

## Altus Dental Plan Summary

Product Name	Available To Group Sizes	Benefit Design Highlights	Rates
Altus For One Preferred Plan	1 or more employees	\$1,000 max benefit per person calendar year Type I 100%, no waiting period *Type II Basic 50%, after 6 month waiting period *Type III Major 50%, after 12 month waiting period Orthodontics 50%, after a 24 month waiting period, for children under the age of 19 with a lifetime max of \$1,000  *Annual deductible \$50 individual/\$150 family	Individual \$63.69 Two-Person \$126.81 Emp w/ Child(ren) \$132.58 Family \$176.06

Rates effective 11/1/2024 through 10/31/2025.

Product Name	Available To Group Sizes	Benefit Design Highlights	Rates
Altus Preferred	2 or more employees	\$1,500 max benefit per person calendar year Type I 100%, no waiting period *Type II Basic 100%, no waiting period *Type III Major not available  *Annual deductible \$0 individual/\$0 family	Individual \$63.14 Two-Person \$119.29 Family \$144.28
Altus Preferred Plus	2 or more employees	\$1,500 max benefit per person calendar year Type I 100%, no waiting period *Type II Basic 50%, no waiting period *Type III Major 50%, no waiting period  *Annual deductible \$50 individual/\$150 family	Individual \$63.14 Two-Person \$119.29 Family \$144.28

Rates effective 7/1/2024 through 6/30/2025.

All plans listed do not satisfy EHB (Essential Health Benefits) Pediatric Dental benefits requirement. Refer to [www.hsainsurance.com/PD](http://www.hsainsurance.com/PD) for more information about Pediatric Dental Benefits.

Contact us anytime! For a full schedule of benefits, enrollment forms and additional information, please visit our website [www.hsainsurance.com](http://www.hsainsurance.com). To speak with a sales representative, call (877) 777-4414 or email: [sales@hsainsurance.com](mailto:sales@hsainsurance.com).