

ALTUS DENTAL INSURANCE COMPANY, INC.

**City of New Bedford - Voluntary Plan**

**Summary of Proposed Benefit Plan**

**Thirty-Two Month Proposal Effective May 1, 2023 through December 31, 2025**

***Altus Dental Plus***

**Preventive/Diagnostic**

Cleanings	100%
Oral Exams	100%
Fluoride Treatments	100%
X-Rays	100%
Sealants	100%
Space Maintainers	100%
Perio Maintenance (cleanings)	100%

**Minor Restorative (1)**

Denture Repairs	80%
Palliative Treatment	80%
Brush Biopsies	80%
Fillings - composites on all teeth	80%
Simple Extractions	80%
Oral Surgery/Anesthesia	80%
Endodontics	80%
Periodontic Surgery	80%
Root Planing & Scaling	80%

**Major Restorative (1)**

Crowns	50%
Prosthodontics	50%
Single Tooth Implants	50%

(1) After Annual Deductible \$50 / \$150

Calendar Year Maximum	\$1,500
Dependent Coverage	Age 26

# Altus Vision™

in partnership with VSP® Vision Care

## Benefits Summary: Altus Vision™ - 150 Plus

Benefit	Description	Copay	
In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers   117,000 Access Points			
WELLVISION® EXAM			
Exams 1 exam every 12 months	• Comprehensive eye exam to ensure overall visual wellness	\$10	
PRESCRIPTION GLASSES			
Frames 1 pair every 12 months	• \$150 allowance for wide selection of frames • 20% savings on amount over allowance. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied • Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans • Allowance may differ at Costco® Optical, however it is of equivalent value. Costco® Optical allowance of \$80 is equivalent to \$150 frame allowance at VSP doctor locations and participating retail chains	\$25	
Lenses 1 pair every 12 months	• Single vision, lined bifocal, lined trifocal, and lenticular lenses		
Covered Lens Enhancements	• Impact-resistant lenses for children • Standard Progressive Lenses	\$0	
CONTACT LENSES (instead of glasses)			
Contacts Every 12 months	• \$150 allowance for contacts	\$0	
	• Contact lens fitting and evaluation	Up to \$60	
VALUE-ADDED PROGRAMS			
VSP Essential Medical Eye Care Program	• Exams and services to treat immediate issues like pink eye and sudden changes in vision • Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more • Members with diabetes who do not have diabetic eye disease receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply. Ask your VSP network doctor for details		
Extra Savings			
Additional Lens Enhancements	• Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more • Discount rate for Premium Progressive Lenses: \$95-\$105; Custom Progressive Lenses: \$150-\$175		
Featured Frames	• Extra \$20 allowance on featured brands like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Not applicable at Costco® Optical. Ask your VSP network doctor for more details		
Additional Glasses and Sunglasses	• 20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam		
Laser Vision Correction	• Average 15%-20% savings. See VSP.com for more information		
TruHearing®¹	• Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information		
Monthly Rates			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$6.50	\$13.00	\$13.65	\$18.85

See reverse side for more information.

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**Prospective Premium Proposal (1)**

**Thirty-Two Month Proposal Effective May 1, 2023 through December 31, 2025**

***Altus Dental Plus***

The monthly prospective premium rates shown below are fully-insured and guaranteed for the contract period, May 1, 2023 through December 31, 2025. Unlike other financial arrangements, City of New Bedford will never receive a settlement. In the event incurred claims and administrative expense exceeds paid premium, Altus Dental will assume the financial liability. Likewise, should the remitted premium exceed incurred claims and administrative expense, Altus Dental will retain the difference.

Altus Dental Insurance Company's prospective premium arrangement provides for predictable cash flow and complete risk protection.

<b><i>Proposed Benefit Plan Includes \$50/\$150 Deductible and Dependents to age 26</i></b>	<b><i>Guaranteed 20-Month Proposal Rates Eff. (2) 5/1/23 - 12/31/24</i></b>			<b><i>Maximum Rates Eff. (3) 1/1/25 - 12/31/25</i></b>		
	<b><i>Ind</i></b>	<b><i>2Per</i></b>	<b><i>Fam</i></b>	<b><i>Ind</i></b>	<b><i>2Per</i></b>	<b><i>Fam</i></b>
100/80/50, \$1,500 Calendar Year	\$30.37	\$60.75	\$106.31	\$32.20	\$64.39	\$112.69
<b><u>Benefit Upgrade Options (incremental costs):</u></b>						
Add Smile Plus	\$0.91	\$1.82	\$3.19	\$0.97	\$1.93	\$3.38
Maximum Renewal Rate Adjustment					6.00%	

- (1) This proposal is contingent upon a signed agreement for the contract period, May 1, 2023 through December 31, 2025.
- (2) The monthly prospective premium rates are guaranteed based upon minimum enrollment of 50% of the total benefit eligible employees (approximately 175 enrolled). Any significant change in the assumed enrollment (plus or minus 10%) may result in adjustments to this proposal. This proposal assumes all nonparticipating providers will be reimbursed at reasonable and customary charges as determined by zip code.
- (3) The rates effective 1/1/25-12/31/25 represent the maximum rates the account may receive which will be determined through an annual experience rating. The maximum rates in future contract periods may be adjusted in accordance with changes in federal, state and local governmental or regulatory provisions.

3/14/2023