

**PORT WASHINGTON TEACHERS ASSOCIATION BENEFIT TRUST
PWTA / METRODENT PLUS PPO NETWORK
PLAN DESCRIPTION & FEE SCHEDULE**

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

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| ELIGIBILITY | <ul style="list-style-type: none"> All employees who are members of a Bargaining Unit Represented by the Port Washington Teachers Association. Eligible dependents: Spouses and dependent children who have not yet attained their 27th birthday. |
| PLAN YEAR | <ul style="list-style-type: none"> July 1 st through June 30 th |
| PLAN MAXIMUM | <ul style="list-style-type: none"> \$2,500 per each covered individual |
| DEDUCTIBLE | <ul style="list-style-type: none"> \$50 deductible per covered member per plan year. Waived for Diagnostic/Preventative services \$75 deductible per covered dependent per plan year. Waived for Diagnostic/Preventative |
| PLAN LIMITATIONS | <ul style="list-style-type: none"> Examination – two per plan year Prophylaxis – two per plan year X-rays – one in six months for FMS & Panorex combined Palliative treatment – no other treatment rendered that same visit Replacement of Prosthetics – once every 5 years Periodontal Maintenance – includes examination, only payable after osseous surgery & perio scaling Osseous Surgery – Based on the number of teeth involved Orthodontic treatment – Lifetime maximum benefit \$3,000 per covered individual. |
| PRE-TREATMENT REVIEW | <ul style="list-style-type: none"> 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 pre-treatment 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 |
| PERMISSIBLE CHARGES | <ul style="list-style-type: none"> Covered and reimbursable services: None Covered but not reimbursable services: Schedule allowance Non-covered services: Your usual charge for that service |
| COORDINATION OF BENEFITS | <ul style="list-style-type: none"> If the patient is eligible for benefits under more than one group dental plan, you are entitled to collect benefits available through both plans, however payment from the other plan must first be applied to reduce or eliminate co-payments or charges levied due to maximums. |
| HOW TO FILE A CLAIM | <ul style="list-style-type: none"> As a participating provider, you must complete all necessary paper work and accept assignment of benefits. Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Signature on file is accepted. Enclose, when appropriate, x-rays, tooth charting, periodontal charting Timely filing limit is one year from the date of service. Mail claims to : Administrative Services Only, Inc P.O. Box 9005 Dept 111. Lynbrook, NY 11563 File claims electronically: PAYOR ID: CX076 |

For up to date detailed information, including member eligibility, please access our website at:

www.asonet.com or call 516-396-5500

If you have any questions regarding the operation of this program please contact ASO at:
(516) 394-9494

Rev 7/22

PORT WASHINGTON TEACHERS ASSOCIATION BENEFIT TRUST

SCHEDULE OF ALLOWANCES

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| DIAGNOSTIC | | PROSTHODONTICS | | PERIODONTICS | |
| PERIODIC ORAL EVALUATION | 37.00 | COMPLETE DENTURE | 750.00 | GINGIVECTOMY | 215.00 |
| X-RAYS (FULL MOUTH SERIES) | 70.00 | PARTIAL DENTURE ACRYLIC BASE | 675.00 | GINGIVECTOMY PER TOOTH | 85.00 |
| PERIAPICAL X-RAY 1ST FILM | 17.00 | PARTIAL DENTURE | 750.00 | BIO MATERIALS TO AID REGEN | 150.00 |
| PERIAPICAL X-RAY-EACH ADDITIONAL | 7.00 | UNILATERAL PARTIAL DENTURE | 350.00 | CROWN LENGTHENING (PER TOOTH) | 375.00 |
| OCCLUSAL FILM | 27.00 | ADJUST COMPLETE DENTURE | 60.00 | OSSEOUS SURGERY-PER QUAD | 575.00 |
| EXTRAORAL - FIRST FILM | 35.00 | ADJUST DENTURE PARTIAL | 60.00 | OSSEOUS GRAFT-FIRST SITE IN QUAD | 225.00 |
| BITEWING-1ST FILM | 19.00 | REPAIR COMP DENT BASE | 110.00 | OSSEOUS GRAFT-EACH ADD. SITE IN QU | 225.00 |
| POSTERIOR-ANTERIOR,LATERAL FILM | 25.00 | REPLC MISS/BRKN TTH-COM DENT | 110.00 | GUIDED TISSUE REGENERAT. RESORBAI | 375.00 |
| CONE BEAM | 200.00 | REPAIR PART ACRYLIC SADDLE/BASE | 110.00 | GUIDED TISSUE REGENERAT NON-RESO | 200.00 |
| X-RAY TMJ FILM | 50.00 | REPAIR CAST FRAMEWORK | 110.00 | PEDICLE SOFT TISSUE GRAFT | 230.00 |
| PANORAMIC FILM | 62.00 | REPAIR OR REPLACE BROKEN CLASP | 110.00 | FREE SOFT TISSUE GRAFT | 435.00 |
| CEPHALOMETRIC FILM | 50.00 | REPLACE BROKEN TEETH- PER TOOTH | 100.00 | SUBEPITHELIAL CONNECTIVE TISSUE GF | 440.00 |
| PULP TESTS | 40.00 | ADD TTH TO EXISTING PART DENT | 115.00 | SCALE & ROOT PLANE-PER VISIT | 100.00 |
| DIAGNOSTIC CASTS | 65.00 | ADD CLASP TO EXISTING PART DENT | 150.00 | LOCALIZED DELIVERY OF CHEMOTHERA | 100.00 |
| | | REBASE COMPLETE DENTURE | 200.00 | PERIODONTAL MAINTENANCE | 87.00 |
| | | REBASE PARTIAL DENTURE | 150.00 | | |
| PREVENTIVE | | RELINE COMPLETE DENTURE-CHAIR | 155.00 | ORTHODONTIC SERVICES | |
| PROPHYLAXIS-ADULT | 60.00 | RELINE PARTIAL DENTURE-CHAIR | 140.00 | FIXED APPLIANCE | 1,000.00 |
| PROPHYLAXIS-CHILD | 42.00 | RELINE COMPLETE DENTURE-LAB | 180.00 | ACTIVE TREATMENT, PER MONTH | 100.00 |
| FLUORIDE EXCL. PROPHY | 30.00 | RELINE PARTIAL DENTURE-LAB | 200.00 | PASSIVE TREATMENT, PER 3 MONTHS | 75.00 |
| SEALANT-PER TOOTH | 27.00 | TISSUE CONDITIONING | 130.00 | POST TREATMENT STABILIZATION DEV. | 140.00 |
| SPACE MAINTAINER | 250.00 | PRECISION ATTACHMENT | 300.00 | REMOVABLE APPLIANCE THERAPY -HAF | 290.00 |
| RECEMENT SPACE MANTAINER | 40.00 | PONTIC-CAST METAL | 485.00 | FIXED APPLIANCE THERAPY-HARMFUL H | 570.00 |
| | | PONTIC-PORCELAIN METAL | 550.00 | | |
| RESTORATIVE | | PONTIC-RESIN WITH METAL | 550.00 | ADJUNCTIVE SERVICES | |
| AMALGAM - 1 SRF PERMANENT | 70.00 | CAST METL RETNR-ACID ETCH BRIDGE | 350.00 | PALLIATIVE-EMERGENCY TRT | 50.00 |
| AMALGAM - 2 SRF PERMANENT | 85.00 | ABUTMENT-RESIN WITH METAL | 485.00 | GENERAL ANESTHESIA per 15 minutes | 85.00 |
| AMALGAM - 3 SRF PERMANENT | 95.00 | ABUTMENT BASE METAL | 450.00 | ANALGESIA | 50.00 |
| AMALGAM - 4 SRF PERMANENT | 105.00 | ABUTMENT PORC METAL | 550.00 | INTRAVENOUS SEDATION-per 15 min | 85.00 |
| RESIN-1 SURFACE | 90.00 | ABUTMENT 3/4 CAST | 455.00 | CONSULTATION BY SPECIALIST | 65.00 |
| RESIN-2 SURFACE | 108.00 | ABUTMENT-FULL CAST | 510.00 | OCCLUSAL GUARD | 245.00 |
| RESIN-3 SURFACE | 130.00 | ABUTMENT CAST METAL | 425.00 | OCCLUSAL ADJUSTMENT-LIMITED | 85.00 |
| RESIN-4 SURFACE | 135.00 | RECEMNT BRIDGE | 60.00 | OCCLUSAL ADJUSTMENT-COMPLETE | 210.00 |
| METALIC INLAY-1 SRF | 325.00 | CAST POST & CORE | 200.00 | | |
| METALIC INLAY-2 SRF | 385.00 | CAST POST | 200.00 | IMPLANT SERVICES | |
| METALIC INLAY-3 SRF | 500.00 | PREFAB POST & CORE | 160.00 | ENDOSTEAL IMPLANT | 1,200.00 |
| ONLAY - METALIC 3 SRF | 500.00 | CORE BUILD UP | 160.00 | PREFABRICATED ABUTMENT | 500.00 |
| ONLAY - METALIC - 4 SRF | 500.00 | REPLACE FACING | 115.00 | CUSTOM ABUTMENT | 500.00 |
| PORCELAIN INLAY-1 SRF | 350.00 | | | ABUTMENT SUPP PORC/CER CROWN | 750.00 |
| PORCELAIN INLAY-2 SRF | 425.00 | ORAL SURGERY | | ABUTMENT SUPP PORC/METAL CROWN | 750.00 |
| PORCELAIN INLAY-3 SRF | 500.00 | EXTRACTION-SINGLE TOOTH | 100.00 | ABUTMENT SUPP CAST METAL CROWN | 650.00 |
| ONLAY PORCELAIN CERAMIC- 2 SRF | 425.00 | ROOT REMOVAL-EXPOSED | 170.00 | IMPLANT SUPP PORC/CER CROWN | 1,100.00 |
| ONLAY PORCELAIN CERAMIC 3 SRF | 500.00 | SURGICAL EXTRACTION | 180.00 | IMPLANT SUPP PORC/METAL CROWN | 1,100.00 |
| ONLAY PORCELAIN CERAMIC 4 SRF | 500.00 | IMPACTION-SOFT TISSUE | 220.00 | DEBRIDEMENT/OSSEOUS CONT. PERI IM | 300.00 |
| CROWN PLASTIC | 325.00 | IMPACTION-PARTIAL BONY | 260.00 | DEBRIDEMENT OF PERI-IMPLANT DEFEC | 300.00 |
| CROWN-RESIN WITH METAL | 615.00 | IMPACTION-COMPLETE BONY | 290.00 | BONE GRAFT- RIDGE PRESERVATION | 300.00 |
| CROWN-PORCELAIN | 625.00 | IMPACTION-COMPLETE BONY DIFFICUL | 305.00 | BONE GRAFT FOR REPAIR PERI IMPLANT | 300.00 |
| CROWN-PORCELAIN WITH METAL | 650.00 | SURGICAL ROOT RECOVERY | 140.00 | BONE GRAFT WHILE IMPLANT PLACEMEI | 300.00 |
| CROWN-FULL CAST METAL | 600.00 | SURGICAL EXPOSURE FOR ORTHO | 340.00 | | |
| RECEMENT INLAY | 55.00 | SURGICAL EXPOSURE-AID ERUPTION | 335.00 | | |
| RECEMENT CROWN | 50.00 | HARD TISSUE BIOPSY | 130.00 | | |
| PREFAB SS CROWN-PRIMARY | 180.00 | BIOPSY OF ORAL TISSUE | 130.00 | | |
| SEDATIVE FILLING | 50.00 | ALVEOPLASTY-WITH EXT, PER QUAD | 135.00 | | |
| CORE BUILDUP-INCLUDING PINS | 175.00 | ALVEOPLASTY-NO EXT, PER QUAD | 225.00 | | |
| PIN RETENTION-PER TOOTH | 50.00 | VESTIBULOPLASTY | 210.00 | | |
| CAST POST AND CORE | 235.00 | VESTIBULOPLASTY-INCLUDING GRAFT | 500.00 | | |
| PREFAB POST AND CORE | 210.00 | EXCISION/LESION <1.25CM | 150.00 | | |
| LABIAL VENEER | 280.00 | EXCISION/LESION >1.25CM | 165.00 | | |
| CROWN REPAIR | 115.00 | EXCISION/TUMOR <1.25CM | 230.00 | | |
| | | EXCISION/TUMOR >1.25CM | 260.00 | | |
| ENDODONTICS | | CYST REMOVAL < 1.25CM | 155.00 | | |
| PULP CAP-DIRECT | 50.00 | CYST REMOVAL > 1.25CM. | 210.00 | | |
| VITAL PULPOTOMY | 100.00 | CYST/TUMOR REMOVAL <1.25CM | 185.00 | | |
| ROOT CANAL THERAPY-ANTERIOR | 460.00 | CYST/TUMOR REMOVAL >1.25CM | 200.00 | | |
| ROOT CANAL THERAPY-BICUSPID | 505.00 | REMOVAL OF EXOSTOSIS | 210.00 | | |
| ROOT CANAL THERAPY-MOLAR | 600.00 | INCISION & DRAINAGE INTRAORAL | 100.00 | | |
| RETREAT RCT - ANTERIOR | 570.00 | REMOVAL OF FOREIGN BODY | 40.00 | | |
| RETREAT RCT - BICUSPID | 620.00 | SEQUESTRECTOMY FOR OSTEOMYELI | 230.00 | | |
| RETREAT RCT - MOLAR | 700.00 | FRENULECTOMY | 230.00 | | |
| APICOECTOMY-PER ROOT | 320.00 | EXCISION OF HYPERPLASTIC TISSUE | 165.00 | | |
| APICOECTOMY-MOLAR (FIRST ROOT) | 355.00 | EXCISION OF PERICORONAL GINGIVA | 115.00 | | |
| APICOECTOMY-EACH ADDITIONAL | 175.00 | DEVICE TO AID ERUPTION OF IMP | 75.00 | | |
| RETROGRADE FILLING | 100.00 | SINUS AUGMENTATION | 800.00 | | |
| ROOT AMPUTATION-PER ROOT | 235.00 | | | | |
| HEMISECTION/ ROOT RESECTION | 210.00 | | | | |
| POST REMOVAL | 75.00 | | | | |