

**NYC STEAMFITTER & STEAMFITTERS HELPERS RETIREE HEALTH & WELFARE FUND
METRODENT PREMIER 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.

ELIGIBILITY	<ul style="list-style-type: none"> Eligibility is determined according to the definition and requirements outlined in the NYC Steamfitter & Steamfitters Helpers Retiree Health & Welfare Fund. Eligible dependents include the lawful spouse, domestic partner and unmarried children to age 19, unmarried children who are fulltime students to age 23 or graduate, whichever comes first.
PLAN YEAR	<ul style="list-style-type: none"> January 1 st through December 31 st
PLAN MAXIMUM	<ul style="list-style-type: none"> \$3,500 annual maximum
ORTHODONTIC MAXIMUM	<ul style="list-style-type: none"> \$3,000 lifetime maximum per covered individual
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two per calendar year Prophylaxis – two per calendar year X-rays- Full Mouth Series or Panorex – once every 36 months X-rays- Bitewings – four films per 12 months Replacement of prosthetics – not more than once in five years Crowns – Porcelain restoration not covered on molar teeth Palliative treatment – no other treatment rendered that same visit Fluoride treatment – to age 19, one application per calendar year Sealants – to age 14, once every 3 years Root Scaling, curettage, bite correction; any combination, including prophylaxis – once every six months Periodontal surgery – charting and x-rays required; 1 in 12 consecutive months Orthodontics – payable at 50% of the providers charges Rebasing or relining denture – once in a three year period
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
MISSING TOOTH CLAUSE	<ul style="list-style-type: none"> There is no coverage for replacement of teeth missing or extracted prior to start of eligibility.
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. 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	<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 : Administrative Services Only, Dept 142 P.O. Box 9005 Lynbrook, NY 11563

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 A.S.O. at:
(516) 396-5500 or (718) 204-7172

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NYC STEAMFITTER & STEAMFITTERS HELPERS RETIREE HEALTH & WELFARE FUND

SCHEDULE OF ALLOWANCES

	MAXIMUM CHARGE		MAXIMUM CHARGE
<u>I-DIAGNOSTIC</u>		<u>VI-PERIODONTICS</u>	
ORAL EXAM	90.00	GINGIVECTOMY-PER QUAD	440.00
PERIODIC ORAL EXAM	70.00	OSSEOUS SURGERY-PER QUAD	800.00
X-RAYS (FULL MOUTH SERIES)	150.00	OSSEOUS GRAFT-Single site	350.00
PERIAPICAL X-RAY FIRST FILM	30.00	OSSEOUS GRAFT-Multiple sites	650.00
BITEWING X-RAY - SINGLE FILM	30.00	CURETTAGE, SCALE\ROOT PLANING-full mouth	363.00
BITEWING X-RAY - TWO FILMS	49.00	CURETTAGE, SCALE\ROOT PLANING-per quad	135.00
BITEWING X-RAY - THREE FILMS	61.00	PERIODONTAL MAINTENANCE PROCEDURE	135.00
BITEWING X-RAY - FOUR FILMS	78.00	PEDICLE SOFT TISSUE GRAFT	400.00
OCCLUSAL FILM	45.00	FREE SOFT TISSUE GRAFT	660.00
POSTERIOR-ANTERIOR OR LATERAL FILM	215.00	OCCLUSAL ADJUSTMENT-LIMITED	125.00
PANORAMIC FILM	130.00	OCCLUSAL ADJUSTMENT-COMPLETE	431.00
CEPHALOMETRIC FILM	110.00	<u>VII-ORAL SURGERY</u>	
TEMPOROMANDIBULAR FILM	125.00	SIMPLE EXTRACTION	200.00
<u>II-PREVENTIVE</u>		SURGICAL EXTRACTION	250.00
PROPHYLAXIS-Adult	125.00	IMPACTION-SOFT TISSUE	300.00
PROPHYLAXIS-Child	90.00	IMPACTION-PARTIAL BONY	400.00
FLUORIDE EXCL. PROPHY	66.00	IMPACTION-COMPLETE BONY	500.00
SEALANT	77.00	REMOVAL OF RESIDUAL ROOTS	325.00
SEALANT - maximum per quadrant	400.00	SURGICAL EXPOSURE-UNERUPTED (aid eruption)	475.00
SPACE MAINTAINER-fixed unilateral	385.00	SURGICAL EXPOSURE-UNERUPTED (for ortho)	475.00
SPACE MAINTAINER-fixed bilateral	550.00	CYST/TUMOR REMOVAL <1.25	350.00
<u>III-RESTORATIVE</u>		CYST/TUMOR REMOVAL >1.25	510.00
AMALGAM - 1 SR-Primary	110.00	ALVEOPLASTY-PER QUAD	325.00
AMALGAM - 2 SRF-Primary	137.00	INCISION AND DRAINAGE-NO OTHER TREATMENT	150.00
AMALGAM - 3 SRF-Primary	197.00	FRENULECTOMY	350.00
AMALGAM- 4 + Surfaces Primary	220.00	<u>VIII-PROSTHODONTICS</u>	
AMALGAM - 1 SRF-Permanent	120.00	COMPLETE DENTURE-UPPER	1,350.00
AMALGAM - 2 SRF-Permanent	165.00	COMPLETE DENTURE-LOWER	1,350.00
AMALGAM - 3 SRF-Permanent	210.00	IMMEDIATE DENTURE-UPPER	1,350.00
AMALGAM- 4 + Surfaces-Permanent	230.00	IMMEDIATE DENTURE-LOWER	1,350.00
RESIN-1 SURFACE	155.00	PARTIAL DENTURE-ACRYLIC BASE-UPPER	1,200.00
RESIN-2 SURFACE	195.00	PARTIAL DENTURE-ACRYLIC BASE-LOWER	1,200.00
RESIN-3 SURFACE	235.00	PARTIAL DENTURE-CAST BASE-UPPER	1,200.00
INCISAL ANGLE	290.00	PARTIAL DENTURE-CAST BASE-LOWER	1,200.00
METALLIC INLAY-1 SRF	525.00	UNILATERAL PARTIAL DENTURE one tooth	358.00
METALLIC INLAY-2 SRF	545.00	ENDOSTEAL IMPLANT	1,300.00
METALLIC INLAY-3 SRF	575.00	SUBPERIOSTEAL IMPLANT	1,300.00
CROWN-PLASTIC	315.00	TRANSOSSEOUS IMPLANT	1,200.00
CROWN-PLASTIC TO METAL	700.00	PREFABRICATED ABUTMENT	525.00
CROWN-PORCELAIN	850.00	CUSTOM ABUTMENT	575.00
CROWN-PORCELAIN TO METAL	900.00	ABUTMENT SUPPORTED PORC CER CROWN	850.00
CROWN-FULL CAST	850.00	ABUTMENT PORC / METAL CROWN	850.00
CROWN-3/4 CAST	750.00	ABUTMENT SUPPORTED CROWN	825.00
PORCELAIN LAMINATE	600.00	ABUTMENT SUPPORTED CAST HIGH NOBLE METAL	825.00
CROWN BUILD-UP	200.00	ABUTMENT SUPPORTED CAST NOBLE METAL	800.00
CAST POST AND CORE	300.00	IMPLANT SUPPORTED PORC / CER CROWN	1,050.00
PREFAB POST AND CORE	300.00	IMPLANT SUPPORTED PORC / HIGH NOBLE METAL	1,050.00
RECEMENT CROWN	100.00	IMPLANT SUPPORTED HIGH NOBLE METAL CROWN	1,050.00
RECEMENT INLAY	115.00	REPAIR ACRYLIC SADDLE OR BASE	150.00
<u>PREFAB SS CROWN-primary teeth only</u>	150.00	REPAIR OR REPLACE CLASP	175.00
<u>IV-ENDODONTICS</u>		ADD CLASP TO PARTIAL	150.00
PULP CAP-DIRECT	70.00	REPAIR CAST FRAMEWORK	175.00
PULP CAP-INDIRECT	60.00	REPLC MISS/BRKN TTH-COM DENT	150.00
VITAL PULPOTOMY	154.00	RELINE FULL UPPER DENTURE-CHAIRSIDE	200.00
ROOT CANAL THERAPY-Anterior	700.00	RELINE FULL LOWER DENTURE-CHAIRSIDE	200.00
ROOT CANAL THERAPY-Bicuspid	775.00	RELINE PARTIAL DENTURE-CHAIRSIDE	175.00
ROOT CANAL THERAPY-Molar	975.00	RELINE FULL UPPER DENTURE-LABORATORY	250.00
RETROGRADE FILLING	200.00	RELINE FULL LOWER DENTURE-LABORATORY	250.00
APICOECTOMY	600.00	RELINE PARTIAL DENTURE-LABORATORY	225.00
HEMISECTION	350.00	PONTIC-CAST METAL	650.00
<u>ROOT RESECTION</u>	400.00	PONTIC-PORCELAIN TO METAL	900.00
<u>V-ADJUNCTIVE SERVICES</u>		PONTIC-RESIN WITH METAL	850.00
PALLIATIVE TREATMENT	75.00	ABUTMENT-PLASTIC WITH METAL	850.00
GENERAL ANESTHESIA - first 30 minutes only	300.00	ABUTMENT-PORCELAIN WITH METAL	900.00
IV SEDATION - first 30 minutes only	264.00	ABUTMENT-FULL CAST	850.00
SPECIALIST CONSULTATION	100.00	RECEMENT BRIDGE	125.00
		<u>IX-ORTHODONTICS</u>	
		Lifetime Maximum	3,000.00