurance
No Deductibles	You get the full benefit of your DMS coverage immediately
No Annual Maximum	DMS covers the services you need, when you need them
No Restrictions	No waiting periods on services started after the effective date
No Claim Forms	Your selected dentist provides all primary dental services. There are no claim forms to complete

You get several advantages with a DMS dental plan

Does DMS cover specialty services?

Yes. Your dental care provider may refer you to a specialty provider within the DMS network. Pedodontists are not covered on this plan.

May I change my dental provider?

Yes, simply contact our customer service team at Altus Dental and we'll help you find a new dentist from the DMS network. Changes will take place on the first of the following month.

Will I receive an ID card?

Yes, your card will contain your participant and group numbers. Even if you forget your card, someone in your dental provider's office will be able to look up your DMS membership information.



Who do I call for assistance?

Please call the Customer Service team at Altus Dental, Monday through Friday from 8 am to 5 pm at 1-877-223-0588.

See Benefits Summary for more details.

City of Chelsea Benefits Summary: DMS 126 Plan

Details
Copay
\$10 per office visit
Annual Maximum
None
Deductible
None
Dependent Coverage
For family plans, dependent children are covered under these benefits up until the end of the month that they turn 26.

Monthly Rates	
Employee:	\$24.10
Employee + One:	\$45.40
Family:	\$65.60

Service	Benefit
Preventive Services	100%
<ul style="list-style-type: none"> • Oral Exams • Cleanings • Fluoride treatment • Bitewing x-rays • Complete x-ray series or panoramic film • Single x-rays • Sealants 	
Basic Restorative Services	50-100%
<ul style="list-style-type: none"> • Amalgam (silver) fillings (100%) • Composite (white) fillings - anterior teeth (100%) • Composite (white) fillings - posterior teeth (50%) 	
Major Restorative Services	50%
<ul style="list-style-type: none"> • Root planing and scaling • Soft tissue grafts • Crown lengthening • Periodontal Maintenance • Root canal therapy • Extractions and other routine oral surgery • Crowns over natural teeth, build ups, posts and cores • Bridges • Partial and complete dentures • Space maintainers 	
Orthodontics	Discounted
<ul style="list-style-type: none"> • Braces and related services, standard 24-month treatment 	

All members/dependents must use chosen network location, and contact customer service to change network location (appointments with any other office will not be covered). Changes are effective as of the first of the month.

This is a brief overview- see plan description for limitations and exclusions. Contact customer service at 877-223-0588 if you have any questions.

See reverse side for more information.

LIMITATIONS AND EXCLUSIONS OF BENEFITS

LIMITATIONS	EXCLUSIONS
<p>In all cases where the patient selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional.</p> <ol style="list-style-type: none"> 1. Cleanings limited to two treatments in any 12 consecutive months. 2. Full upper and/or lower dentures are not to exceed one each in any five-year period. Replacement will be provided by DMS for an existing denture only if it is unsatisfactory and cannot be made satisfactory. 3. Partial dentures are not to be replaced within any five-year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible. 4. Denture relines limited to one during any 12 consecutive months. 5. Periodontal treatments (root planing/subgingival curettage) are limited to five quadrants during any 12 consecutive months; 6. Bitewing x-rays are limited to not more than one series of four full films in any twelve-month period; 7. Complete full mouth x-rays limited to one set every 36 consecutive months; 8. Sealants are limited to noncarious, nonrestored permanent first and second molars only to age 14; 9. Reimbursement shall not be made for the cost of services secured from any other health care provider other than the member's provider, unless authorized in writing by DMS. 	<ol style="list-style-type: none"> 1. General anesthesia and the services of a special anesthesiologist; 2. Cosmetic dental care; 3. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services which are provided to the enrollee by State government or agency thereof, or are provided with out cost to the enrollee by any municipality, county or other subdivision; 4. Treatment required by reason of war. 5. Dental services performed in a hospital and related hospital fees; 6. Treatment of fractures and dislocations; 7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures); 8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility of coverage; 9. Any service that is not specifically listed as a covered expense; 10. Dental expenses incurred in connection with any dental procedure started prior to enrollee's eligibility with the DMS program. Example: teeth prepared for crowns, root canals in progress, orthodontic treatment; 11. Congenital malformations; 12. Cysts and malignancies; 13. Dispensing of drugs not normally supplied in a dental office; 14. Cases, which in the professional judgement of the attending dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded; 15. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DMS or as cited under "Out of Area Emergency Treatment"; 16. Prophylactic removal of impactions (asymptomatic non-pathological); 17. "Specialist consultations" for noncovered benefits; 18. Implant placement or removal, appliances placed on or services associated with implants; 19. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework are considered full mouth reconstruction and are not benefits of the DMS program. 20. Use of a Pedodontist (Pediatric Specialist)
ORTHODONTIC LIMITATIONS	ORTHODONTIC EXCLUSIONS
<ol style="list-style-type: none"> 1. Orthodontic treatment must be provided by a DMS Orthodontist. 2. Plan benefits cover 24 months of usual and customary orthodontic treatment. 3. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving orthodontic treatment, the Enrollee and not DMS will be responsible for the payment of the balance due for treatment provided after cancellation or termination. In such a case the Enrollee's balance of payments shall be determined by dividing the UCR fee in effect at the time treatment was initiated by the total number of months of active treatment and prorated for the number of months remaining to completion of the treatment. Such amount will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Orthodontist. In no instance shall the total case fee exceed the normal UCR in effect at the time treatment was initiated. 4. Start-up fees cover the initial examination, diagnosis, consultation and the retention phase of treatment up to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years. 5. If treatment is not required or the Enrollee chooses not to start treatment after diagnosis and consultation has been completed by the orthodontist, the Enrollee will be charged a consultation fee of \$25 in addition to diagnostic record fees. 	<ol style="list-style-type: none"> 1. Pre, mid and post treatment records which include cephalometric x-rays, tracings, photographs and study of models; 2. Lost, stolen or broken orthodontic appliances; 3. Retreatment of orthodontic cases; 4. Surgical procedures incidental to orthodontic treatment; 5. Myofunctional therapy; 6. Surgical procedures related to cleft palate, micrognathia, or macrognathia; 7. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances; 8. Malocclusions which are so severe so that they are not amenable to ideal orthodontic therapy; 9. Treatment that extends 24 months beyond the point of banding dentition will be subject to an office visit charge; 10. Restorative work caused by orthodontic treatment; 11. Extractions solely for the purpose of orthodontics; 12. Treatment in progress at inception of eligibility.

DMS Provider Network

Effective as of: 7/1/2022

Location	DMS Network Provider	Location	DMS Network Provider
Attleboro	Alpha Dental Center Attleboro 140 Park Street, Suite 3 Attleboro, MA 02703 508-222-2990	Burlington	Gentle Dental Burlington 184 Cambridge Street Burlington, MA 01803 781-221-0072
Arlington	Gentle Dental Arlington 725 Massachusetts Avenue Arlington, MA 02476 781-643-0010	Cambridge	Gentle Dental Cambridge 19 White Street Porter Sq. Shopping Ctr Cambridge, MA 02140 617-354-3300
Belmont	Gentle Dental Belmont 250 Trapelo Road Belmont, MA 02478 617-489-1900	Chelmsford	Gentle Dental Chelmsford 22 Alpine Lane Chelmsford, MA 01824 978-256-7581
Boston	Newbury Dental Associates 274 Newbury Street Boston, MA 02116 617-262-0106	Chelsea	Affordable Family Dental 59 Washington Ave Chelsea, MA 02150 617-889-2668
Braintree	Gentle Dental Braintree 102-103 Pearl Street Braintree, MA 02184 781-356-3030	Dorchester	Michael J. Masse DDS 212 Ashmont Street Dorchester, MA 02124 617-436-0303
Brighton	Gentle Dental Brighton 320 Washington Street Brighton, MA 02135 617-562-1100 Chestnut Hill Dental Associates 2001 Beacon Street, Suite 300 Brighton, MA 02135 617-566-0308	Fall River	Alpha Dental Center Fall River 230 Rhode Island Avenue Fall River, MA 02724 508-646-9600
Brookline	Theodore Swerdlick DMD 389 Harvard Street Brookline, MA 02446 617-738-1200	Franklin	Alpha Dental Center Franklin 260 E Central Street, Unit 2A Franklin, MA 02038 508-528-0200
Brockton	John T. Carabatsos DMD 478 Torrey Street Brockton, MA 02301 508-586-0428	Jamaica Plain	Gentle Dental Jamaica Plain 612 Center Street Jamaica Plain, MA 02130 617-524-4400
		Malden	Gentle Dental Malden 225 Centre Street Malden, MA 02148 781-324-3200

Location	DMS Network Provider	Location	DMS Network Provider
Mansfield	Dynamic Dental 292 Chauncy Street, Suite 150 Mansfield, MA 02048 508-261-9261	South Easton	Saul R. Payne DMD 855 Washington Street South Easton, MA 02375 508-238-1515
Medford	Renato A. Carpinito DMD 38 High Street Medford, MA 02155-3820 781-393-9000	Stoughton	Gentle Dental Stoughton 341 Washington Street Stoughton, MA 02072 781-341-3700
Methuen	Gentle Dental Methuen 40 Jackson Street Methuen, MA 01844 978-682-0020	Sudbury	Sudbury Dental Arts 144 North Road, Suite 2125 Sudbury, MA 01776 978-218-2580
Natick	Gentle Dental Natick 1322 Worcester Rd Natick, MA 01760 508-655-2900	Wakefield	Gental Dental Wakefield 409 Main Street Wakefield, MA 01880 781-224-0021
North Dartmouth	Alpha Dental Center North Dartmouth 145 C Faunce Corner Rd North Dartmouth, MA 02747 508-993-5900		F. A. Carmichael Dentistry, Inc 607 North Ave Suite 16-1 Wakefield, MA 01880 781-324-5210
Norwood	Advanced Dental Centers Norwood 125 Central Street Norwood, MA 02062 781-385-5603	Waltham	Gentle Dental Waltham 879 Main Street Waltham, MA 02154 781-899-3700
Peabody	Gentle Dental Peabody 1 Main Street Peabody, MA 01960 978-532-2700	Weymouth	Weymouth Family Dental 1125 Washington Street Weymouth, MA 02189 781-337-0973
Pittsfield	J. Steven Cella DDS 197 South Street Pittsfield, MA 01201 413-443-6780		Advanced Dental Center of Weymouth 544 Main Street Weymouth, MA 02190-1815 781-331-1181
Raynham	Stephen M. Saracino DMD 1244 Broadway Raynham, MA 02767 508-880-4910	West Roxbury	Gentle Dental West Roxbury 1852 Centre Street West Roxbury, MA 02132 617-325-3700

Altus Dental Insurance Company, Inc.
PO Box 1557
Providence, RI 02901-1557
877-223-0588

GROUP INFORMATION <i>To be completed by Human Resources or Benefit Administrator.</i>			
Employer / Group Name		Group No.	Effective Date:
Dental Division No.	Location No. (if applicable)	Date of Hire	Payroll Deduction Date:

I. SUBSCRIBER INFORMATION

Subscriber Name (First, Middle Initial, Last)		Date of Birth (MM/DD/YYYY)		Social Security / I.D. #	
Street Address / P.O. Box No.	Apt. No.	City	State	Zip	
Preferred Mobile Number		Preferred Email			

II. ENROLLMENT INFORMATION

I am applying for DMS Dental coverage

Check one ☐ Employee ☐ Employee + One ☐ Family

* REQUIRED: In order to complete your enrollment for DMS Dental plan, you must choose a dentist in the DMS Network.
All dependents are assigned to the same dental location.

Enter DMS Network Dentist Name: _____ Location: _____

QUALIFYING EVENT	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth or Adoption	<input type="checkbox"/> Return from Leave of Absence	<input type="checkbox"/> Full-Time/Part-Time Status
	<input type="checkbox"/> New Hire/Re-hire	<input type="checkbox"/> Divorce	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Loss of Coverage	<input type="checkbox"/> Death of a Member
ACTION CODE Check one	<u>ADDITIONS</u>		<u>TERMINATION</u>		<u>STATUS CHANGE</u>
	<input type="checkbox"/> New Subscriber		<input type="checkbox"/> Remove Subscriber		<input type="checkbox"/> Name / Address Change
	<input type="checkbox"/> Add Dependent to Family	<input type="checkbox"/> Remove Dependent	<input type="checkbox"/> Transfer from Division # _____ to # _____		
	<input type="checkbox"/> Reinstatement	List name in Section III		<input type="checkbox"/> Change Type of Coverage	
	<u>COBRA</u>				
	<input type="checkbox"/> Reinstatement of Subscriber				
	<input type="checkbox"/> Addition of Dependent Prior ID # _____				

III. DEPENDENT INFORMATION

First Name	Last Name (if different)	Date of Birth (MM/DD/YYYY)	Relationship

I certify that all information is correct to the best of my knowledge. I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with underwriting guidelines. If my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature _____ Date _____ Benefits Administrator Authorization _____ Date _____

Please complete form and return to your human resources or benefits administrator.

If you have questions, please contact Altus Customer Service 877-223-0588. Representatives are available Monday – Friday from 8:00 am – 5:00 pm.

The purpose of this form is to confirm the level of benefits, rates, billing and broker of record information for the group specified.

Acceptance of the information outlined is subject to Altus Dental Underwriting approval.

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, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.

MM/YY - QTY [BUG]