

## NYC MUNICIPAL PLUMBER/PIPEFITTERS

### Network: Metrodent Premier

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

<b>Eligibility</b>	<ul style="list-style-type: none"> <li>* Members who meet eligibility requirements according of the Plan</li> <li>* <b>Eligible dependents:</b> 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.</li> </ul>
<b>Plan Year</b>	* <b>January - December</b>
<b>Plan Maximums</b>	<ul style="list-style-type: none"> <li>* <b>Personal Maximum:</b> \$2,500.00</li> <li>* <b>Family Max Maximum:</b> No Maximum</li> </ul>
<b>Plan Deductibles</b>	* No Deductible
<b>Plan Limitations</b>	<ul style="list-style-type: none"> <li>* <b>Exam Limitations</b> 2 per 1 years</li> <li>* <b>Diagnostic And Preventative Fms/Panorex Limit</b> 1 per 36 Months</li> <li>* <b>Bitewing Film</b> 1 per 12 months</li> <li>* <b>Prophy Limitations</b> 2 per 1 years</li> <li>* <b>Adult Ortho</b> \$3,600.00</li> <li>* <b>Child Ortho</b> \$3600 per Lifetime</li> <li>* <b>Number Of Months On Prosthetic Limit</b> 1 per 60 Months</li> <li>* <b>Dependents Covered To Age 26</b></li> <li>* <b>Student Dependents Covered To Age 26</b></li> <li>* <b>Perio Maint Per Day</b> \$ \$180 per Day</li> <li>* <b>Scaling &amp; Root Planing</b> 1 per 6 months</li> <li>* <b>IMPLANT PER JAW</b> 2 per Lifetime</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. Please note- a pretreatment 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> No surcharge permitted</li> <li>* <b>Covered and reimbursable services, with co-payment:</b> Established co-payment only</li> <li>* <b>Covered but not reimbursable services:</b> Schedule allowance plus established co-pay</li> <li>* <b>Non Covered services:</b> Your usual charge for that service</li> </ul>
<b>Coordination of Benefits</b>	* 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.
<b>How to File a Claim</b>	<ul style="list-style-type: none"> <li>* <b>Electronic Claims (Payor ID: CX076):</b> To submit through your Practice Management Software and Clearinghouse use Payor ID: CX076.</li> <li>* <b>Online Claims:</b> 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.</li> <li>* <b>Paper Claims:</b> 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.</li> </ul> <p>Mail claims to ASO/SIDS Dept V174 , 303 Merrick Road Suite 300 , Lynbrook , NY 11563</p>

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**

**NYC MUNICIPAL PLUMBER/PIPEFITTERS**  
**Metrodent Premier**  
**Plan Schedule (In and Out of Network)**

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D0120	Periodic Oral Examination 2 per 1 Years	\$36.00	\$36.00	\$0.00	Y
D0140	Limited Oral Evaluation 2 per 1 years	\$45.00	\$45.00	\$0.00	Y
D0150	Comprehensive Oral Examination 2 per 1 years	\$45.00	\$45.00	\$0.00	Y
D0160	Detailed Oral Evaluation 2 per 1 years	\$45.00	\$45.00	\$0.00	Y
D0170	Re-Evaluation-Limited 2 per 1 years	\$45.00	\$45.00	\$0.00	Y
D0180	Comprehensive Periodontal Eval 2 per 1 years	\$45.00	\$45.00	\$0.00	Y
D0210	X-Rays-Full Mouth 1 per 36 months	\$85.00	\$85.00	\$0.00	Y
D0220	Periapical X-Ray First Film	\$9.00	\$9.00	\$0.00	Y
D0230	X-Ray Periapical -Additional	\$9.00	\$9.00	\$0.00	Y
D0240	Occlusal Film	\$24.00	\$24.00	\$0.00	Y
D0250	Xray-Extraoral	\$41.00	\$41.00	\$0.00	Y
D0260	Extraoral-Each Additional	\$30.00	\$30.00	\$0.00	Y
D0270	X-Ray 1 Bitewing	\$13.00	\$13.00	\$0.00	Y
D0272	X-Rays 2 Bitewings 2 per 12 months	\$24.00	\$24.00	\$0.00	Y
D0273	X-Rays 3 Bitewings	\$25.00	\$25.00	\$0.00	Y
D0274	X-Rays 4 Bitewings 1 per 12 months	\$39.00	\$39.00	\$0.00	Y
D0290	X-Ray Ant. Post. Or Lateral	\$75.00	\$75.00	\$0.00	Y
D0321	Tmj Film	\$88.00	\$88.00	\$0.00	Y
D0330	Panoramic Film 1 per 36 months	\$79.00	\$79.00	\$0.00	Y
D0340	Cephalometric Film	\$121.00	\$121.00	\$0.00	Y
D0425	Caries Susceptibility Tests	\$47.00	\$47.00	\$0.00	Y
D0460	Pulp Vitality Test	\$36.00	\$36.00	\$0.00	Y
D0470	Diagnostic Casts	\$73.00	\$73.00	\$0.00	Y
D0471	Diagnostic Photographs	\$41.00	\$41.00	\$0.00	Y
D1110	Prophylaxis 2 per 1 years Not Covered Until 15 if younger convert to D1120	\$73.00	\$73.00	\$0.00	Y
D1120	Prophylaxis-Child 2 per 1 years Covered Until Age 15 if older convert to D1110	\$51.00	\$51.00	\$0.00	Y
D1206	Topical Fluoride Varnish 1 per 6 months Covered Until Age 19	\$31.00	\$31.00	\$0.00	Y
D1208	Topical Application Fluoride 1 per 6 months Covered Until Age 19	\$31.00	\$31.00	\$0.00	Y
D1310	Nutritional Counseling	\$19.00	\$19.00	\$0.00	Y
D1351	Sealant 1 per 3 years Covered Until Age 14	\$42.00	\$42.00	\$0.00	Y
D1510	Space Maintainer-Fixed	\$280.00	\$280.00	\$0.00	Y
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$309.00	\$309.00	\$0.00	Y
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$309.00	\$309.00	\$0.00	Y
D1520	Space Maintainer-Removable	\$283.00	\$283.00	\$0.00	Y
D1526	Space Maintainer – Removable – Bilateral, Maxillar	\$361.00	\$361.00	\$0.00	Y
D1527	Space Maintainer – Removable – Bilateral, Mandibul	\$361.00	\$361.00	\$0.00	Y
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer –	\$59.00	\$59.00	\$0.00	Y
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer –	\$59.00	\$59.00	\$0.00	Y
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer –	\$59.00	\$59.00	\$0.00	Y
D2140	Amalgam One Surface -Permanent Or Primary	\$58.00	\$58.00	\$0.00	Y
D2150	Amalgam Two Surfaces-Permanent Or Primary	\$80.00	\$80.00	\$0.00	Y
D2160	Amalgam Three Surfaces-Perm Or Prime	\$100.00	\$100.00	\$0.00	Y
D2161	Amalgam-Four Or More Surfaces Perm Or Prim	\$123.00	\$123.00	\$0.00	Y
D2190	Pin Support Per Tooth	\$15.00	\$15.00	\$0.00	Y
D2330	Resin - One Surface	\$74.00	\$74.00	\$0.00	Y
D2331	Resin - Two Surfaces	\$98.00	\$98.00	\$0.00	Y

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D2332	Resin Three Or More Surfaces	\$128.00	\$128.00	\$0.00	Y
D2335	Resin-4+ Srf Or Incisal Edge	\$138.00	\$138.00	\$0.00	Y
D2391	Resin 1 Surface Posterior	\$90.00	\$90.00	\$0.00	Y
D2392	Resin-2 Surfaces,Posterior	\$110.00	\$110.00	\$0.00	Y
D2393	Resin-3 Surfaces,Post.	\$130.00	\$130.00	\$0.00	Y
D2394	Resin-4 Or More Srf-Post	\$150.00	\$150.00	\$0.00	Y
D2410	Gold Foil - 1 Surf. 1 per 60 months	\$121.00	\$121.00	\$0.00	Y
D2420	Gold Foil - 2 Surf. 1 per 60 months	\$184.00	\$184.00	\$0.00	Y
D2430	Gold Foil - 3 Surf. 1 per 60 months	\$220.00	\$220.00	\$0.00	Y
D2510	Inlay-Metallic -One Surface 1 per 60 months	\$235.00	\$235.00	\$0.00	Y
D2520	Inlay Metallic -Two Surfaces 1 per 60 months	\$586.00	\$586.00	\$0.00	Y
D2530	Inlay-Metallic-Three Or More S 1 per 60 months	\$583.00	\$583.00	\$0.00	Y
D2610	Inlay-Porcelain 1 Surface 1 per 60 months	\$499.00	\$499.00	\$0.00	Y
D2620	Inlay-Porcelain 2 Surfaces 1 per 60 months	\$499.00	\$499.00	\$0.00	Y
D2630	Inlay-Porcelain-3 Or More Surf 1 per 60 months	\$499.00	\$499.00	\$0.00	Y
D2710	Crown-Resin (Laboratory) 1 per 60 months	\$207.00	\$207.00	\$0.00	Y
D2720	Crown Resin With Metal 1 per 60 months	\$382.00	\$382.00	\$0.00	Y
D2721	Crown-Resin With Base Metal 1 per 60 months	\$382.00	\$382.00	\$0.00	Y
D2722	Crown-Resin With Noble Metal 1 per 60 months	\$382.00	\$382.00	\$0.00	Y
D2740	Crown – Porcelain/Ceramic Substrate 1 per 60 months	\$408.00	\$408.00	\$0.00	Y
D2750	Crown-Porc.Fused To Metal 1 per 60 months	\$426.00	\$426.00	\$0.00	Y
D2751	Crown-Porc.Fused To Base Metal 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D2752	Crown-Porc.Fused To Noble Meta 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D2790	Crown-Full Cast Metal 1 per 60 months	\$415.00	\$415.00	\$0.00	Y
D2791	Crown-Full Cast Base Metal 1 per 60 months	\$380.00	\$380.00	\$0.00	Y
D2792	Crown-Full Cast Noble Metal 1 per 60 months	\$386.00	\$386.00	\$0.00	Y
D2810	Crown (3/4 Cast) 1 per 60 months	\$373.00	\$373.00	\$0.00	Y
D2830	Stainless Steel Croww Primary 1 per 99 years	\$110.00	\$110.00	\$0.00	Y
D2910	Recement Inlay 1 per 12 months	\$30.00	\$30.00	\$0.00	Y
D2920	Recement Crown 1 per 12 months	\$30.00	\$30.00	\$0.00	Y
D2921	Reattachment Of Tooth Fragment, Incisal Edge/Cusp 1 per 12 months	\$40.00	\$40.00	\$0.00	Y
D2930	Prefabricated Ss Crown-Primary 1 per 99 years	\$110.00	\$110.00	\$0.00	Y
D2940	Protective Restoration	\$36.00	\$36.00	\$0.00	Y
D2950	Crown Build-Up 1 per 60 months	\$87.00	\$87.00	\$0.00	Y
D2951	Pin Support Per Tooth	\$15.00	\$15.00	\$0.00	Y
D2952	Cast Post & Core 1 per 60 months	\$241.00	\$241.00	\$0.00	Y
D2954	Prefab Post & Core 1 per 60 months	\$241.00	\$241.00	\$0.00	Y
D2960	Labial Laminate	\$218.00	\$218.00	\$0.00	Y

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D2962	1 per 60 months Porcelain Laminate 1 per 60 months	\$250.00	\$250.00	\$0.00	Y
D3110	Pulp Cap-Direct	\$34.00	\$34.00	\$0.00	Y
D3120	Pulp Cap-Indirect	\$50.00	\$50.00	\$0.00	Y
D3220	Vital Pulpotomy 1 per 99 years	\$90.00	\$90.00	\$0.00	Y
D3310	Root Canal Therapy-Anterior Tooth 1 per 99 years	\$450.00	\$450.00	\$0.00	Y
D3320	Root Canal Therapy-Bicuspid Tooth 1 per 99 years	\$500.00	\$500.00	\$0.00	Y
D3330	Root Canal Therapy-Molar Tooth 1 per 99 years	\$625.00	\$625.00	\$0.00	Y
D3351	Aprxification-Initial	\$203.00	\$203.00	\$0.00	Y
D3410	Apicoectomy-First Root 1 per 99 years	\$374.00	\$374.00	\$0.00	Y
D3421	Apico.-Premolar-First Root 1 per 99 years	\$374.00	\$374.00	\$0.00	Y
D3425	Apico.-Molar-First Root 1 per 99 years	\$374.00	\$374.00	\$0.00	Y
D3426	Apicoectomy-Each Additional Rt 1 per 99 years	\$145.00	\$145.00	\$0.00	Y
D3430	Retrograde Filling	\$109.00	\$109.00	\$0.00	Y
D3450	Root Resection	\$219.00	\$219.00	\$0.00	Y
D3460	Endodontic Endosseous Implant	\$808.00	\$808.00	\$0.00	Y
D3910	Isolation Of Tooth-Rubber Dam	\$69.00	\$69.00	\$0.00	Y
D3920	Hemisection	\$194.00	\$194.00	\$0.00	Y
D3950	Canal Prep. And Fitting Of Dow	\$96.00	\$96.00	\$0.00	Y
D4210	Gingivectomy Or Gingivoplasty 1 per 12 months	\$265.00	\$265.00	\$0.00	Y
D4211	Gingivectomy One To Three Teeth-Per Quad 1 per 36 months	\$159.00	\$159.00	\$0.00	Y
D4260	Osseous Surgery-Per Quadrant 1 per 36 months	\$450.00	\$450.00	\$0.00	Y
D4261	Osseous Surgery 1 -3 Teeth 1 per 36 months	\$270.00	\$270.00	\$0.00	Y
D4263	Osseous Graft- Per Site	\$246.00	\$246.00	\$0.00	Y
D4264	Osseous Graft-Additional	\$166.00	\$166.00	\$0.00	Y
D4270	Pedicle Soft Tissue Grafts 1 per 12 months	\$399.00	\$399.00	\$0.00	Y
D4271	Free Soft Tissue Grafts 1 per 12 months	\$471.00	\$471.00	\$0.00	Y
D4322	Splint - Intra-Coronal; Natural Teeth Or Prostheti	\$114.00	\$114.00	\$0.00	Y
D4323	Splint - Extra-Coronal; Natural Teeth Or Prostheti	\$125.00	\$125.00	\$0.00	Y
D4341	Perio Treatment Per Quad 1 per 6 months	\$90.00	\$90.00	\$0.00	Y
D4342	Scaling-Root Planing 1 To 3 Teeth 1 per 6 months	\$54.00	\$54.00	\$0.00	Y
D4381	Localized Deliv. Of Chemo.Agen	\$100.00	\$100.00	\$0.00	Y
D4910	Periodontal Maintenance 1 per 6 Months	\$90.00	\$90.00	\$0.00	Y
D5110	Complete Upper Denture 1 per 60 months	\$600.00	\$600.00	\$0.00	Y
D5120	Complete Lower Denture 1 per 60 months	\$600.00	\$600.00	\$0.00	Y
D5130	Immediate Full Upper Denture 1 per 99 years	\$600.00	\$600.00	\$0.00	Y
D5140	Immediate Full Lower Denture 1 per 99 years	\$600.00	\$600.00	\$0.00	Y
D5211	Upper Partial-Acrylic Base W/C 1 per 60 months	\$462.00	\$462.00	\$0.00	Y
D5212	Lower Partial Acrylic W/Clasps 1 per 60 months	\$469.00	\$469.00	\$0.00	Y
D5213	Upper Partial - Cast Metal 1 per 60 months	\$600.00	\$600.00	\$0.00	Y
D5214	Lower Partial - Cast Metal 1 per 60 months	\$600.00	\$600.00	\$0.00	Y

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D5279	Unilat Dent Steel-Each Add.Tth 1 per 60 months	\$311.00	\$311.00	\$0.00	Y
D5310	Add Clasp To Exist Part Dent	\$85.00	\$85.00	\$0.00	Y
D5410	Adjust Complete Denture-Upper	\$35.00	\$35.00	\$0.00	Y
D5411	Adjust Complete Denture-Lower	\$35.00	\$35.00	\$0.00	Y
D5420	Adjust Partial Upper Denture	\$35.00	\$35.00	\$0.00	Y
D5422	Adjust Partial Denture-Lower	\$35.00	\$35.00	\$0.00	Y
D5511	Repair Broken Complete Denture Base, Mandibular	\$90.00	\$90.00	\$0.00	Y
D5512	Repair Broken Complete Denture Base, Maxillary	\$90.00	\$90.00	\$0.00	Y
D5611	Repair Resin Partial Denture Base, Mandibular	\$90.00	\$90.00	\$0.00	Y
D5612	Repair Resin Partial Denture Base, Maxillary	\$90.00	\$90.00	\$0.00	Y
D5621	Repair Cast Partial Framework, Mandibular	\$100.00	\$100.00	\$0.00	Y
D5622	Repair Cast Partial Framework, Maxillary	\$100.00	\$100.00	\$0.00	Y
D5629	Replace Broken Tooth	\$85.00	\$85.00	\$0.00	Y
D5630	Repair Or Replace Broken Clasp	\$85.00	\$85.00	\$0.00	Y
D5640	Replace Broken Tooth 1 per 24 months	\$85.00	\$85.00	\$0.00	Y
D5650	Add Tooth To Denture	\$85.00	\$85.00	\$0.00	Y
D5670	Replace All Teeth And Framework On Upper Denture	\$65.00	\$65.00	\$0.00	Y
D5730	Reline Complete Maxillary Denture (Chairside) 1 per 3 years	\$92.00	\$92.00	\$0.00	Y
D5731	Reline Complete Mandibular Denture (Chairside) 1 per 3 years	\$94.00	\$94.00	\$0.00	Y
D5740	Reline Maxillary Partial Denture (Chairside) 1 per 3 years	\$92.00	\$92.00	\$0.00	Y
D5741	Reline Mandibular Partial Denture (Chairside) 1 per 3 years	\$92.00	\$92.00	\$0.00	Y
D5750	Reline Upper Denture-Lab 1 per 3 years	\$132.00	\$132.00	\$0.00	Y
D5751	Reline Comp Lower Denture-Lab 1 per 3 years	\$132.00	\$132.00	\$0.00	Y
D5760	Reline Partial Upper-Lab 1 per 3 years	\$132.00	\$132.00	\$0.00	Y
D5761	Reline Partial Lower-Lab. 1 per 3 years	\$132.00	\$132.00	\$0.00	Y
D5850	Tissue Conditioning-Maxillary	\$69.00	\$69.00	\$0.00	Y
D5860	Overdenture-Complete 1 per 60 months	\$730.00	\$730.00	\$0.00	Y
D5861	Overdenture-Partial 1 per 60 months	\$670.00	\$670.00	\$0.00	Y
D6010	Endosteal Implant 1 per 99 years 2 per arch in lifetime	\$1,200.00	\$600.00	\$600.00	Y
D6040	Subperiosteal Implant 1 per 99 years max 2 implantsper arch in lifetime	\$1,200.00	\$600.00	\$600.00	Y
D6056	Prefabricated Abutment 1 per 60 months	\$475.00	\$200.00	\$275.00	Y
D6057	Custom Abutment 1 per 60 months	\$475.00	\$200.00	\$275.00	Y
D6058	Abutment Supported Porc/Cer Cr 1 per 60 months	\$675.00	\$375.00	\$300.00	Y
D6059	Abutment Supported Porc/Met Cr 1 per 60 months	\$675.00	\$375.00	\$300.00	Y
D6060	Abut Supported Crwn-Base Metal	\$675.00	\$375.00	\$300.00	Y
D6061	Abutment Supported Crown 1 per 60 months	\$600.00	\$375.00	\$225.00	Y
D6062	Abutment Sup Cast High Nobel 1 per 60 months	\$675.00	\$375.00	\$300.00	Y
D6064	Abutment Supp Cast Noble Cr 1 per 60 months	\$600.00	\$375.00	\$225.00	Y
D6065	Implant Supported Porc/Cer Cr 1 per 60 months	\$975.00	\$375.00	\$600.00	Y
D6066	Implant Sup Porc/High Nobel 1 per 60 months	\$975.00	\$375.00	\$600.00	Y
D6067	Implant Supp High Noble Metl 1 per 60 months	\$975.00	\$375.00	\$600.00	Y

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D6068	Abut Supprt Retainr-Porc/Ceramc Fpd 1 per 60 months	\$675.00	\$375.00	\$300.00	Y
D6210	Pontic Cast Gold 1 per 60 months	\$413.00	\$413.00	\$0.00	Y
D6211	Pontic-Full Cast 1 per 60 months	\$417.00	\$417.00	\$0.00	Y
D6212	Pontic-Full Cast Noble Metal 1 per 60 months	\$390.00	\$390.00	\$0.00	Y
D6240	Pontic Porc Fused To Metal 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6241	Pontic-Porc.Fused To Base Meta 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6242	Pontic-Porc.Fused To Noble Met 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6245	Pontic-Porcelain/Ceramic 1 per 60 months	\$416.00	\$416.00	\$0.00	Y
D6250	Pontic Resin With Metal 1 per 60 months	\$428.00	\$428.00	\$0.00	Y
D6545	Maryland Bridge Retainer 1 per 60 months	\$230.00	\$230.00	\$0.00	Y
D6640	Replace Bridge Facing	\$100.00	\$100.00	\$0.00	Y
D6710	Retainer Crown-Indirect Resin Based Composite 1 per 60 months	\$254.00	\$254.00	\$0.00	Y
D6720	Abutment Resin With Metal 1 per 60 months	\$410.00	\$410.00	\$0.00	Y
D6721	Abutment-Resin With Base Metal 1 per 60 months	\$416.00	\$416.00	\$0.00	Y
D6722	Abutment-Resin With Noble Meta 1 per 60 months	\$364.00	\$364.00	\$0.00	Y
D6740	Abutment-Porcelain Jacket 1 per 60 months	\$416.00	\$416.00	\$0.00	Y
D6750	Abutment-Porc. Fused To Metal 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6751	Abutment-Porc.Fused To Base Me 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6752	Abutment-Porc.Fused To Noble M 1 per 60 months	\$425.00	\$425.00	\$0.00	Y
D6780	Abutment-3/4 Cast 1 per 60 months	\$350.00	\$350.00	\$0.00	Y
D6790	Abutment Full Cast Metal 1 per 60 months	\$391.00	\$391.00	\$0.00	Y
D6791	Abutment-Full Cast Base Metal 1 per 60 months	\$379.00	\$379.00	\$0.00	Y
D6792	Abutment-Full Cast Noble Metal 1 per 60 months	\$374.00	\$374.00	\$0.00	Y
D6930	Recement Bridge 1 per 12 months	\$40.00	\$40.00	\$0.00	Y
D6940	Stress Breaker	\$178.00	\$178.00	\$0.00	Y
D6950	Precision Attachment 1 per 60 months	\$195.00	\$195.00	\$0.00	Y
D7110	Extraction, Erupted/Exposed Rt	\$100.00	\$100.00	\$0.00	Y
D7140	Extraction Erupted Tooth Or Exposed Root	\$100.00	\$100.00	\$0.00	Y
D7210	Surgical Extraction	\$175.00	\$175.00	\$0.00	Y
D7220	Removal-Soft Tissue Impacted	\$235.00	\$235.00	\$0.00	Y
D7230	Removal-Partial Bony Impacted	\$300.00	\$300.00	\$0.00	Y
D7240	Removal-Complete Bony Impacted	\$350.00	\$350.00	\$0.00	Y
D7241	Complete Bony Impact-W/Comp	\$400.00	\$400.00	\$0.00	Y
D7250	Removal Of Residual Roots	\$152.00	\$152.00	\$0.00	Y
D7260	Closure Of Oral Antral Fistula	\$606.00	\$606.00	\$0.00	Y
D7270	Tooth Reimplantation	\$483.00	\$483.00	\$0.00	Y
D7272	Tooth Transplantation	\$420.00	\$420.00	\$0.00	Y
D7280	Surg.Exp-Imp/Unerup(For Ortho)	\$323.00	\$323.00	\$0.00	Y
D7281	Surg.Exp-Imp/Unerup(Aid Erupt)	\$275.00	\$275.00	\$0.00	Y
D7285	Biopsy Hard Tissue	\$62.00	\$62.00	\$0.00	Y
D7286	Biopsy Soft Tissue	\$100.00	\$100.00	\$0.00	Y
D7290	Surgical Repositioning Of Teet	\$121.00	\$121.00	\$0.00	Y



**NYC MUNICIPAL PLUMBER/PIPEFITTERS**  
**Metrodent Premier**  
**Plan Schedule (In and Out of Network)**

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D7310	Alveolectomy	\$131.00	\$131.00	\$0.00	Y
D7320	Alveolectomy-Per Quad.-No Ext	\$225.00	\$225.00	\$0.00	Y
D7340	Vestibuloplasty-Second Epith	\$154.00	\$154.00	\$0.00	Y
D7350	Vestibuloplasty-Incl Grafts	\$728.00	\$728.00	\$0.00	Y
D7410	Excision-Lesion-Up To 1.25 Cm	\$223.00	\$223.00	\$0.00	Y
D7450	Cyst/Tumor Removal < 1.25 Cm	\$174.00	\$174.00	\$0.00	Y
D7451	Cyst Or Tumor Rem- > 1.25 Cm	\$266.00	\$266.00	\$0.00	Y
D7460	Cyst Removal (Nonodont) <1.25	\$258.00	\$258.00	\$0.00	Y
D7461	Removal Of Non Odont >1.25	\$364.00	\$364.00	\$0.00	Y
D7471	Removal Of Exostosis	\$299.00	\$299.00	\$0.00	Y
D7510	Incision And Drainage	\$92.00	\$92.00	\$0.00	Y
D7520	Incision & Drainage Extraoral	\$246.00	\$246.00	\$0.00	Y
D7530	Removal Of Foreign Body	\$201.00	\$201.00	\$0.00	Y
D7540	Removal Of Foreign Body	\$121.00	\$121.00	\$0.00	Y
D7550	Sequestrectomy For Osteomyelit	\$356.00	\$356.00	\$0.00	Y
D7560	Maxillary Sinusotomy	\$714.00	\$714.00	\$0.00	Y
D7610	Maxilla-Open Reduction-Simple	\$923.00	\$923.00	\$0.00	Y
D7620	Maxilla-Closed Reduction-Simpl	\$609.00	\$609.00	\$0.00	Y
D7630	Mandible-Open Reduction-Simple	\$929.00	\$929.00	\$0.00	Y
D7640	Mandible-Closed Reduction-Simp	\$609.00	\$609.00	\$0.00	Y
D7650	Malar/Zygomatic Arch-Open Redu	\$609.00	\$609.00	\$0.00	Y
D7660	Malar/Zygomatic Arch-Closed Re	\$246.00	\$246.00	\$0.00	Y
D7670	Alveolus-Stabliz.Teeth-Open Re	\$367.00	\$367.00	\$0.00	Y
D7680	Facial Bones-Complicated Reduc	\$1,037.00	\$1037.00	\$0.00	Y
D7710	Fractured Upper Jaw-Open Reduc	\$1,215.00	\$1215.00	\$0.00	Y
D7720	Fractured Up Jaw-Closed Reduct	\$854.00	\$854.00	\$0.00	Y
D7730	Mandible-Open Reduction-Compou	\$1,215.00	\$1215.00	\$0.00	Y
D7740	Mandible-Closed Reduction-Comp	\$854.00	\$854.00	\$0.00	Y
D7770	Alveolus-Stabilization Of Teet	\$484.00	\$484.00	\$0.00	Y
D7780	Facial Bones-Complicated Redu.	\$1,215.00	\$1215.00	\$0.00	Y
D7810	Open Reduction Of Dislocation	\$970.00	\$970.00	\$0.00	Y
D7820	Closed Reduction Of Dislocatio	\$121.00	\$121.00	\$0.00	Y
D7830	Manipulation Under Anesthesia	\$100.00	\$100.00	\$0.00	Y
D7840	Condylectomy	\$1,215.00	\$1215.00	\$0.00	Y
D7850	Surgical Dissectomy	\$1,665.00	\$1665.00	\$0.00	Y
D7860	Arthrotomy	\$1,215.00	\$1215.00	\$0.00	Y
D7920	Skin Grafts	\$246.00	\$246.00	\$0.00	Y
D7950	Osseous Graft-Mandible Or Maxilla	\$100.00	\$100.00	\$0.00	Y
D7955	Repair-Maxillofacial Defects	\$1,215.00	\$1215.00	\$0.00	Y
D7961	Buccal/Labial Frenectomy (Frenulectomy) 1 per Lifetime	\$202.00	\$202.00	\$0.00	Y
D7962	Lingual Frenectomy (Frenulectomy) 1 per Lifetime	\$202.00	\$202.00	\$0.00	Y
D7970	Excision-Hyperplastic Tissue	\$161.00	\$161.00	\$0.00	Y
D7980	Sialolithotomy	\$75.00	\$75.00	\$0.00	Y
D7981	Excision Of Salivary Gland	\$483.00	\$483.00	\$0.00	Y
D7982	Sialodochoplasty	\$854.00	\$854.00	\$0.00	Y
D7983	Closure Of Salivary Fistula	\$972.00	\$972.00	\$0.00	Y
D7990	Emergency Tracheotomy	\$483.00	\$483.00	\$0.00	Y
D8045	Passive Ortho 3 Per 9 Months		Paid at 70%	Balance	Y
D8080	Initial Ortho App-Adolescent 1 per Lifetime		Paid at 70%	Balance	Y
D8090	Initial Ortho App-Adult 1 per 99 years		Paid at 70%	Balance	Y
D8670	Active Ortho Treat Per Month		Paid at 70%	Balance	Y
D8680	Ortho Retention (Remov App, Constr/Place Retainer) 1 per Lifetime		Paid at 70%	Balance	Y
D8681	Removable Orthodontic Retainer Adjustment		Paid at 70%	Balance	Y
D9110	Palliative Treatment	\$46.00	\$46.00	\$0.00	Y
D9222	Deep Sedation/General Anesthesia – First 15 Minute 1 per 1 Day	\$84.00	\$84.00	\$0.00	Y
D9223	Deep Sedation/General Anesthesia - Each 15 Minute 1 per 1 Day	\$84.00	\$84.00	\$0.00	Y

**NYC MUNICIPAL PLUMBER/PIPEFITTERS**  
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**Plan Schedule (In and Out of Network)**

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D9239	Intravenous Moderate (Conscious) Sedation/Analgesi 1 per 1 Day	\$69.00	\$69.00	\$0.00	Y
D9243	Intravenous Moderate (Conscious)-15 Min 1 per 1 Day	\$69.00	\$69.00	\$0.00	Y
D9310	Specialist Consultation Specialist Allowance: \$58.00		\$58.00 - Specialist Only	\$0.00	Y
D9410	House Call	\$33.00	\$33.00	\$0.00	Y
D9420	Hospital Call	\$102.00	\$102.00	\$0.00	Y
D9430	Office Visit For Observation	\$41.00	\$41.00	\$0.00	Y
D9440	Office Visit-After Sched.Hours	\$70.00	\$70.00	\$0.00	Y
D9610	Therapeutic Injection	\$41.00	\$41.00	\$0.00	Y
D9630	Prescriptions & Medicaments	\$19.00	\$19.00	\$0.00	Y
D9910	Applic. Desensitizing Agent 1 per 1 Day	\$31.00	\$31.00	\$0.00	Y
D9920	Behavior Management,By Report	\$53.00	\$53.00	\$0.00	Y
D9930	Post Operative Treatment	\$47.00	\$47.00	\$0.00	Y
D9950	Occlusion Analysis	\$298.00	\$298.00	\$0.00	Y
D9951	Occlusal Adjustment-Limited	\$63.00	\$63.00	\$0.00	Y
D9952	Occlusal Adjustment-Complete	\$142.00	\$142.00	\$0.00	Y
D9972	External Bleaching Per Arch 2 per 99 years	\$157.00	\$157.00	\$0.00	Y