

**COUNCIL OF SUPERVISORS & ADMINISTRATORS  
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 RETIREE**

<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>CSA - Retired School Principals, Assistant Principals, Administrators and Supervisors who are or were employed by the New York City Board of Education. Include the lawful spouse and each dependent child from birth until the age of 26 is reached so long as they are not covered by or eligible for other health insurance through their employer and have completed an "Age 26 Young Adult Dependent Coverage Enrollment Form".</li> </ul>
<b>ANNUAL MAXIMUM</b>	<ul style="list-style-type: none"> <li>\$7,500 calendar year maximum for all dental benefits.</li> </ul>
<b>ORTHODONTIC MAXIMUM</b>	<ul style="list-style-type: none"> <li>The lifetime maximum benefit for orthodontic services is \$3,300. Orthodontic treatment is subject to the annual maximum and deductible.</li> </ul>
<b>DEDUCTIBLE</b>	<ul style="list-style-type: none"> <li>No deductible</li> </ul>
<b>METRODENT MAX PROVIDERS</b>	<ul style="list-style-type: none"> <li>Patient pays the difference of the max fee schedule and the plan allowances. Member responsibility will also be indicated on the patients explanation of benefits. Schedule can be found on <a href="http://asonet.com">asonet.com</a> under the Metrodent Max</li> </ul>
<b>PLAN LIMITATIONS</b>	<ul style="list-style-type: none"> <li><b>Examination</b> – two in a calendar year</li> <li><b>Prophylaxis</b> – one per three months, maximum four per calendar year</li> <li><b>X-rays</b> - \$50 maximum per calendar year</li> <li><b>Cone Beam Ct Scans</b> - once every three years</li> <li><b>Replacement of prosthetics</b> – not more than once in five years</li> <li><b>Palliative treatment</b> – no other treatment rendered that same visit</li> <li><b>Sealant</b> – unrestored posterior teeth, lifetime maximum one application per tooth, to age 18</li> <li><b>Root Scaling, curettage, bite correction; any combination, including prophylaxis</b> – per visit, maximum \$250 per calendar year</li> <li><b>Periodontal Maintenance</b> – included in periodontal maximum, payable only after surgery</li> <li><b>Periodontal surgery</b> – charting and x-rays required; not more then once in 3 years</li> <li><b>Orthodontics</b> – \$3,300 lifetime max, max 24 months of active treatment</li> <li><b>Specialist consultation</b> – two per year, no other treatment that same visit, includes allowance for examination</li> </ul>
<b>PRE-TREATMENT REVIEW</b>	<ul style="list-style-type: none"> <li>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. <b>Please note-</b> a pre-treatment review estimate is not a promise of payment. Work must be done while the patient is still eligible</li> <li>Pre-op periapical x-rays required for crowns, veneers, inlays and extractions</li> <li>Periodontal charting and x-rays are required for surgical periodontal procedures</li> <li>Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework</li> </ul>
<b>PERMISSIBLE CHARGES</b>	<ul style="list-style-type: none"> <li><b>Covered and reimbursable services, no co-payment:</b> None</li> <li><b>Covered and reimbursable services, with co-payment:</b> Only established co-payments</li> <li><b>Covered but not reimbursable services:</b> Schedule allowance</li> <li><b>Non-covered services:</b> Your usual charge for that service</li> </ul>
<b>METRODENT MAX PROVIDERS</b>	<ul style="list-style-type: none"> <li>Patient pays the difference. Charges can be found on <a href="http://asonet.com">asonet.com</a> and will also be indicated on the patients explanation of benefits.</li> </ul>
<b>COORDINATION OF BENEFITS</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>HOW TO FILE A CLAIM</b>	<p><b>As a participating provider, you must complete all necessary paper work and accept assignment of benefits.</b></p> <ul style="list-style-type: none"> <li>Complete a Claim Form (<b>computer generated, ADA, and universal claim forms are accepted</b>) and provide an itemized bill of services rendered.</li> <li>Enclose, when appropriate, x-rays, tooth charting, periodontal charting</li> <li>Mail claims to : Self-Insured Dental Services, Dept 16 P.O. Box 9005 Lynbrook, NY 11563</li> <li>File claims electronically: <b>PAYOR ID: CX076</b></li> </ul>

For up to date detailed information, including member eligibility, please access our website at:  
[www.asonet.com](http://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

**COUNCIL OF SUPERVISORS & ADMINISTRATORS (RETIREE)  
PPO NETWORK  
PLAN DESCRIPTION & FEE SCHEDULE**

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**CLINICAL CROWN LENGTHENING:**

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

Hard tissue per tooth area <i>(maximum \$450.00 per tooth)</i>	\$225.00
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**IMPLANTS AND IMPLANT-RELATED SERVICES:**

<b>RETIREE MEMBERS:</b>	Maximum Charge	Plan Pays	Member Pays
Endosteal Implant	\$1200.00	\$600.00	\$600.00
Subperiosteal Implant	\$1200.00	\$600.00	\$600.00
Transosseous Implant	\$1200.00	\$600.00	\$600.00
Prefabricated Abutment	\$475.00	\$237.50	\$237.50
Custom Abutment	\$475.00	\$237.50	\$237.50
Abutment Supported Porcelain Ceramic Crown	\$675.00	\$337.50	\$337.50
Abutment Supported Porcelain/ Metal Crown	\$675.00	\$337.50	\$337.50
Abutment Supported Crown	\$600.00	\$300.00	\$300.00
Abutment Supported Cast High Noble Metal Crown	\$675.00	\$337.50	\$337.50
Abutment Supported Cast Noble Metal Crown	\$600.00	\$300.00	\$300.00
Implant Supported Porcelain Ceramic Crown	\$975.00	\$487.50	\$487.50
Implant Supported Porcelain/High Noble Metal Crown	\$975.00	\$487.50	\$487.50
Implant Supported High Noble Metal Crown	\$975.00	\$487.50	\$487.50
*The maximum payment for any combination of these services is \$3,000 in a 36-month period. <b>PRE-TREATMENT REVIEW IS REQUIRED.</b>			

**CSA RETIREE -SCHEDULE OF ALLOWANCES**

	<b>Maximum Charge</b>		<b>Maximum Charge</b>
<b><u>DIAGNOSTIC &amp; PREVENTIVE</u></b>		<b><u>PERIODONTICS</u></b>	
ORAL EXAM	50	PERIODONTAL SCALING PER QUAD	50
FULL MOUTH SERIES	50	maximum per visit	100
PANORAMIC X-RAY	50	PERIODONTAL MAINTENANCE	80
PERIAPICAL OR BITEWING 1st Film	6	OSSEOUS GRAFT	110
OCCLUSAL FILM	15	GUIDED TISSUE REGEN	110
EXTRAORAL FILM	30	GTR & GRAFT --MAX PER QUAD	220
TMJ VIEW	30	PEDICLE SOFT TISSUE GRAFT	140
PROPHYLAXIS	60	FREE SOFT TISSUE GRAFT	140
SPACE MAINTAINER	250	GINGIVECTOMY	140
SEALANT	30	OSSEOUS SURGERY	400
CONE BEAM CT	200		
		<b><u>ORAL SURGERY</u></b>	
		ROUTINE EXTRACTION	55
<b><u>RESTORATIVE</u></b>		SURGICAL EXTRACTION	
AMALGAM- one surface	55	erupted tooth	145
AMALGAM two surface	65	retained root	170
AMALGAM three surfaces	75	impaction-soft tissue	170
RESIN-anterior, one surface	70	impaction-partial bony	250
RESIN-anterior , two surface	70	impaction-complete bony	350
RESIN anterior, three surfaces	70	EXPOSURE OF IMPACTED	
RESIN anterior 4 srf including incisal angle	85	OR UNERUPTED TOOTH	
RESIN-posterior, one surface	75	to aid eruption	200
RESIN-posterior , two surface	75	CYST REMOVAL	125
RESIN posterior three surfaces	75	ALVEOLOPLASTY-per quad	75
RESIN posterior four or more surfaces	75	FRENULECTOMY	85
PIN RETENTION	20	BIOPSY	65
METALLIC or PORCELAIN INLAY		ROOT RESECTION/HEMISECTION	100
one surface	150	CLOSURE OF FISTULA	65
two surface	175	SURGICAL EXPOSURE AID ERUPT/ORTH	200
three or more surfaces	200		
onlay per tooth	70		
CAST POST & CORE	125	<b><u>DENTURES</u></b>	
PRE-FAB POST & CORE	60	COMPLETE DENTURE	
CROWN BUILD UP	75	immediate or permanent	500
POST REMOVAL	270	PARTIAL-ACRYLIC	400
		UNILATERAL-one tooth	215
<b><u>CROWNS AND BRIDGES</u></b>		PARTIAL DENTURE-CAST	500
CROWNS		TISSUE CONDITIONING	38
acrylic jacket (lab)	300	OBTURATOR	65
stainless steel (primary tth)	150	DENTURE REPAIRS	
porcelain jacket	450	adjustment	30
plastic with metal	400	broken denture base	90
LAMINATE VENEER-LAB	365	replace tooth in denture	90
porcelain with metal	500	repair cast framework	110
full cast	400	replace broken facing	50
3/4 cast	275	add or replace clasp	110
maryland bridge retainer	375	reattach clasp	70
ABUTMENTS		add tooth to existing partial	90
porcelain jacket	375	DENTURE RELINE	
resin with metal	400	complete denture - office	90
porcelain with metal	500	partial denture - office	85
BRIDGE PONTICS		complete denture - lab	165
full cast	375	partial denture - lab	165
plastic with metal	375		
porcelain with metal	375	<b><u>ORTHODONTICS</u></b>	
RECEMENTATION CROWN OR INLAY	20	FIXED APPLIANCE	675
RECEMENTATION OF BRIDGE	30	REMOVABLE APPLIANCE	200
		ACTIVE TX-per month	75
<b><u>ENDODONTICS</u></b>		PASSIVE TX-per 3 months	75
PULP CAP, direct	15	RETAINER	300
VITAL PULPOTOMY	50		
ROOT THERAPY		<b><u>ADJUNCTIVE SERVICES</u></b>	
anterior	300	GENERAL ANESTHESIA/IV SEDATION-15	65
bicuspid	375	CONSULTATION	75
molar	550	PALLIATIVE TREATMENT	30
APICOECTOMY, 1ST ROOT	275		
APICOECTOMY, MAX-TTH	425		
RETROGRADE ROOT FILL	75		