

COUNCIL OF SUPERVISORS & ADMINISTRATORS (CSA) ACTIVE 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.

CSA Active (I) Dept. 15,

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|---------------------------------|---|
| ELIGIBILITY | <ul style="list-style-type: none"> CSA - Active School Principals, Assistant Principals, Administrators and Supervisors who are employed by the New York City Board of Education. Eligible dependents: include lawful spouse and unmarried children to the end of the month in which they reach age 26. |
| ANNUAL MAXIMUM | <ul style="list-style-type: none"> \$7,500 calendar year maximum for all dental benefits. |
| ORTHODONTIC MAXIMUM | <ul style="list-style-type: none"> The lifetime maximum benefit for orthodontic services is \$2,500 Orthodontic treatment is subject to the annual maximum and deductible. |
| DEDUCTIBLE | <ul style="list-style-type: none"> \$25 per individual, waived on diagnostic and preventative services. |
| PLAN LIMITATIONS | <ul style="list-style-type: none"> Examination – two in a calendar year Prophylaxis – Active - one per three months, maximum four per calendar X-rays - \$50 maximum per calendar year Replacement of prosthetics – not more than once in five years Palliative treatment – no other treatment rendered that same visit Sealant – unrestored posterior teeth, lifetime maximum one application per tooth, to age 17 Root Scaling, curettage, bite correction; any combination, including prophylaxis – per visit, maximum \$156 per calendar year. Periodontal Maintenance – included in periodontal maximum, payable only after surgery Periodontal surgery – charting and x-rays required; not more then once in 3 years Orthodontics – maximum 24 months of active treatment Specialist consultation – two per year, no other treatment that same visit, includes allowance for examination\ |
| 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, no co-payment: None Covered and reimbursable services, with co-payment: Only established co-payments 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. The total may not exceed your usual charge and payments from the other plan must first be applied to reduce or eliminate co-payments, deductibles, or charges levied due to maximums. |
| HOW TO FILE A CLAIM | <p>As a participating provider, you must complete all necessary paper work and accept assignment of benefits.</p> <ul style="list-style-type: none"> Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Enclose, when appropriate, x-rays, tooth charting, periodontal charting Mail claims to : Self-Insured Dental Services, Dept 15 P.O. Box 9005 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

If you have any questions regarding the operation of this program please contact S.I.D.S. at:
(516) 396-5500 or (800) 537-1238

Rev 1/17

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CLINICAL CROWN LENGTHENING:

This service is not reimbursable. It should be provided to CSA Welfare members, and their eligible dependents at the discounted fee listed below.

| | |
|--|----------|
| Hard tissue per tooth area (maximum \$450.00 per tooth) | \$225.00 |
|--|----------|

IMPLANTS AND IMPLANT-RELATED SERVICES:

| ACTIVE MEMBERS: | Maximum Charge | Plan Pays | Member Pays |
|--|----------------|-----------|-------------|
| Surgical placement of an implant body | \$1,200.00 | \$0 | \$1200.00 |
| Custom or Prefabricated abutment | \$475.00 | \$0 | \$475.00 |
| Abutment supported porcelain/ceramic crown | \$675.00 | \$375.00 | \$300.00 |
| Abutment supported porcelain/high noble metal crown | \$675.00 | \$375.00 | \$300.00 |
| Abutment supported porcelain/noble metal crown | \$600.00 | \$375.00 | \$225.00 |
| Abutment supported cast high noble metal crown | \$675.00 | \$375.00 | \$300.00 |
| Abutment supported cast noble metal crown | \$600.00 | \$375.00 | \$225.00 |
| Implant supported porcelain/ceramic crown | \$975.00 | \$375.00 | \$600.00 |
| Implant supported porcelain/high noble metal crown | \$975.00 | \$375.00 | \$600.00 |
| Implant supported high noble metal crown | \$975.00 | \$375.00 | \$600.00 |
| *Implants for Active Members are not reimbursable. They should be provided to members and their eligible dependents at the above discounted fees. | | | |

CSA I-ACTIVE**SCHEDULE OF ALLOWANCES**

| DIAGNOSTIC & PREVENTIVE | | PERIODONTICS | |
|--|-------|---|-------|
| ORAL EXAM | 35 | PERIODONTAL TREATMENT | |
| FULL MOUTH SERIES | 50 | root scaling, subgingival curettage | |
| PANORAMIC X-RAY | 50 | bite correction, including prophyl-per quad | 39 |
| PERIAPICAL OR BITEWING 1st Film | 6 | maximum per visit | 78 |
| PERIAPICAL / BITEWING each additional | 6 | PERIODONTAL MAINTENANCE | 70 |
| OCCLUSAL FILM | 15 | OSSEOUS GRAFT | 110 |
| EXTRAORAL FILM | 30 | PERIODONTAL SURGERY | |
| TMJ VIEW | 30 | gingivectomy or gingivoplasty | |
| PROPHYLAXIS | 45 | soft tissue graft, vestibuloplasty, | |
| SPACE MAINTAINER | 175 | any combination, per quad | 140 |
| PALLIATIVE TREATMENT | 30 | OSSEOUS SURGERY | 350 * |
| SEALANT | 30 | | |
| RESTORATIVE | | ORAL SURGERY | |
| AMALGAM- one surface | 50 | ROUTINE EXTRACTION | 45 |
| AMALGAM two surface | 60 | SURGICAL EXTRACTION | |
| AMALGAM three surfaces | 70 | erupted tooth | 120 |
| COMPOSITE RESIN, one surface | 65 | retained root | 120 |
| COMPOSITE RESIN, two surface | 65 | impaction-soft tissue | 120 |
| COMPOSITE RESIN, three or more | 65 | impaction-partial bony | 200 |
| RESIN, INCISAL ANGLE | 80 | impaction-complete bony | 300 |
| PIN RETENTION | 20 | EXPOSURE OF IMPACTED | |
| METALLIC or PORCELAIN INLAY | | OR UNERUPTED TOOTH | |
| one surface | 150 | to aid eruption | 150 |
| two surface | 175 | CYST REMOVAL, incl EXTRACTION | 125 |
| three or more surfaces | 200 | ALVEOLOPLASTY-per quad | 73 |
| onlay per tooth | 69 | FRENULECTOMY | 65 |
| CAST POST & CORE | 125 | BIOPSY | 55 |
| PRE-FAB POST & CORE | 60 | | |
| LAMINATE VENEER-LAB | 265 * | | |
| CROWN BUILD UP | 75 | | |
| CROWNS AND BRIDGES | | DENTURES | |
| CROWNS | | COMPLETE DENTURE | |
| acrylic jacket (lab) | 200 * | immediate or permanent | 425 * |
| stainless steel (primary tth) | 150 | PARTIAL-ACRYLIC | 325 * |
| porcelain jacket | 375 * | UNILATERAL-one tooth | 215 * |
| plastic with metal | 320 * | PARTIAL-CAST | 425 * |
| porcelain with metal | 425 * | TISSUE CONDITIONING | 78 |
| full cast | 320 * | OBTURATOR | 65 |
| 3/4 cast | 275 * | DENTURE REPAIRS | |
| maryland bridge retainer | 275 * | broken denture base | 90 |
| BRIDGE PONTICS | | replace tooth in denture | 90 |
| full cast | 325 * | repair cast framework | 110 |
| plastic with metal | 325 * | replace broken facing | 50 |
| porcelain with metal | 325 * | add or replace clasp | 110 |
| RECEMENTATION | | reattach clasp | 70 |
| of crown, inlay | 17 | add tooth to existing partial | 90 |
| of bridge | 22 | DENTURE RELINE | |
| | | complete denture - office | 90 |
| | | partial denture - office | 85 |
| | | complete denture - lab | 165 |
| | | partial denture - lab | 165 |
| ENDODONTICS | | ORTHODONTICS | |
| PULP CAP, direct | 14 | FIXED APPLIANCE | 625 * |
| VITAL PULPOTOMY | 35 | REMOVABLE APPLIANCE | 181 * |
| ROOT THERAPY | | ACTIVE TX-per month | 55 |
| anterior | 225 * | PASSIVE TX-per 3 months | 55 |
| bicuspid | 300 * | RETAINER | 200 |
| molar | 475 * | ADJUNCTIVE APPLIANCE | 200 |
| APICOECTOMY, 1ST ROOT | 275 | | |
| APICOECTOMY, MAX-TTH | 425 | | |
| RETROGRADE ROOT FILL | 75 | | |
| HEMISECTION/ROOT RESECTION | 100 | | |
| * INCLUDES \$50 MEMBER CO-PAYMENT | | ADJUNCTIVE SERVICES | |
| rev 1/17 | | GENERAL ANESTHESIA/IV SEDATION-30 min | 125 * |
| | | GENERAL ANESTHESIA/IV SEDATION-15 min | 35 |
| | | CONSULTATION | 75 * |