

DOCTORS COUNCIL RETIREE WF
Network: DOCTOR'S COUNCIL WELFARE FUND

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

Eligibility	* Members who meet eligibility requirements according of the Plan * Eligible dependents: Include the lawful spouse/partner and each dependent child from birth until the age of 26 is reached as long as they are not covered by or eligible for other health insurance through their employer.
Plan Year	* July-June
Plan Maximums	* Personal Maximum: \$6,500.00 * Family Max Maximum: \$13,000.00
Plan Deductibles	* No Deductible
Plan Limitations	* Exam Limitations 4 per 1 Plan Year * Prophy Limitations 1 per 3 months * Adult Ortho \$4940 per Lifetime * Child Ortho \$4940 per Lifetime * Number Of Months On Prosthetic Limit 1 per 48 Months * Dependents Covered To Age 26 * Student Dependents Covered To Age 26 * Time Limit For Filing A Claim 1 Year * 1 Curretage Per Visit 2 per Day * Perio Maintenance Limit \$480 per Plan Year * X-Ray Limit \$140 per Plan Year * Scaling & Root Planning 6 per 1 Plan Year * IMPLANT MAXIMUM \$5000 per Lifetime
Pre-Treatment Review	* This process is recommended for your benefit as it will give the dentist and plan member a better understanding of the dental coverage for a proposed treatment plan before the work begins and expenses are incurred. Please note- a pretreatment review estimate is not a promise of payment. Work must be done while the patient is still eligible. * Pre-op periapical x-rays required for crowns, veneers, inlays and extractions * Periodontal charting and x-rays are required for surgical periodontal procedures * Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework
Permissable Charges	* Covered and reimbursable services, no co-payment: No surcharge permitted * Covered and reimbursable services, with co-payment: Established co-payment only * Covered but not reimbursable services: Schedule allowance plus established co-payment * Non Covered services: Your usual charge for that service
Coordination of Benefits	* If the patient is eligible for benefits under more than one group dental plan, you are entitled to collect benefits available through both plans. The total may not exceed your usual charge and payments from the other plan must first be applied to reduce or eliminate co-payments or other charges incurred by the member.
How to File a Claim	* Electronic Claims (Payor ID: CX076): To submit through your Practice Managment Software and Clearinghouse use Payor ID: CX076. * Online Claims: You can also submit claims electronically using asonet.com for immediate processing, including information about limitations, deductibles, and maximums. To setup an account call 516-394-9494. * Paper Claims: Computer generated, ADA, and universal claim forms are accepted. . You may use your office software or clearinghouse to upload x-rays and attachments. . You may also upload x-rays and attachments directly to ASO via asonet.com. Mail claims to ASO/SIDS Dept V10 , 303 Merrick Road Suite 300 , Lynbrook , NY 11563

For up to date detailed information, including member eligibility and claim status, please visit:

asonet.com

If you have any questions regarding the this program please call us:

516-394-9400

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Plan Schedule (In and Out of Network)**

Code	Description	Allowance	Maximum Applies
D0120	Periodic Oral Examination 4 per 1 Plan Year	\$60.00	Y
D0140	Limited Oral Evaluation 4 per 1 Plan Year	\$60.00	Y
D0150	Comprehensive Oral Examination 4 per 1 Plan Year	\$60.00	Y
D0160	Detailed Oral Evaluation 4 per 1 Plan Year	\$60.00	Y
D0170	Re-Evaluation-Limited 4 per 1 Plan Year	\$60.00	Y
D0180	Comprehensive Periodontal Eval 4 per 1 Plan Year	\$60.00	Y
D0210	X-Rays-Full Mouth	\$140.00	Y
D0220	Periapical X-Ray First Film	\$14.00	Y
D0230	X-Ray Periapical -Additional	\$14.00	Y
D0240	Occlusal Film	\$50.00	Y
D0270	X-Ray 1 Bitewing	\$14.00	Y
D0272	X-Rays 2 Bitewings	\$28.00	Y
D0273	X-Rays 3 Bitewings	\$42.00	Y
D0274	X-Rays 4 Bitewings	\$56.00	Y
D0290	X-Ray Ant. Post. Or Lateral	\$34.00	Y
D0321	Tmj Film 2 per 12 Months	\$34.00	Y
D0330	Panoramic Film	\$120.00	Y
D0340	Cephalometric Film	\$85.00	Y
D0470	Diagnostic Casts	\$30.00	Y
D1110	Prophylaxis 1 per 3 months Not Covered Until 16 if younger convert to D1120	\$85.00	Y
D1120	Prophylaxis-Child 3 per 1 Plan Year Covered Until Age 15 if older convert to D1110	\$70.00	Y
D1206	Topical Fluoride Varnish 2 per 1 Plan Year Covered Until Age 16	\$35.00	Y
D1208	Topical Application Fluoride 2 per 1 Plan Year Covered Until Age 16	\$35.00	Y
D1351	Sealant 2 per Lifetime Covered Until Age 19	\$35.00	Y
D1510	Space Maintainer-Fixed	\$101.00	Y
D1516	Space Maintainer – Fixed – Bilateral, Maxillary 1 per 99 years	\$250.00	Y
D1517	Space Maintainer – Fixed – Bilateral, Mandibular 1 per 99 years	\$250.00	Y
D1520	Space Maintainer-Removable 1 per Lifetime	\$101.00	Y
D1526	Space Maintainer – Removable – Bilateral, Maxillar 1 per 99 years	\$168.00	Y
D1527	Space Maintainer – Removable – Bilateral, Mandibul 1 per 99 years	\$168.00	Y
D2140	Amalgam One Surface -Permanent Or Primary 1 per 6 months	\$95.00	Y
D2150	Amalgam Two Surfaces-Permanent Or Primary 1 per 6 months	\$135.00	Y
D2160	Amalgam Three Surfaces-Perm Or Prime 1 per 6 months	\$150.00	Y
D2161	Amalgam-Four Or More Surfaces Perm Or Prim 1 per 6 months	\$190.00	Y
D2330	Resin - One Surface 1 per 6 months	\$110.00	Y
D2331	Resin - Two Surfaces 1 per 6 months	\$135.00	Y

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Code	Description	Allowance	Maximum Applies
D2332	Resin Three Or More Surfaces 1 per 6 months	\$160.00	Y
D2335	Resin-4+ Srf Or Incisal Edge 1 per 6 months	\$190.00	Y
D2391	Resin 1 Surface Posterior 1 per 6 months	\$115.00	Y
D2392	Resin-2 Surfaces,Posterior 1 per 6 months	\$150.00	Y
D2393	Resin-3 Surfaces,Post. 1 per 6 Months	\$185.00	Y
D2394	Resin-4 Or More Srf-Post 1 per 6 months	\$240.00	Y
D2410	Gold Foil - 1 Surf. 1 per 48 months	\$67.00	Y
D2420	Gold Foil - 2 Surf. 1 per 48 months	\$118.00	Y
D2430	Gold Foil - 3 Surf. 1 per 48 months	\$168.00	Y
D2510	Inlay-Metallic -One Surface 1 per 48 months	\$150.00	Y
D2520	Inlay Metallic -Two Surfaces 1 per 48 months	\$400.00	Y
D2530	Inlay-Metallic-Three Or More S 1 per 48 months	\$750.00	Y
D2542	Onlay-Metallic 2 Surface 1 per 48 months	\$400.00	Y
D2543	Onlay-Metallic 3 Surface	\$750.00	Y
D2544	Onlay-Metallic 4+ Surface 1 per 48 months	\$750.00	Y
D2610	Inlay-Porcelain 1 Surface 1 per 48 months	\$168.00	Y
D2620	Inlay-Porcelain 2 Surfaces 1 per 48 months	\$400.00	Y
D2630	Inlay-Porcelain-3 Or More Surf 1 per 48 months	\$750.00	Y
D2642	Onlay-Porcelain/Ceramic 2 Surface 1 per 48 months	\$400.00	Y
D2643	Onlay-Porcelain/Cera,Ic 3 Surface 1 per 48 months	\$750.00	Y
D2644	Onlay – Porcelain/Ceramic – Four Or More Surfaces 1 per 48 months	\$750.00	Y
D2650	Inlay-Composite-One Surface 1 per 48 months	\$95.00	Y
D2651	Inlay Composite 2 Srf 1 per 48 months	\$125.00	Y
D2652	Inlay Composite 3 Srf 1 per 48 months	\$300.00	Y
D2710	Crown-Resin (Laboratory) 1 per 48 months	\$193.00	Y
D2720	Crown Resin With Metal 1 per 48 months	\$575.00	Y
D2740	Crown – Porcelain/Ceramic Substrate 1 per 48 months	\$800.00	Y
D2750	Crown-Porc.Fused To Metal 1 per 48 months	\$800.00	Y
D2751	Crown-Porc.Fused To Base Metal 1 per 48 months	\$800.00	Y
D2752	Crown-Porc.Fused To Noble Meta 1 per 48 months	\$800.00	Y
D2780	Crown - 3/4 Cast High Noble Metal 1 per 48 months	\$600.00	Y
D2790	Crown-Full Cast Metal 1 per 48 months	\$750.00	Y
D2791	Crown-Full Cast Base Metal 1 per 48 months	\$750.00	Y

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Code	Description	Allowance	Maximum Applies
D2810	Crown (3/4 Cast) 1 per 48 months	\$600.00	Y
D2910	Recement Inlay 1 per 12 months	\$50.00	Y
D2920	Recement Crown 1 per 12 months	\$60.00	Y
D2930	Prefabricated Ss Crown-Primary	\$67.00	Y
D2931	Stainless Steel Crown-Perm	\$67.00	Y
D2951	Pin Support Per Tooth	\$25.00	Y
D2952	Cast Post & Core 1 per 48 months	\$300.00	Y
D2954	Prefab Post & Core 1 per 48 months	\$175.00	Y
D2962	Porcelain Laminate 1 per 48 months	\$500.00	Y
D2980	Repair Broken Crown Facing 1 per 24 months	\$95.00	Y
D3110	Pulp Cap-Direct 1 per 12 months	\$50.00	Y
D3120	Pulp Cap-Indirect 1 per 12 months	\$35.00	Y
D3220	Vital Pulpotomy 1 per Lifetime	\$125.00	Y
D3310	Root Canal Therapy-Anterior Tooth 1 per Lifetime	\$500.00	Y
D3320	Root Canal Therapy-Bicuspid Tooth 1 per Lifetime	\$700.00	Y
D3330	Root Canal Therapy-Molar Tooth	\$850.00	Y
D3346	Retreatment-Rct -Anterior 1 per Lifetime	\$800.00	Y
D3347	Retreatment Of Rct - Bicuspid 1 per Lifetime	\$900.00	Y
D3348	Retreatment Rct-Molar 1 per Lifetime	\$950.00	Y
D3410	Apicoectomy-First Root 1 per Lifetime	\$400.00	Y
D3421	Apico.-Premolar-First Root 1 per Lifetime	\$400.00	Y
D3425	Apico.-Molar-First Root 1 per Lifetime	\$400.00	Y
D3426	Apicoectomy-Each Additional Rt 1 per Lifetime	\$400.00	Y
D3430	Retrograde Filling 1 per Lifetime	\$125.00	Y
D3450	Root Resection	\$175.00	Y
D4210	Gingivectomy Or Gingivoplasty 1 per 36 Months	\$175.00	Y
D4211	Gingivectomy One To Three Teeth-Per Quad 1 per 36 Months	\$105.00	Y
D4250	Muco-Gingival Surg. Per Quad.	\$150.00	Y
D4260	Osseous Surgery-Per Quadrant 1 per 36 months	\$600.00	Y
D4261	Osseous Surgery 1 -3 Teeth 1 per 36 months	\$360.00	Y
D4263	Osseous Graft- Per Site 1 per 36 months	\$200.00	Y
D4264	Osseous Graft-Addtional 1 per 36 months MAX 2 PER QUAD	\$125.00	Y
D4268	Guided Tissue Regeneration 1 per 36 months max 2 sites per quad in 36 months	\$275.00	Y
D4270	Pedicle Soft Tissue Grafts 1 per 36 Months	\$150.00	Y
D4277	Free Soft Tissue Graft	\$450.00	Y

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Code	Description	Allowance	Maximum Applies
	1 per 36 months		
D4323	Splint - Extra-Coronal; Natural Teeth Or Prostheti max \$225 per quadrant -\$45 per tth max 5	\$225.00	Y
D4341	Perio Treatment Per Quad 6 per 1 Plan Year	\$70.00	Y
D4342	Scaling-Root Planing 1 To 3 Teeth 6 per 1 Plan Year	\$42.00	Y
D4381	Localized Deliv. Of Chemo.Agen 1 per 36 months	\$50.00	Y
D4910	Periodontal Maintenance	\$100.00	Y
D5110	Complete Upper Denture 1 per 48 months	\$800.00	Y
D5120	Complete Lower Denture 1 per 48 months	\$800.00	Y
D5130	Immediate Full Upper Denture 1 per Lifetime	\$800.00	Y
D5140	Immediate Full Lower Denture 1 per Lifetime	\$800.00	Y
D5211	Upper Partial-Acrylic Base W/C 1 per 4 years	\$550.00	Y
D5212	Lower Partial Acrylic W/Clasps 1 per 48 months	\$550.00	Y
D5213	Upper Partial - Cast Metal 1 per 48 months	\$800.00	Y
D5214	Lower Partial - Cast Metal 1 per 48 months	\$800.00	Y
D5282	Removable Unilateral Partial Denture Maxiillary 1 per 48 months	\$500.00	Y
D5283	Removable Unilateral Partial Denture-Mandibular 1 per 48 months	\$500.00	Y
D5410	Adjust Complete Denture-Upper 1 per 6 months	\$50.00	Y
D5411	Adjust Complete Denture-Lower 1 per 6 months	\$50.00	Y
D5421	Adjust Partial Upper Denture 1 per 6 months	\$50.00	Y
D5422	Adjust Partial Denture-Lower 1 per 6 Months	\$50.00	Y
D5511	Repair Broken Complete Denture Base, Mandibular	\$95.00	Y
D5512	Repair Broken Complete Denture Base, Maxillary	\$95.00	Y
D5520	Replace Broken Tth In Denture	\$95.00	Y
D5611	Repair Resin Partial Denture Base, Mandibular	\$75.00	Y
D5612	Repair Resin Partial Denture Base, Maxillary	\$75.00	Y
D5630	Repair Or Replace Broken Clasp	\$125.00	Y
D5640	Replace Broken Tooth	\$95.00	Y
D5650	Add Tooth To Denture 1 per 12 months	\$125.00	Y
D5660	Add Clasp To Exist Part Dent	\$75.00	Y
D5670	Replace All Teeth And Framework On Upper Denture	\$65.00	Y
D5730	Reline Complete Maxillary Denture (Chairside)	\$165.00	Y
D5731	Reline Complete Mandibular Denture (Chairside)	\$165.00	Y
D5740	Reline Maxillary Partial Denture (Chairside)	\$135.00	Y
D5741	Reline Mandibular Partial Denture (Chairside)	\$135.00	Y
D5750	Reline Upper Denture-Lab	\$300.00	Y
D5751	Reline Comp Lower Denture-Lab	\$300.00	Y
D5760	Reline Partial Upper-Lab	\$175.00	Y
D5761	Reline Partial Lower-Lab.	\$175.00	Y
D5810	Interim Complete Denture (Max)	\$134.00	Y
D5850	Tissue Conditioning-Maxillary	\$70.00	Y
D5851	Tissue Conditioning Lower	\$70.00	Y
D6010	Endosteal Implant	\$1400.00	Y
D6040	Subperiosteal Implant 1 per Lifetime	\$1400.00	Y

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Code	Description	Allowance	Maximum Applies
D6056	Prefabricated Abutment 1 per 48 months	\$500.00	Y
D6057	Custom Abutment 1 per 48 months	\$500.00	Y
D6058	Abutment Supported Porc/Cer Cr 1 per 48 months	\$900.00	Y
D6059	Abutment Supported Porc/Met Cr 1 per 48 months	\$900.00	Y
D6061	Abutment Supported Crown 1 per 48 months	\$900.00	Y
D6065	Implant Supported Porc/Cer Cr 1 per 48 months	\$900.00	Y
D6066	Implant Sup Porc/High Nobel 1 per 48 months	\$900.00	Y
D6210	Pontic Cast Gold 1 per 48 months	\$500.00	Y
D6211	Pontic-Full Cast 1 per 48 months	\$275.00	Y
D6240	Pontic Porc Fused To Metal 1 per 48 months	\$685.00	Y
D6241	Pontic-Porc.Fused To Base Meta 1 per 48 months	\$685.00	Y
D6242	Pontic-Porc.Fused To Noble Met 1 per 48 months	\$685.00	Y
D6245	Pontic-Porcelain/Ceramic 1 per 48 Months	\$685.00	Y
D6250	Pontic Resin With Metal 1 per 4 years	\$560.00	Y
D6520	Inlay-Metallic-2 Surfaces 1 per 48 months	\$400.00	Y
D6530	Inlay-Metal-3 Surf.Abutment 1 per 48 months	\$750.00	Y
D6545	Maryland Bridge Retainer 1 per 48 months	\$250.00	Y
D6720	Abutment Resin With Metal 1 per 48 months	\$550.00	Y
D6740	Abutment-Porcelain Jacket 1 per 48 months	\$775.00	Y
D6750	Abutment-Porc. Fused To Metal 1 per 48 months	\$775.00	Y
D6751	Abutment-Porc.Fused To Base Me 1 per 48 months	\$775.00	Y
D6752	Abutment-Porc.Fused To Noble M 1 per 48 months	\$775.00	Y
D6780	Abutment-3/4 Cast 1 per 48 months	\$525.00	Y
D6790	Abutment Full Cast Metal 1 per 48 months	\$500.00	Y
D6930	Recement Bridge 1 per 12 months	\$85.00	Y
D6950	Precision Attachment 1 per 48 months	\$325.00	Y
D6980	Fixed Partial Denture Repair Necessitated By Resto 1 per 24 months	\$85.00	Y
D7140	Extraction Erupted Tooth Or Exposed Root	\$125.00	Y
D7210	Surgical Extraction	\$225.00	Y
D7220	Removal-Soft Tissue Impacted	\$200.00	Y
D7230	Removal-Partial Bony Impacted	\$325.00	Y
D7240	Removal-Complete Bony Impacted	\$450.00	Y
D7241	Complete Bony Impact-W/Comp	\$450.00	Y
D7250	Removal Of Residual Roots	\$200.00	Y
D7286	Biopsy Soft Tissue	\$150.00	Y
D7310	Alveolectomy	\$120.00	Y
D7311	Alveoloplasty W/Ext Per Qd-1 To 3 Teeth	\$72.00	Y

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Code	Description	Allowance	Maximum Applies
D7320	Alveolectomy-Per Quad.-No Ext	\$100.00	Y
D7340	Vestibuloplasty-Second Epith	\$150.00	Y
D7450	Cyst/Tumor Removal < 1.25 Cm	\$200.00	Y
D7510	Incision And Drainage no other therapy payable on same day	\$125.00	Y
D8010	Limited Ortho Tx Primary Dentition 1 per Lifetime	\$1250.00	Y
D8020	Limited Ortho Tx Of Transitional Dentition 1 per Lifetime	\$1250.00	Y
D8035	Active Ortho Visits	\$120.00	Y
D8045	Passive Ortho 3 Per 9 Months	\$360.00	Y
D8080	Initial Ortho App-Adolescent 1 per Lifetime	\$1250.00	Y
D8090	Initial Ortho App-Adult 1 per Lifetime	\$1250.00	Y
D8670	Active Ortho Treat Per Month 24 per Lifetime	\$120.00	Y
D8680	Ortho Retention (Remov App, Constr/Place Retainer) 1 per Lifetime	\$225.00	Y
D8681	Removable Orthodontic Retainer Adjustment 3 per Lifetime	\$120.00	Y
D9110	Palliative Treatment	\$45.00	Y
D9222	Deep Sedation/General Anesthesia – First 15 Minute 1 per 1 Day	\$125.00	Y
D9223	Deep Sedation/General Anesthesia - Each 15 Minute 1 per 1 Day	\$125.00	Y
D9230	Analgesia only surgical procedures	\$40.00	Y
D9239	Intravenous Moderate (Conscious) Sedation/Analgesi 1 per 1 Day	\$125.00	Y
D9243	Intravenous Moderate (Conscious)-15 Min 1 per 1 Day	\$125.00	Y
D9310	Specialist Consultation	\$85.00 - Specialist Only	Y
D9610	Therapeutic Injection	\$5.00	Y
D9910	Applic. Desensitizing Agent 1 per 1 Day	\$20.00	Y
D9944	Occlusal Guard – Hard Appliance, Full Arch 1 per 24 Months	\$300.00	Y
D9945	Occlusal Guard – Soft Appliance, Full Arch 1 per 24 months	\$300.00	Y
D9952	Occlusal Adjustment-Complete	\$80.00	Y