

wisdom teeth 101

a guide to help UMass Grad Employees make the most
of their dental and health benefits



Hosted by the UAW/UMass Health & Welfare Trust Fund,
with special guests:

-Keith Whitt & Diana Andrade, Altus Dental
-Mary Jo Blomberg, Wellfleet Student Insurance



**Jaw pain? Swollen gums?
You might need your
wisdom teeth removed...**

**Your next steps
could save you a lot of money!**





First, check your coverage!

Eligible UMass Grad Employees have access to a student health insurance plan (Wellfleet/Cigna PPO Network) and a dental plan (Altus).

Give plan info for BOTH to your dental office.

Useful Terms

In-network (IN): dentist has negotiated lowest rates with insurance

Out-of-network (OON): dentist has no agreement with insurance

Deductible: a specified amount of money that you must pay before insurance will pay a claim

Plan year (PY): defined 12 month period. For health plan, plan year is 8/1-7/31 and for dental plan, plan year is 9/1-8/31.

Altus Dental coverage:

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures

Important to note:

- \$75 deductible if dentist is OON
- not required to be impacted
- Altus IN dentist will charge lowest rates
- OON dentists may balance bill if charges exceed what is reasonable & customary
- Max benefit payout per plan year is \$2250

altus
dental[™]

Student Health Plan coverage:

OUTPATIENT BENEFITS	In-Network	Out-of-Network
Impacted Wisdom Teeth Expense. For removal of one or more impacted wisdom teeth.	95% of Actual or Negotiated fee	

Important to note:

- deductible of \$200 must first be met
- coverage for removal of IMPACTED wisdom teeth only.
- CIGNA IN dentists may have negotiated lower rates



Next, choose the right dentist

ARE YOUR WISDOM TEETH IMPACTED?

YES

CHOOSE ANY DENTIST,
-95% OF YOUR ORAL SURGERY
WILL BE COVERED BY
WELLFLEET AFTER DEDUCTIBLE

- ALTUS COVERS 80% OF
REMAINING BILL (AFTER
DEDUCTIBLE IF OON)

NOT SURE

SEE A DENTIST FOR AN EXAM &
XRAYS COVERED AT 100% WITH
ALTUS IN OR OUT OF NETWORK TO
DETERMINE

THEN RETURN TO THE TOP

NO

BEST TO CHOOSE A DENTIST
IN NETWORK FOR ALTUS,
- 80% OF ORAL SURGERY IS COVERED
NO DEDUCTIBLE IN NETWORK

Sample list of local dentists

Connecticut Valley Oral Surgery
offices in Amherst, Northampton & Greenfield, MA (413) 549-5100

Nazeeh Abunasra
PATRICK DERMESROPIAN PLLC
HADLEY, MA (413) 341-1231

Brett C Denhart, DMD
Chicopee, MA (413) 534-4224

New England Family Dentistry
Holyoke, MA (413) 534-8700

You can find Altus In Network Dentists at Altusdental.com



Be assertive!

- Provide plan information for both plans (member IDs and Group #s or ID cards)
- Request that the dentist bill your health plan 1st (Wellfleet/Cigna) and your dental plan (Altus) 2nd
- If the dentist isn't willing to do the above, you may want to choose a new dentist

The Pretreatment Estimate



PRE-TREATMENT ESTIMATES

Referrals and prior authorization are not required; however, we strongly recommend that your dentist file what's known as a "pre-treatment estimate" with us for any service that is expected to cost \$300 or more. We will review the treatment plan and let you and your dentist know, in advance, whether or not a particular service will be covered under your plan.

For services that your dental plan does not cover at 100% (e.g. crowns, bridges, certain surgical procedures), having a pre-treatment estimate lets you know what your out-of-pocket costs will be. The treatment plans for major restorative services like crowns and bridges need to be reviewed and approved to make sure that the service meets our Utilization Review Guidelines, so it's always in your best interest to have your dentist obtain a pre-treatment estimate in advance.

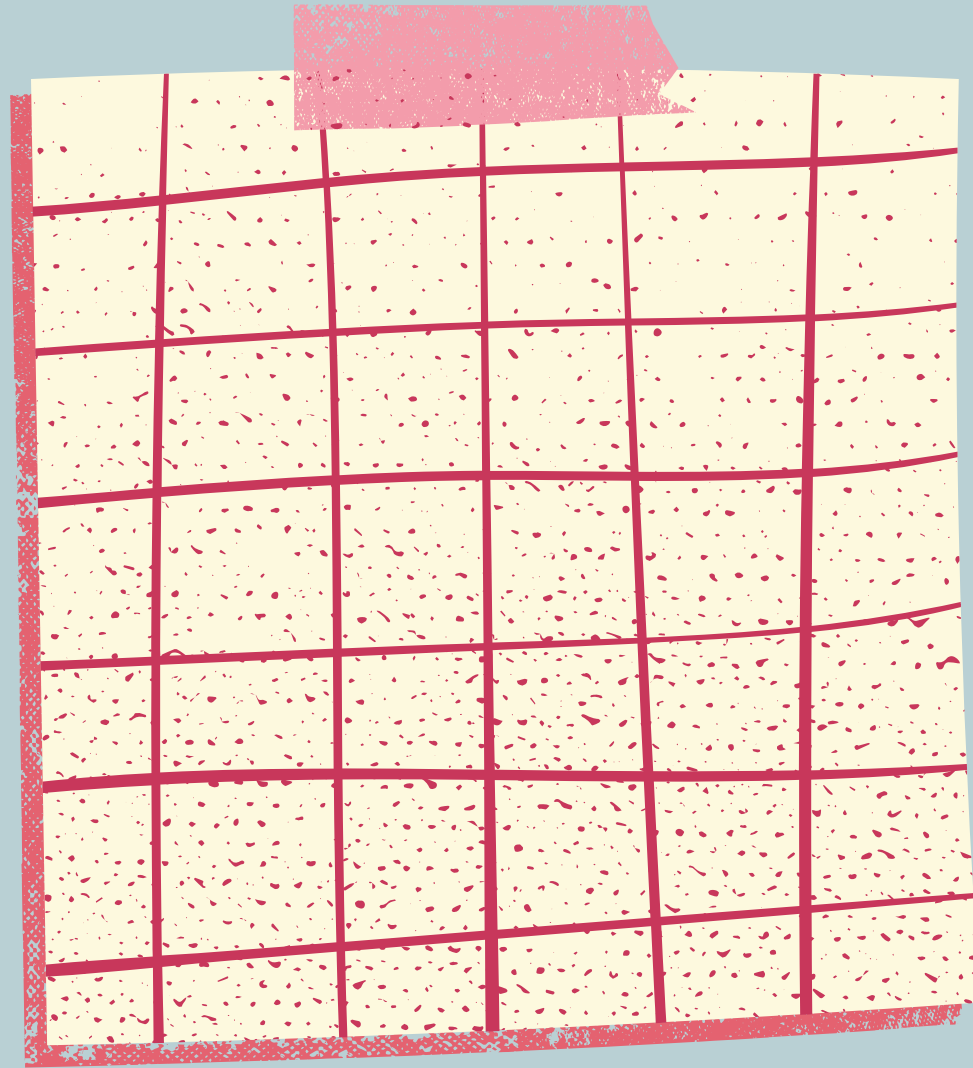
Please note: Pre-treatment estimates are guaranteed for up to one year of receipt, and only apply to the dentist who submitted the pre-treatment request.

Sample Breakdown of Your Benefits

These are just an examples. All situations are different and results will vary accordingly. That's why we recommend a pretreatment estimate and contacting Altus customer service to talk through your situation:

Phone: 877-223-0588

Email: customerservice@altusdental.com



Scenario #1: You see a dentist that is IN for Altus, you haven't met your Cigna deductible yet and your wisdom teeth are impacted (this is just an example, all situations are different and results will vary accordingly):

WELLFLEET

Oral Surgeon Charges \$4,200
Wellfleet deductible - \$200
Benefit paid at 95% = \$3,800
would be paid by Wellfleet
Grad responsibility = \$400



ALTUS

\$400 balance remains
No Altus IN deductible - \$0
Benefit paid at 80% = \$320
would be paid by Altus Dental.
Grad responsibility = \$80

Scenario #2: You see a dentist that is IN for Altus, but your wisdom teeth are NOT impacted (this is just an example, all situations are different and results will vary accordingly):

**WELLFLEET NOT
APPLICABLE IN THIS CASE**

Non impacted wisdom teeth removal
isn't covered by this plan



ALTUS

Oral Surgeon Charges \$1,575

No Altus IN deductible - \$0

Certain exceptions aren't covered -\$275

Negotiated fee reduces balance to \$586

80% of \$586 = \$468.80 would be paid by

Altus Dental.

Grad responsibility = \$392.20

EOB Terms

Dentist's Charges: what your dentist charged & sent to your insurance on the claim

Allowable Charges: amount an IN dentist is allowed to charge under their agreement with Altus.

% Coinsurance: % covered by your insurance

Plan Payment: amount insurance will pay

Processing Policies: notes on why certain procedure codes may not be covered by your insurance

Reading your Explanation of Benefits (EOB)

altus dental
Altus Dental Insurance Company, Inc.

P.O. Box 1557
Providence, RI 02901-1557

[REDACTED]

EXPLANATION OF BENEFITS (EOB)

Help Prevent Fraud:

Insurance fraud increases the cost of your dental coverage and is a crime. If you are aware of any false information submitted to us, you can help by calling us toll free at 1-877-223-0588.

THIS IS NOT A BILL

DATE OF ISSUE 4/20/2021
 PATIENT [REDACTED]
 DATE OF BIRTH [REDACTED]
 GROUP NO. [REDACTED]
 GROUP NAME [REDACTED]
 DENTIST [REDACTED]
 CLAIM DOCUMENT NO. [REDACTED] - 000
 SUBSCRIBER I.D. [REDACTED]

Payment for these services is determined in accordance with the specific terms of your dental plan or with the terms of applicable agreements with network dentists.

TOOTH NO. OR LETTER	DATE OF SERVICE	PROCEDURE NUMBER AND DESCRIPTION	DENTIST'S CHARGE	ALLOWABLE CHARGE	DEDUCTIBLE	% CO-INSURANCE	BALANCE	PLAN PAYMENT	PROCESSING POLICIES
Y	04/02/2021	4266 GUIDED TISSUE REGENERATION	275.00	0.00	0.00		0.00	0.00	721
31	04/02/2021	7210 EXTRACTION/ERUPTED TOOTH W/BONE REMOVAL	300.00	155.00	25.00	80	51.00	104.00	
	04/02/2021	9222 GENERAL ANESTHESIA- FIRST 15 MINUTES	300.00	92.00	0.00	80	18.40	73.60	

721 - TOOTH NUMBER AND/OR SURFACE(S) ARE NECESSARY FOR THIS PROCEDURE. ELECTRONIC CLAIM USERS SHOULD RESUBMIT ELECTRONICALLY WITH THE REQUIRED TOOTH NUMBER AND/OR SURFACE. FOR PAPER SUBMISSIONS, PLEASE RETURN A COPY OF THIS EOB WITH THE REQUIRED TOOTH NUMBER AND/OR SURFACE.

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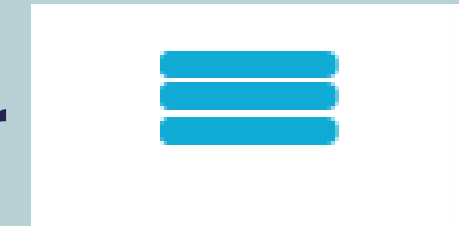
DATE OF ISSUE 1/31/2021
 PATIENT [REDACTED]
 DATE OF BIRTH [REDACTED]
 GROUP NO. [REDACTED]
 GROUP NAME [REDACTED]
 DENTIST [REDACTED]
 CLAIM DOCUMENT NO. [REDACTED] - 000
 SUBSCRIBER I.D. [REDACTED]

Payment for these services is determined in accordance with the specific terms of your dental plan or with the terms of applicable agreements with network dentists.

TOOTH NO. OR LETTER	DATE OF SERVICE	PROCEDURE NUMBER AND DESCRIPTION	DENTIST'S CHARGE	ALLOWABLE CHARGE	DEDUCTIBLE	% CO-INSURANCE	BALANCE	PLAN PAYMENT	PROCESSING POLICIES
1	07/14/2020	7240 REMOVAL OF IMPACTED TOOTH-FULL BONY	450.00	325.00	25.00	80	85.00	240.00	
16	07/14/2020	7240 REMOVAL OF IMPACTED TOOTH-FULL BONY	450.00	325.00	0.00	80	65.00	260.00	
17	07/14/2020	7240 REMOVAL OF IMPACTED TOOTH-FULL BONY	450.00	325.00	0.00	80	65.00	260.00	
32	07/14/2020	7240 REMOVAL OF IMPACTED TOOTH-FULL BONY	450.00	325.00	0.00	80	65.00	260.00	
	07/14/2020	9222 GENERAL ANESTHESIA- FIRST 15 MINUTES	300.00	92.00	0.00	80	18.40	73.60	
	07/14/2020	9223 GENERAL ANESTHESIA- EACH ADD'L 15 MIN.	200.00	92.00	0.00	80	18.40	73.60	
	07/14/2020	9223 GENERAL ANESTHESIA- EACH ADD'L 15 MIN.	200.00	92.00	0.00	80	18.40	73.60	

Registering on the Wellfleet & Altus sites will help you track your claims and view your Estimation of Benefits

Wellfleet: go to <https://www.studentinsurance.com/Client/941> and look for then click on "My Account-Graduate" and then "Create a New Account"



Altus: go to altusdental.com then click on First-time user of our new site? Click here to register.

www.altusdental.com

About Altus Dental | Contact Us

altus dental

Home Members Dentists Employers Brokers Healthy Smiles Individuals & Families Altus Vision

Members Online Registration

1. Enter Name & ID

2. Registration Form

3. Confirmation

Members Online Registration

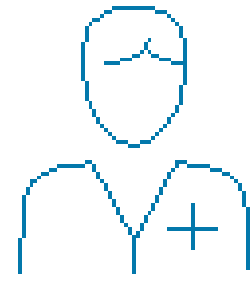
To protect your personal health information, you must register for our online services. It's simple - just fill in the fields below.

To continue, please enter your name and identification (ID) Number:

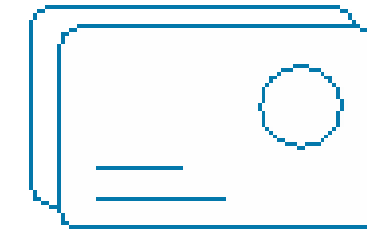
First Name: Last Name:

Altus registration allows you to easily manage your benefits

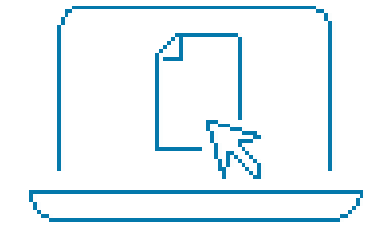
When you register for an online account, you can:



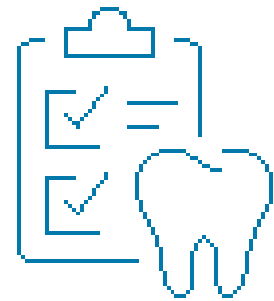
See if your current dentist is in network or find a new dentist with our *Find a Dentist* search



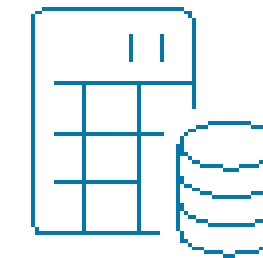
Order or print a new ID card



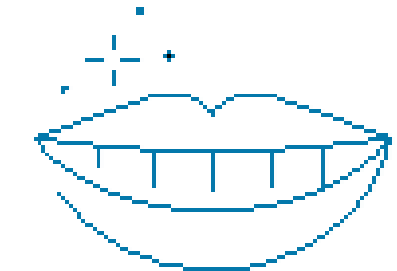
Get paperless explanations of benefit and pre-treatment estimates



Check your eligibility for services and procedures



View your deductible and maximum amounts, and confirm remaining balances



Get oral health care tips with *Healthy Smiles for Life*

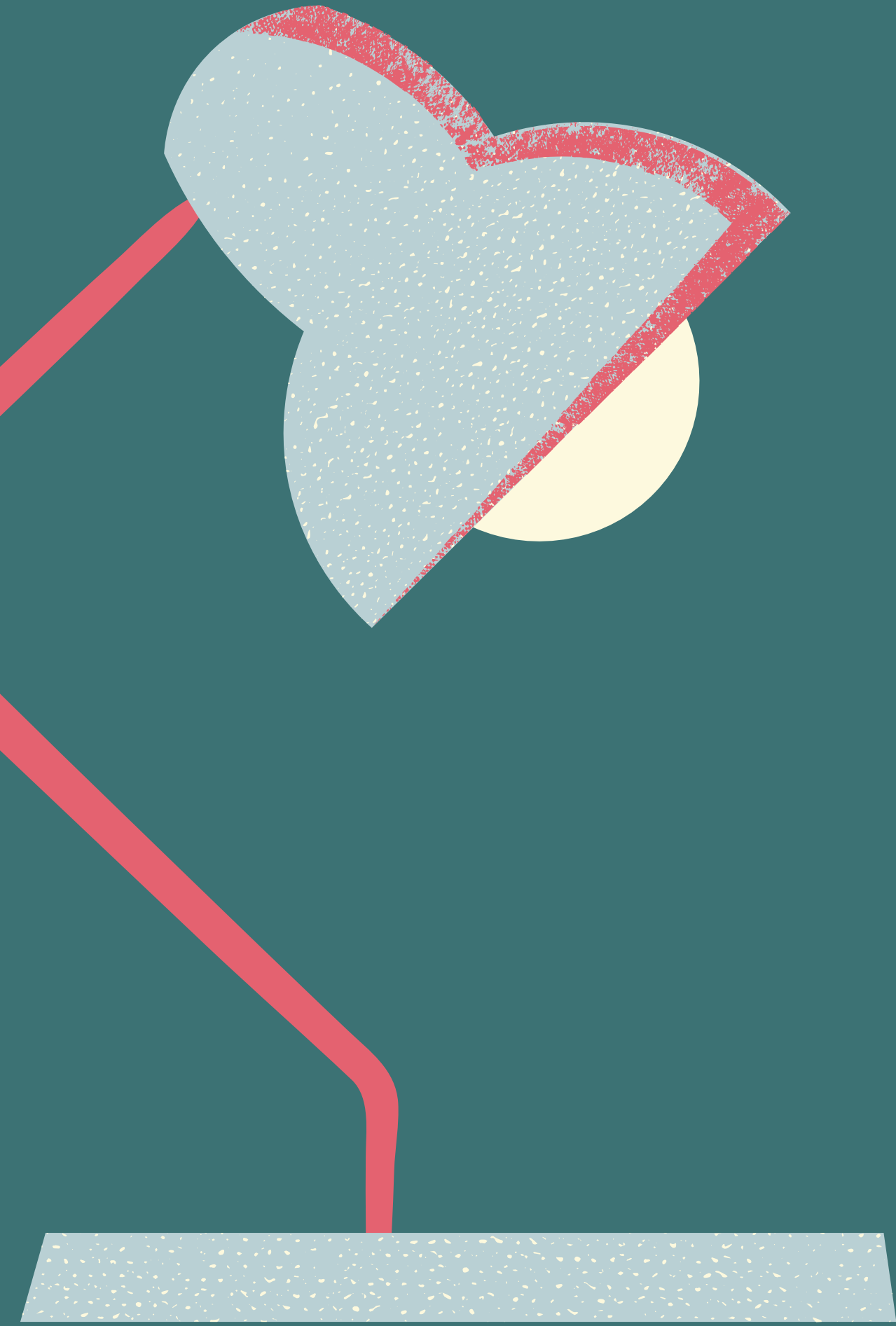
Registering is fast, easy and secure.

All you need is your Altus Dental ID number. Visit altusdental.com today and select “Click here to register” or log in with your username and password. We use two-factor authentication for an extra layer of security. We’ll send a security code by email or text when you log in. Enter the code to access your account.

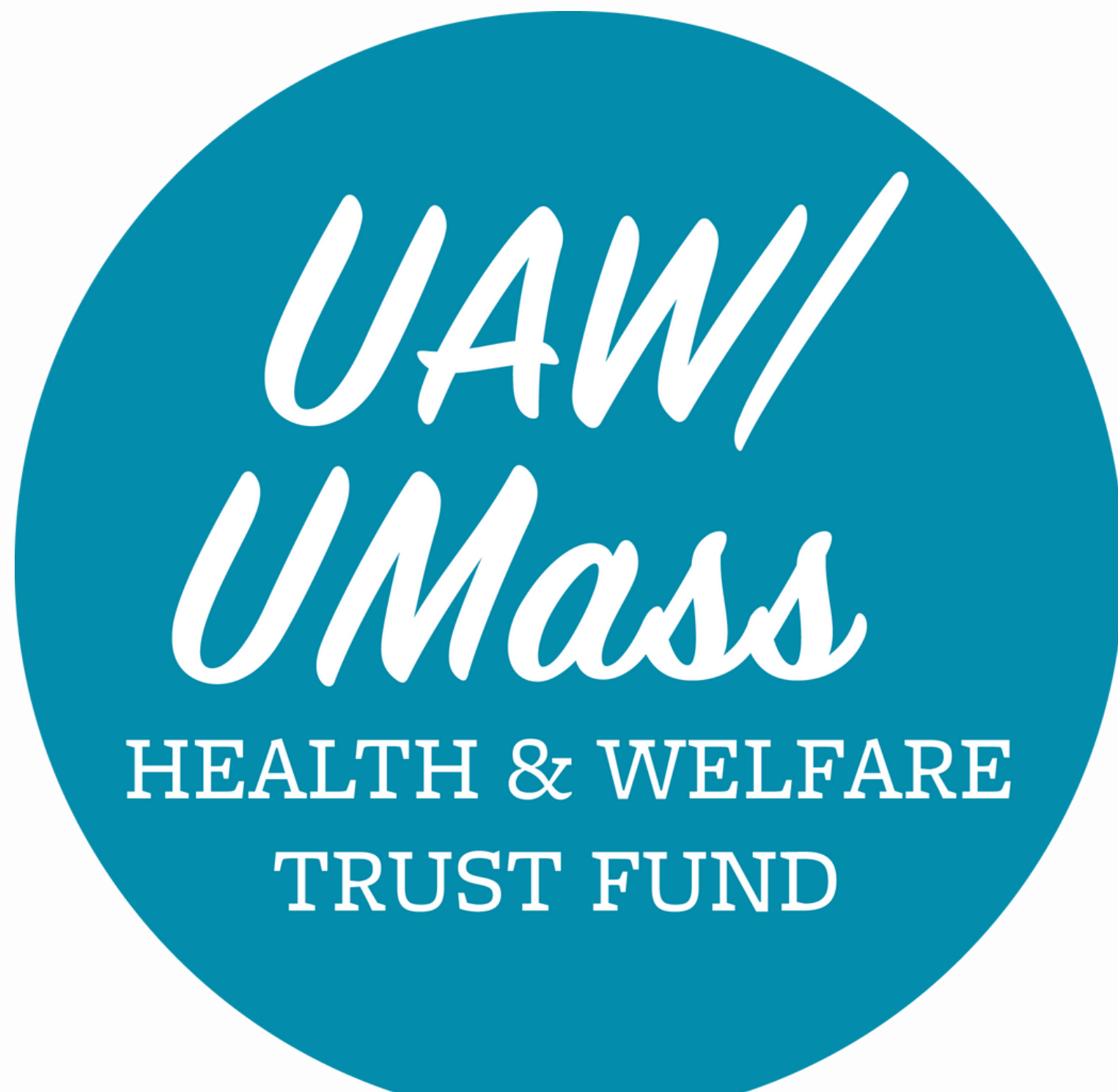
altus
dental™

Let's Review the Highlights

- Determine whether teeth are impacted and choose a dentist accordingly
 - Request pretreatment estimate
- Ask dental office to submit your claims 1st to health plan, 2nd to dental plan
 - Provide info for both plans
- Ask questions & call if you need help



Your plan details!



Health Plan (Wellfleet/Cigna).

Group Number: ST0941SH

Claim Administrator: Wellfleet Group

www.wellfleetstudent.com

Customer Service: (877) 657-5030

Network: Cigna PPO

Find a provider:

<https://hcpdirectory.cigna.com/>

Dental Plan (Altus).

Group #: #3001-0002

Member ID: unique ID is on your dashboard at hwtrust.geouaw.org

Customer Service: 877-223-0588

Network: Connection Dental and DenteMax Networks

Find a provider: www.altusdental.com