ASO EMPLOYEE BENEFIT PLAN
Network: Metrodent Premier PLUS

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

Eligibility	* Members who meet eligibility requirements according of the Plan * **Eligible dependents:** 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.
Plan Year	* **January -** December
Plan Maximums	* **Personal Maximum:** $2,000.00 * **Family Max Maximum:** $2,000.00
Plan Deductibles	* No Deductible
Plan Limitations	*** Exam Limitations** 2 per 1 years *** Diagnostic And Preventative Fms/Panorex Limit** 1 per 12 Months *** Prophy Limitations** 2 per 1 years *** Adult Ortho** $3,000.00 *** Child Ortho** $3,000.00 *** Dependents Covered To Age** 26 *** Student Dependents Covered To Age** 26 *** 1 Curretage Per Visit** 1 *** Perio Maint Per Day $** $50.00 *** Perio Maintenance Limit** $300 per Calendar Year *** Perio Maintenance Limit** $300 per Calendar Year *** X-Ray Limit** $100 per Calendar Year *** IMPLANT PER JAW** 2 per Lifetime *** IMPLANT ATTACHMENTS** 4 per Lifetime
Pre-Treatment Review	* 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. * 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
Permissable Charges	* **Covered and reimbursable services, no co-payment:** No surcharge permitted * **Covered and reimbursable services, with co-payment:** Established co-payment only * **Covered but not reimbursable services:** Schedule allowance plus established co-pay * **Non Covered services:** Your usual charge for that service
Coordination of Benefits	* 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.
How to File a Claim	* **Electronic Claims (Payor ID:** CX076): To submit through your Practice Managament Software and Clearinghouse use Payor ID: CX076. * **Online Claims:** 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. * **Paper Claims:** 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. Mail claims to ASO/SIDS Dept V190 , 303 Merrick Road Suite 300 , Lynbrook , NY 11563

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

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Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D0120	Periodic Oral Examination 2 per 1 years	$24.00	$24.00	$0.00	Y
D0140	Limited Oral Evaluation 2 per 1 years	$24.00	$24.00	$0.00	Y
D0145	Oral Eval For Patient Under 3 Yrs 2 per 1 years	$24.00	$24.00	$0.00	Y
D0150	Comprehensive Oral Examination 2 per 1 years	$30.00	$30.00	$0.00	Y
D0160	Detailed Oral Evaluation 2 per 1 years	$30.00	$30.00	$0.00	Y
D0170	Re-Evaluation-Limited 2 per 1 years	$25.00	$25.00	$0.00	Y
D0180	Comprehensive Periodontal Eval 2 per 1 years	$30.00	$30.00	$0.00	Y
D0210	X-Rays-Full Mouth 1 per 36 months	$60.00	$60.00	$0.00	Y
D0220	Periapical X-Ray First Film	$10.00	$10.00	$0.00	Y
D0230	X-Ray Periapical -Additional	$6.00	$6.00	$0.00	Y
D0240	Occlusal Film	$15.00	$15.00	$0.00	Y
D0250	Xray-Extraoral	$35.00	$35.00	$0.00	Y
D0260	Extraoral-Each Additional	$25.00	$25.00	$0.00	Y
D0270	X-Ray 1 Bitewing	$10.00	$10.00	$0.00	Y
D0272	X-Rays 2 Bitewings	$16.00	$16.00	$0.00	Y
D0273	X-Rays 3 Bitewings	$22.00	$22.00	$0.00	Y
D0274	X-Rays 4 Bitewings	$28.00	$28.00	$0.00	Y
D0277	Vertical Bitewings 7-8 Films	$35.00	$35.00	$0.00	Y
D0290	X-Ray Ant. Post. Or Lateral	$40.00	$40.00	$0.00	Y
D0310	Sialography	$50.00	$50.00	$0.00	Y
D0320	Tmj Film	$200.00	$200.00	$0.00	Y
D0321	Tmj Film	$80.00	$80.00	$0.00	Y
D0322	Tomographic Survey	$175.00	$175.00	$0.00	Y
D0330	Panoramic Film	$50.00	$50.00	$0.00	Y
D0340	Cephalometric Film	$50.00	$50.00	$0.00	Y
D0350	Oral/Facial Images	$25.00	$25.00	$0.00	Y
D0364	Cone Beam Ct Capture-Less Than Whole Jaw 1 per 24 months	$200.00	$200.00	$0.00	Y
D0365	Cone Beam Ct-Mandible 1 per 24 months	$200.00	$200.00	$0.00	Y
D0366	Cone Beam Ct-Maxilla 1 per 24 months	$200.00	$200.00	$0.00	Y
D0367	Cone Beam Ct - Both Jaws 1 per 24 months	$200.00	$200.00	$0.00	Y
D0368	Cone Beam Ct Capture And Inter 1 per 24 months	$200.00	$200.00	$0.00	Y
D0380	Cone Beam Ct 1 per 24 months	$200.00	$200.00	$0.00	Y
D0381	Cone Beam Ct Image 1 per 24 months	$200.00	$200.00	$0.00	Y
D0382	Cone Beam Ct Image Capture With Field Of View Of O 1 per 24 months	$200.00	$200.00	$0.00	Y
D0383	Cone Beam Ct 1 per 24 months	$200.00	$200.00	$0.00	Y
D0384	Cone Beam Ct Capture Images For Tmj Series	$200.00	$200.00	$0.00	Y
D0415	Bacteriologic Studies	$25.00	$25.00	$0.00	Y
D0431	Adjunctive Pre-Diagnostic Test 1 per 12 months	$35.00	$35.00	$0.00	Y
D0460	Pulp Vitality Test	$20.00	$20.00	$0.00	Y
D0470	Diagnostic Casts	$40.00	$40.00	$0.00	Y
D0472	Accession Tissue, Exm,Prep,Rep	$40.00	$40.00	$0.00	Y
D0473	Accession Tissure-Micro Exam	$60.00	$60.00	$0.00	Y
D0474	Accession Of Tissue, Gross And Microscopic Examina	$40.00	$40.00	$0.00	Y
D0502	Other Oral Pathology Procedures, By Report	$40.00	$40.00	$0.00	Y
D1110	Prophylaxis 2 per 1 years	$45.00	$45.00	$0.00	Y
D1120	Prophylaxis-Child 2 per 1 years	$35.00	$35.00	$0.00	Y

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D1206	Topical Fluoride Varnish 2 per 1 years	$20.00	$20.00	$0.00	Y
D1208	Topical Application Fluoride 2 per 1 years	$20.00	$20.00	$0.00	Y
D1310	Nutritional Counseling	$15.00	$15.00	$0.00	Y
D1320	Tobacco Counseling	$15.00	$15.00	$0.00	Y
D1351	Sealant 1 per 99 years Covered Until Age 19	$25.00	$25.00	$0.00	Y
D1352	Preventive Resin Restoration	$25.00	$25.00	$0.00	Y
D1510	Space Maintainer-Fixed	$190.00	$190.00	$0.00	Y
D1515	Space Maintainer-Fixed-Bilater	$225.00	$225.00	$0.00	Y
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	$225.00	$225.00	$0.00	Y
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	$225.00	$225.00	$0.00	Y
D1520	Space Maintainer-Removable	$185.00	$185.00	$0.00	Y
D1525	Space Maintainer-Remov-Bilat	$250.00	$250.00	$0.00	Y
D1526	Space Maintainer – Removable – Bilateral, Maxillar	$250.00	$250.00	$0.00	Y
D1527	Space Maintainer – Removable – Bilateral, Mandibul	$250.00	$250.00	$0.00	Y
D1550	Recement Space Maintainer	$40.00	$40.00	$0.00	Y
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer –	$40.00	$40.00	$0.00	Y
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer –	$40.00	$40.00	$0.00	Y
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer –	$40.00	$40.00	$0.00	Y
D2140	Amalgam One Surface -Permanent Or Primary	$55.00	$55.00	$0.00	Y
D2150	Amalgam Two Surfaces-Permanent Or Primary	$70.00	$70.00	$0.00	Y
D2160	Amalgam Three Surfaces-Perm Or Prime	$80.00	$80.00	$0.00	Y
D2161	Amalgam-Four Or More Surfaces Perm Or Prim	$95.00	$95.00	$0.00	Y
D2330	Resin - One Surface	$60.00	$60.00	$0.00	Y
D2331	Resin - Two Surfaces	$75.00	$75.00	$0.00	Y
D2332	Resin Three Or More Surfaces	$90.00	$90.00	$0.00	Y
D2335	Resin-4+ Srf Or Incisal Edge	$100.00	$100.00	$0.00	Y
D2390	Resin Based Composite Crown	$200.00	$200.00	$0.00	Y
D2391	Resin 1 Surface Posterior	$75.00	$75.00	$0.00	Y
D2392	Resin-2 Surfaces,Posterior	$100.00	$100.00	$0.00	Y
D2393	Resin-3 Surfaces,Post.	$115.00	$115.00	$0.00	Y
D2394	Resin-4 Or More Srf-Post	$125.00	$125.00	$0.00	Y
D2410	Gold Foil - 1 Surf. 1 per 60 months	$100.00	$100.00	$0.00	Y
D2420	Gold Foil - 2 Surf. 1 per 60 months	$275.00	$175.00	$100.00	Y
D2430	Gold Foil - 3 Surf. 1 per 60 months	$325.00	$225.00	$100.00	Y
D2510	Inlay-Metallic -One Surface 1 per 60 months	$275.00	$175.00	$100.00	Y
D2520	Inlay Metallic -Two Surfaces 1 per 60 months	$350.00	$250.00	$100.00	Y
D2530	Inlay-Metallic-Three Or More S 1 per 60 months	$375.00	$275.00	$100.00	Y
D2542	Onlay-Metallic 2 Surface 1 per 60 months	$400.00	$300.00	$100.00	Y
D2543	Onlay-Metallic 3 Surface 1 per 60 months	$450.00	$350.00	$100.00	Y
D2544	Onlay-Metallic 4+ Surface 1 per 60 months	$475.00	$375.00	$100.00	Y
D2610	Inlay-Porcelain 1 Surface 1 per 60 months	$350.00	$250.00	$100.00	Y
D2620	Inlay-Porcelain 2 Surfaces 1 per 60 months	$425.00	$325.00	$100.00	Y
D2630	Inlay-Porcelain-3 Or More Surf 1 per 60 months	$500.00	$400.00	$100.00	Y
D2642	Onlay-Porcelain/Ceramic 2 Surface 1 per 60 months	$400.00	$300.00	$100.00	Y
D2643	Onlay-Porcelain/Cera,Ic 3 Surface 1 per 60 months	$500.00	$400.00	$100.00	Y
D2644	Onlay – Porcelain/Ceramic – Four Or More Surfaces 1 per 60 months	$500.00	$400.00	$100.00	Y

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D2650	Inlay-Composite-One Surface	$200.00	$100.00	$100.00	Y
D2651	Inlay Composite 2 Srf 1 per 60 months	$250.00	$150.00	$100.00	Y
D2652	Inlay Composite 3 Srf 1 per 60 months	$300.00	$200.00	$100.00	Y
D2662	Onlay – Resin-Based Composite – Two Surfaces 1 per 60 months	$300.00	$200.00	$100.00	Y
D2663	Onlay-Composite 3 Surface 1 per 60 months	$350.00	$250.00	$100.00	Y
D2664	Onlay-Composite 4 Or More Srf 1 per 60 months	$400.00	$300.00	$100.00	Y
D2710	Crown-Resin (Laboratory) 1 per 60 months	$200.00	$100.00	$100.00	Y
D2712	Crown-3/4 Resin Based Comp-Ind 1 per 60 months	$200.00	$100.00	$100.00	Y
D2720	Crown Resin With Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D2721	Crown-Resin With Base Metal 1 per 60 months	$450.00	$350.00	$100.00	Y
D2722	Crown-Resin With Noble Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D2740	Crown – Porcelain/Ceramic Substrate 1 per 60 months	$550.00	$450.00	$100.00	Y
D2750	Crown-Porc.Fused To Metal 1 per 60 Months	$525.00	$425.00	$100.00	Y
D2751	Crown-Porc.Fused To Base Metal 10 per 60 months	$575.00	$475.00	$100.00	Y
D2752	Crown-Porc.Fused To Noble Meta 1 per 60 months	$625.00	$525.00	$100.00	Y
D2780	Crown - 3/4 Cast High Noble Metal 1 per 60 months	$550.00	$450.00	$100.00	Y
D2781	Crown-3/4 Cast Base Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D2782	Crown-3/4 Cast Noble Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D2783	Crown-3/4 Porcelain/Ceramic 1 per 60 months	$475.00	$375.00	$100.00	Y
D2790	Crown-Full Cast Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D2791	Crown-Full Cast Base Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D2792	Crown-Full Cast Noble Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D2794	Crown-Titanium 1 per 60 months	$525.00	$425.00	$100.00	Y
D2799	Provisional Crown	$75.00	$75.00	$0.00	Y
D2910	Recement Inlay 1 per 1 years	$40.00	$40.00	$0.00	Y
D2915	Recement Post & Core	$40.00	$40.00	$0.00	Y
D2920	Recement Crown	$40.00	$40.00	$0.00	Y
D2929	Prefabricated Porcelain/Ceramic Crown – Primary To	$100.00	$100.00	$0.00	Y
D2930	Prefabricated Ss Crown-Primary	$100.00	$100.00	$0.00	Y
D2931	Stainless Steel Crown-Perm	$100.00	$100.00	$0.00	Y
D2932	Prefab. Resin Crown	$100.00	$100.00	$0.00	Y
D2933	Prefab Ss Crown W/Resin Window	$150.00	$150.00	$0.00	Y
D2934	Prefab Esthetic Coated Ss Crwn	$100.00	$100.00	$0.00	Y
D2940	Protective Restoration	$40.00	$40.00	$0.00	Y
D2950	Crown Build-Up 1 per 60 months	$75.00	$75.00	$0.00	Y
D2951	Pin Support Per Tooth	$30.00	$30.00	$0.00	Y
D2952	Cast Post & Core 1 per 60 months	$160.00	$110.00	$50.00	Y
D2953	Each Additional Indirectly Fabricated Post – Same 1 per 60 months	$25.00	$25.00	$0.00	Y
D2954	Prefab Post & Core	$120.00	$70.00	$50.00	Y
D2955	Post Removal 1 per 99 years	$75.00	$75.00	$0.00	Y

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D2957	Each Additional Prefabricated Post – Same Tooth	$20.00	$20.00	$0.00	Y
D2961	Resin Laminate-Laboratory 1 per 60 months	$250.00	$250.00	$0.00	Y
D2962	Porcelain Laminate 1 per 60 months	$375.00	$275.00	$100.00	Y
D2980	Repair Broken Crown Facing 1 per 24 months	$100.00	$100.00	$0.00	Y
D3110	Pulp Cap-Direct	$30.00	$30.00	$0.00	Y
D3120	Pulp Cap-Indirect	$20.00	$20.00	$0.00	Y
D3220	Vital Pulpotomy	$80.00	$80.00	$0.00	Y
D3221	Pulpal Debridement	$40.00	$40.00	$0.00	Y
D3222	Partial Pulpotomy For Apexogenesis	$75.00	$75.00	$0.00	Y
D3230	Pulpal Therapy-Primary-Anterio	$150.00	$150.00	$0.00	Y
D3240	Pulpal Therapy-Primary-Posteri	$200.00	$200.00	$0.00	Y
D3310	Root Canal Therapy-Anterior Tooth 1 per 99 years	$350.00	$300.00	$50.00	Y
D3320	Root Canal Therapy-Bicuspid Tooth 1 per 99 years	$425.00	$375.00	$50.00	Y
D3330	Root Canal Therapy-Molar Tooth 1 per 99 years	$600.00	$550.00	$50.00	Y
D3331	Tx Of Root Canal Obstruction	$125.00	$125.00	$0.00	Y
D3332	Incomplete Endodontic Therapy	$175.00	$175.00	$0.00	Y
D3333	Internal Root Repair Of Perforation Defects	$75.00	$75.00	$0.00	Y
D3346	Retreatment-Rct -Anterior 1 per 99 years	$450.00	$350.00	$100.00	Y
D3347	Retreatment Of Rct - Bicuspid 1 per 99 years	$525.00	$425.00	$100.00	Y
D3348	Retreatment Rct-Molar 1 per 99 years	$700.00	$600.00	$100.00	Y
D3351	Aprxification-Initial	$150.00	$150.00	$0.00	Y
D3352	Apexification-Interim Medication	$100.00	$100.00	$0.00	Y
D3353	Apexification/Recalcification-Final Visit 1 per 99 years	$250.00	$250.00	$0.00	Y
D3410	Apicoectomy-First Root 1 per 99 years	$250.00	$200.00	$50.00	Y
D3421	Apico.-Premolar-First Root 1 per 99 years	$250.00	$200.00	$50.00	Y
D3425	Apico.-Molar-First Root 1 per 99 years	$250.00	$200.00	$50.00	Y
D3426	Apicoectomy-Each Additional Rt 1 per 99 years	$150.00	$100.00	$50.00	Y
D3430	Retrograde Filling 2 per 99 years	$100.00	$100.00	$0.00	Y
D3450	Root Resection 1 per 99 years	$200.00	$200.00	$0.00	Y
D3470	Intentional Replantation	$350.00	$350.00	$0.00	Y
D3910	Isolation Of Tooth-Rubber Dam	$100.00	$100.00	$0.00	Y
D3920	Hemisection 1 per 99 years	$200.00	$200.00	$0.00	Y
D3950	Canal Prep. And Fitting Of Dow	$75.00	$75.00	$0.00	Y
D4210	Gingivectomy Or Gingivoplasty 1 per 24 months	$250.00	$150.00	$100.00	Y
D4211	Gingivectomy One To Three Teeth-Per Quad 1 per 36 months	$150.00	$90.00	$60.00	Y
D4230	Anatomical Crown Exposure - Fo	$500.00	$400.00	$100.00	Y
D4231	Anatomical Crown	$300.00	$300.00	$0.00	Y
D4240	Gingival Flap Procedure	$300.00	$300.00	$0.00	Y
D4241	Gingl Flp Proc 1-3 Contig/Bound Teeth Sp	$175.00	$175.00	$0.00	Y
D4245	Apically Positioned Flap	$125.00	$125.00	$0.00	Y
D4249	Crown Lengthening 1 per 99 years	$450.00	$450.00	$0.00	Y
D4260	Osseous Surgery-Per Quadrant 1 per 36 months	$525.00	$425.00	$100.00	Y
D4261	Osseous Surgery 1 -3 Teeth 1 per 36 months	$315.00	$255.00	$60.00	Y
D4263	Osseous Graft- Per Site	$150.00	$150.00	$0.00	Y

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	1 per 36 months				
D4264	Osseous Graft-Addtional 1 per 36 months	$100.00	$100.00	$0.00	Y
D4265	Bio Materials To Aid Regen	$150.00	$150.00	$0.00	Y
D4266	Guided Tissue Regen-Resorb	$225.00	$225.00	$0.00	Y
D4267	Guided Tissue Regen-Nonresorb 1 per 36 months	$275.00	$275.00	$0.00	Y
D4268	Guided Tissue Regeneration	$75.00	$75.00	$0.00	Y
D4270	Pedicle Soft Tissue Grafts	$300.00	$200.00	$100.00	Y
D4273	Subepithellal Connective Tissue Graft	$600.00	$500.00	$100.00	Y
D4274	Distal Or Proximal Wedge Proce	$150.00	$150.00	$0.00	Y
D4275	Soft Tissue Allograft	$500.00	$400.00	$100.00	Y
D4276	Comb Con Tis Dbl Ped Graft/Tth	$550.00	$450.00	$100.00	Y
D4277	Free Soft Tissue Graft 1 per 36 months	$325.00	$225.00	$100.00	Y
D4322	Splint - Intra-Coronal; Natural Teeth Or Prostheti	$150.00	$150.00	$0.00	Y
D4323	Splint - Extra-Coronal; Natural Teeth Or Prostheti	$100.00	$100.00	$0.00	Y
D4341	Perio Treatment Per Quad	$75.00	$75.00	$0.00	Y
D4342	Scaling-Root Planing 1 To 3 Teeth	$45.00	$45.00	$0.00	Y
D4355	Full Mouth Debridement	$45.00	$45.00	$0.00	Y
D4381	Localized Deliv. Of Chemo.Agen	$45.00	$45.00	$0.00	Y
D4910	Periodontal Maintenance	$60.00	$60.00	$0.00	Y
D4920	Unscheduled Dressing Change (Other Than Tx Dr)	$25.00	$25.00	$0.00	Y
D5110	Complete Upper Denture 1 per 60 months	$725.00	$625.00	$100.00	Y
D5120	Complete Lower Denture 1 per 60 months	$725.00	$625.00	$100.00	Y
D5130	Immediate Full Upper Denture 1 per 99 years	$725.00	$625.00	$100.00	Y
D5140	Immediate Full Lower Denture 1 per 99 years	$725.00	$625.00	$100.00	Y
D5211	Upper Partial-Acrylic Base W/C 1 per 60 months	$550.00	$450.00	$100.00	Y
D5212	Lower Partial Acrylic W/Clasps 1 per 60 months	$550.00	$450.00	$100.00	Y
D5213	Upper Partial - Cast Metal 1 per 60 months	$750.00	$650.00	$100.00	Y
D5214	Lower Partial - Cast Metal 1 per 60 months	$750.00	$650.00	$100.00	Y
D5225	Maxillary Partial Flex Base 1 per 60 months	$1,000.00	$900.00	$100.00	Y
D5226	Mandibular Partial Flex Base 1 per 60 months	$1,000.00	$900.00	$100.00	Y
D5281	Removable Unilateral 1 per 60 months	$275.00	$275.00	$0.00	Y
D5282	Removable Unilateral Partial Denture Maxiillary 1 per 60 months	$275.00	$275.00	$0.00	Y
D5283	Removable Unilateral Partial Denture-Mandibular 1 per 60 months	$275.00	$275.00	$0.00	Y
D5410	Adjust Complete Denture-Upper 1 per 1 years	$40.00	$40.00	$0.00	Y
D5411	Adjust Complete Denture-Lower 1 per 1 years	$40.00	$40.00	$0.00	Y
D5421	Adjust Partial Upper Denture 1 per 1 years	$40.00	$40.00	$0.00	Y
D5422	Adjust Partial Denture-Lower 1 per 1 years	$40.00	$40.00	$0.00	Y
D5511	Repair Broken Complete Denture Base, Mandibular	$100.00	$100.00	$0.00	Y
D5512	Repair Broken Complete Denture Base, Maxillary	$100.00	$100.00	$0.00	Y
D5520	Replace Broken Tth In Denture	$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	$115.00	$115.00	$0.00	Y
D5622	Repair Cast Partial Framework, Maxillary	$115.00	$115.00	$0.00	Y
D5630	Repair Or Replace Broken Clasp	$90.00	$90.00	$0.00	Y
D5640	Replace Broken Tooth	$90.00	$90.00	$0.00	Y

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D5650	Add Tooth To Denture	$90.00	$90.00	$0.00	Y
D5660	Add Clasp To Exist Part Dent	$105.00	$105.00	$0.00	Y
D5670	Replace All Teeth And Framework On Upper Denture	$250.00	$250.00	$0.00	Y
D5671	Replace All Teeth And Acrylic	$250.00	$250.00	$0.00	Y
D5710	Rebase Full Upper 1 per 24 months	$165.00	$165.00	$0.00	Y
D5711	Rebase Full Lower 1 per 24 months	$165.00	$165.00	$0.00	Y
D5720	Rebase Partial Upper Denture 1 per 24 months	$140.00	$140.00	$0.00	Y
D5721	Rebase Partial Lower Denture 1 per 24 months	$140.00	$140.00	$0.00	Y
D5730	Reline Complete Maxillary Denture (Chairside) 1 per 24 months	$120.00	$120.00	$0.00	Y
D5731	Reline Complete Mandibular Denture (Chairside) 1 per 24 months	$120.00	$120.00	$0.00	Y
D5740	Reline Maxillary Partial Denture (Chairside) 1 per 24 months	$105.00	$105.00	$0.00	Y
D5741	Reline Mandibular Partial Denture (Chairside) 1 per 24 months	$105.00	$105.00	$0.00	Y
D5750	Reline Upper Denture-Lab 1 per 24 months	$165.00	$165.00	$0.00	Y
D5751	Reline Comp Lower Denture-Lab 1 per 24 months	$165.00	$165.00	$0.00	Y
D5760	Reline Partial Upper-Lab 1 per 24 months	$150.00	$150.00	$0.00	Y
D5761	Reline Partial Lower-Lab. 1 per 24 months	$150.00	$150.00	$0.00	Y
D5820	Interim Partial Upper Denture 1 per 99 years	$300.00	$300.00	$0.00	Y
D5821	Interim Partial Lower Denture 1 per 99 years	$300.00	$300.00	$0.00	Y
D5850	Tissue Conditioning-Maxillary	$75.00	$75.00	$0.00	Y
D5851	Tissue Conditioning Lower	$75.00	$75.00	$0.00	Y
D5862	Precision Attachment	$250.00	$250.00	$0.00	Y
D5863	Overdenture-Complete Maxillary 1 per 60 months	$900.00	$800.00	$100.00	Y
D5864	Overdenture-Partial Maxillary 1 per 60 months	$850.00	$750.00	$100.00	Y
D5865	Overdenture-Complete Mandibular 1 per 60 months	$900.00	$800.00	$100.00	Y
D5866	Overdenture-Partial Mandibular 1 per 60 months	$850.00	$750.00	$100.00	Y
D5867	Replacement Of Precision Attac	$100.00	$100.00	$0.00	Y
D5875	Modification Of Removable Prosthesis Following Implant Surgery	$100.00	$100.00	$0.00	Y
D6010	Endosteal Implant 1 per 99 years	$1,200.00	$600.00	$600.00	Y
D6040	Subperiosteal Implant 1 per 99 years	$1,200.00	$600.00	$600.00	Y
D6050	Transosseous Implant 1 per 99 years	$1,200.00	$600.00	$600.00	Y
D6056	Prefabricated Abutment 1 per 99 years	$500.00	$250.00	$250.00	Y
D6057	Custom Abutment 1 per 99 years	$500.00	$250.00	$250.00	Y
D6058	Abutment Supported Porc/Cer Cr 1 per 60 months	$750.00	$375.00	$375.00	Y
D6059	Abutment Supported Porc/Met Cr 1 per 60 months	$750.00	$375.00	$375.00	Y
D6060	Abut Supported Crwn-Base Metal 1 per 60 months	$750.00	$375.00	$375.00	Y
D6061	Abutment Supported Crown 1 per 60 months	$600.00	$300.00	$300.00	Y
D6062	Abutment Sup Cast High Nobel	$750.00	$375.00	$375.00	Y
D6063	Abutment Supported Base Metal 1 per 60 months	$725.00	$362.50	$362.50	Y

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D6064	Abutment Supp Cast Noble Cr 1 per 60 months	$715.00	$357.50	$357.50	Y
D6065	Implant Supported Porc/Cer Cr 1 per 60 months	$975.00	$487.50	$487.50	Y
D6066	Implant Sup Porc/High Nobel 1 per 60 months	$975.00	$487.50	$487.50	Y
D6067	Implant Supp High Noble Metl 1 per 60 months	$750.00	$375.00	$375.00	Y
D6068	Abut Supprt Retainr-Porc/Ceramc Fpd	$725.00	$362.50	$362.50	Y
D6069	Abut Suprtd Retnr-Porc Fusd Met Fpd 1 per 60 months	$725.00	$362.50	$362.50	Y
D6070	Abutment Supported Crown-Base Metal 1 per 60 months	$725.00	$362.50	$362.50	Y
D6071	Abut Supported Retainer Porceln Fused Me 1 per 60 months	$750.00	$375.00	$375.00	Y
D6072	Abutment Supported Retainer For Cast Met 1 per 60 months	$650.00	$325.00	$325.00	Y
D6073	Abutment Supported Crown-Cast Metal 1 per 60 months	$600.00	$300.00	$300.00	Y
D6074	Abutment Supported Crown-Noble Metal 1 per 60 months	$650.00	$325.00	$325.00	Y
D6075	Impl Supp Retain For Ceram Fpd 1 per 60 months	$700.00	$350.00	$350.00	Y
D6076	Impl Supp Retain For Porc Fpd 1 per 60 months	$685.00	$342.50	$342.50	Y
D6077	Impl Supp Retain For Titan Fpd 1 per 60 months	$675.00	$337.50	$337.50	Y
D6080	Implant Maintenance Procedures	$75.00	$75.00	$0.00	Y
D6090	Repair Implant, By Report	$175.00	$175.00	$0.00	Y
D6091	Replacement Of Precision Attac	$250.00	$250.00	$0.00	Y
D6092	Rcmnt Imp/Abut Supported Crwn	$40.00	$40.00	$0.00	Y
D6093	Recement Implant/Abutment Supported Fixed Partial	$50.00	$50.00	$0.00	Y
D6094	Abutment Supported Crown - Titanium And Titanium 1 per 60 months	$500.00	$250.00	$250.00	Y
D6095	Repair Implant Abutment By Report	$175.00	$175.00	$0.00	Y
D6100	Implant Removal, By Report	$200.00	$200.00	$0.00	Y
D6104	Bone Graft At Time Of Implant Placement	$300.00	$150.00	$150.00	Y
D6194	Abutment Supported Retainer Crown For Fpd 1 per 60 months	$750.00	$375.00	$375.00	Y
D6205	Pontic-Indirect Composite 1 per 60 months	$450.00	$350.00	$100.00	Y
D6210	Pontic Cast Gold 1 per 60 months	$500.00	$400.00	$100.00	Y
D6211	Pontic-Full Cast 1 per 60 months	$500.00	$400.00	$100.00	Y
D6212	Pontic-Full Cast Noble Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D6214	Pontic-Titanium 1 per 60 months	$500.00	$400.00	$100.00	Y
D6240	Pontic Porc Fused To Metal 1 per 60 months	$550.00	$450.00	$100.00	Y
D6241	Pontic-Porc.Fused To Base Meta 1 per 60 months	$525.00	$425.00	$100.00	Y
D6242	Pontic-Porc.Fused To Noble Met 1 per 60 months	$525.00	$425.00	$100.00	Y
D6245	Pontic-Porcelain/Ceramic 1 per 60 months	$550.00	$450.00	$100.00	Y
D6250	Pontic Resin With Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D6251	Pontic-Resin With Base Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D6252	Pontic-Resin With Noble Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D6253	Provisional Pontic	$200.00	$200.00	$0.00	Y
D6545	Maryland Bridge Retainer 1 per 60 months	$275.00	$275.00	$0.00	Y
D6548	Retainer - Porceln/Ceramic Rsn Bonded Fi	$275.00	$275.00	$0.00	Y

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
	1 per 60 months				
D6549	Resin Retainer – For Resin Bonded Fixed Prosthesis 1 per 60 months	$275.00	$275.00	$0.00	Y
D6600	Inlay-Porcelain/Ceramic,2 Surf 1 per 60 months	$425.00	$325.00	$100.00	Y
D6601	Inlay-Porcelain/Ceramic,3 Surf 1 per 60 months	$500.00	$400.00	$100.00	Y
D6602	Inlay-Cast High Noble 2 Surf 1 per 60 months	$350.00	$250.00	$100.00	Y
D6603	Inlay-Cast High Noble 3 Surf 1 per 60 months	$375.00	$275.00	$100.00	Y
D6604	Inlay-Cast Base Metal 2 Surf 1 per 60 months	$350.00	$250.00	$100.00	Y
D6605	Inlay-Cast Base 3 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6606	Inlay-Cast Noble Metal 2 Surf 1 per 60 months	$350.00	$250.00	$100.00	Y
D6607	Inlay-Cast Noble Metal 3 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6608	Onlay-Porcelain/Ceramic 2 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6609	Onlay-Porcelain/Ceramic 2 Surf 1 per 60 months	$500.00	$400.00	$100.00	Y
D6610	Onlay-Cast High Noble 2 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6611	Onlay-Cast High Noble 3 Surf 1 per 60 months	$500.00	$400.00	$100.00	Y
D6612	Onlay-Cast Base Metal 2 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6613	Onlay-Cast Base Metal 3 Surf 1 per 60 months	$500.00	$400.00	$100.00	Y
D6614	Onlay-Cast Noble Metal 2 Surf 1 per 60 months	$400.00	$300.00	$100.00	Y
D6615	Onlay-Cast Noble Metal 3 Surf 1 per 60 months	$450.00	$350.00	$100.00	Y
D6634	Onlay-Titanium 1 per 60 months	$400.00	$300.00	$100.00	Y
D6710	Retainer Crown-Indirect Resin Based Composite 1 per 60 months	$450.00	$350.00	$100.00	Y
D6720	Abutment Resin With Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D6721	Abutment-Resin With Base Metal 1 per 60 months	$450.00	$350.00	$100.00	Y
D6722	Abutment-Resin With Noble Meta 1 per 60 months	$475.00	$375.00	$100.00	Y
D6740	Abutment-Porcelain Jacket 1 per 60 months	$145.00	$45.00	$100.00	Y
D6750	Abutment-Porc. Fused To Metal 1 per 60 months	$625.00	$525.00	$100.00	Y
D6751	Abutment-Porc.Fused To Base Me 1 per 60 months	$575.00	$475.00	$100.00	Y
D6752	Abutment-Porc.Fused To Noble M 1 per 60 months	$535.00	$525.00	$10.00	Y
D6780	Abutment-3/4 Cast 1 per 60 months	$580.00	$480.00	$100.00	Y
D6781	Abutment-3/4 Cast Metal Base 1 per 60 months	$500.00	$400.00	$100.00	Y
D6782	Abutment-3/4 Cast Noble Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D6783	Crown 3/4 Porcelain/Ceramic 1 per 60 months	$500.00	$400.00	$100.00	Y
D6790	Abutment Full Cast Metal 1 per 60 months	$500.00	$400.00	$100.00	Y
D6791	Abutment-Full Cast Base Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D6792	Abutment-Full Cast Noble Metal 1 per 60 months	$475.00	$375.00	$100.00	Y
D6793	Provisional Retainer Crown	$75.00	$75.00	$0.00	Y

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D6794	Crown-Titanium 1 per 60 months	$525.00	$425.00	$100.00	Y
D6920	Connector Bar	$300.00	$300.00	$0.00	Y
D6930	Recement Bridge	$50.00	$50.00	$0.00	Y
D6940	Stress Breaker	$150.00	$150.00	$0.00	Y
D6950	Precision Attachment	$175.00	$175.00	$0.00	Y
D6980	Fixed Partial Denture Repair Necessitated By Resto	$100.00	$100.00	$0.00	Y
D7111	Extraction Of Coronal Remains	$65.00	$65.00	$0.00	Y
D7140	Extraction Erupted Tooth Or Exposed Root	$70.00	$70.00	$0.00	Y
D7210	Surgical Extraction	$100.00	$100.00	$0.00	Y
D7220	Removal-Soft Tissue Impacted	$150.00	$150.00	$0.00	Y
D7230	Removal-Partial Bony Impacted	$200.00	$200.00	$0.00	Y
D7240	Removal-Complete Bony Impacted	$275.00	$275.00	$0.00	Y
D7241	Complete Bony Impact-W/Comp	$300.00	$300.00	$0.00	Y
D7250	Removal Of Residual Roots	$110.00	$110.00	$0.00	Y
D7260	Closure Of Oral Antral Fistula	$450.00	$450.00	$0.00	Y
D7261	Primary Closure Of A Sinus Perforation	$450.00	$450.00	$0.00	Y
D7261	Primary Closure Sinus Perforation	$450.00	$450.00	$0.00	Y
D7270	Tooth Reimplantation	$200.00	$200.00	$0.00	Y
D7272	Tooth Transplantation	$200.00	$200.00	$0.00	Y
D7280	Surg.Exp-Imp/Unerup(For Ortho)	$200.00	$200.00	$0.00	Y
D7282	Mobilization Of Tooth To Aid Eruption	$200.00	$200.00	$0.00	Y
D7283	Device To Aid Eruption Of Imp	$75.00	$75.00	$0.00	Y
D7285	Biopsy Hard Tissue	$150.00	$150.00	$0.00	Y
D7286	Biopsy Soft Tissue	$125.00	$125.00	$0.00	Y
D7288	Brush Biopsy	$40.00	$40.00	$0.00	Y
D7290	Surgical Repositioning Of Teet	$200.00	$200.00	$0.00	Y
D7291	Transseptal Fiberotomy	$50.00	$50.00	$0.00	Y
D7310	Alveolectomy	$140.00	$140.00	$0.00	Y
D7311	Alveoloplasty W/Ext Per Qd-1 To 3 Teeth	$90.00	$90.00	$0.00	Y
D7320	Alveolectomy-Per Quad.-No Ext	$140.00	$140.00	$0.00	Y
D7321	Alveolectomy No Ext--1 To 3 Teeth	$90.00	$90.00	$0.00	Y
D7340	Vestibuloplasty-Second Epith	$500.00	$500.00	$0.00	Y
D7350	Vestibuloplasty-Incl Grafts	$1,000.00	$500.00	$500.00	Y
D7410	Excision-Lesion-Up To 1.25 Cm	$125.00	$125.00	$0.00	Y
D7411	Excision-Lesion >1.25 Cm	$200.00	$200.00	$0.00	Y
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	$125.00	$125.00	$0.00	Y
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	$200.00	$200.00	$0.00	Y
D7440	Excision Of Malignant Tumor – Lesion Diameter Up T	$125.00	$125.00	$0.00	Y
D7441	Excision Malignant Tumor >1.25	$200.00	$200.00	$0.00	Y
D7450	Cyst/Tumor Removal < 1.25 Cm	$125.00	$125.00	$0.00	Y
D7451	Cyst Or Tumor Rem- > 1.25 Cm	$200.00	$200.00	$0.00	Y
D7460	Cyst Removal (Nonodont) <1.25	$125.00	$125.00	$0.00	Y
D7461	Removal Of Non Odont >1.25	$200.00	$200.00	$0.00	Y
D7472	Removal Of Torus Palantinus	$250.00	$250.00	$0.00	Y
D7473	Removal Of Torus Mandibularis	$250.00	$250.00	$0.00	Y
D7485	Surg Reduct Of Oss Tuberosity	$150.00	$150.00	$0.00	Y
D7510	Incision And Drainage	$75.00	$75.00	$0.00	Y
D7511	Incision & Drainage-Intraoral	$100.00	$100.00	$0.00	Y
D7520	Incision & Drainage Extraoral	$75.00	$75.00	$0.00	Y
D7521	Incision & Drainage-Extraoral	$100.00	$100.00	$0.00	Y
D7950	Osseous Graft-Mandible Or Maxilla	$800.00	$400.00	$400.00	Y
D7951	Sinus Augmentation With Bone	$800.00	$400.00	$400.00	Y
D7952	Sinus Augmentation Via A Vertical Approach	$800.00	$400.00	$400.00	Y
D7953	Bone Graft-Ridge Preservation	$300.00	$150.00	$150.00	Y
D7961	Buccal/Labial Frenectomy (Frenulectomy)	$150.00	$150.00	$0.00	Y
D7962	Lingual Frenectomy (Frenulectomy)	$150.00	$150.00	$0.00	Y
D7963	Frenuloplasty	$100.00	$100.00	$0.00	Y
D7970	Excision-Hyperplastic Tissue	$175.00	$175.00	$0.00	Y
D7971	Excision-Pericoronal Gingiva	$50.00	$50.00	$0.00	Y
D7972	Surg Reduct Fibrous Tuberosity	$150.00	$150.00	$0.00	Y
D8010	Limited Ortho Tx Primary Dentition	$400.00	$400.00	$0.00	N

ASO EMPLOYEE BENEFIT PLAN
Metrodent Premier PLUS
Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D8020	Limited Ortho Tx Of Transitional Dentition	$400.00	$400.00	$0.00	N
D8030	Limited Orthodontic Tx Adolescent Dentition 24 per 99 years	$400.00	$400.00	$0.00	N
D8035	Active Ortho Visits PTE CODE ONLY	$125.00	$125.00	$0.00	Y
D8040	Limited Ortho Treatment Of Adult Dentition	$400.00	$400.00	$0.00	N
D8045	Passive Ortho 3 Per 9 Months PTE CODE ONLY	$300.00	$300.00	$0.00	N
D8050	Interceptive Orthodontic Tx Prim	$400.00	$400.00	$0.00	N
D8060	Interceptive Ortho Tx Transitional Dentition 1 per 99 years	$400.00	$400.00	$0.00	N
D8070	Comprehensive Ortho Tx Of Transitional Dentition	$750.00	$750.00	$0.00	N
D8080	Initial Ortho App-Adolescent	$750.00	$750.00	$0.00	N
D8090	Initial Ortho App-Adult 1 per 99 years	$750.00	$750.00	$0.00	N
D8210	Removable Appliance Therapy	$350.00	$350.00	$0.00	N
D8220	Fix Appliance Therap	$350.00	$350.00	$0.00	N
D8670	Active Ortho Treat Per Month 24 per 99 years	$125.00	$125.00	$0.00	N
D8680	Ortho Retention (Remov App, Constr/Place Retainer) 1 per 99 years	$125.00	$125.00	$0.00	N
D8681	Removable Orthodontic Retainer Adjustment 3 per 99 years	$125.00	$125.00	$0.00	N
D9110	Palliative Treatment	$40.00	$40.00	$0.00	Y
D9120	Fixed Partial Dent Sectioning	$40.00	$40.00	$0.00	Y
D9210	Local Anesthesia	$20.00	$20.00	$0.00	Y
D9211	Regional Block Anesthesia	$20.00	$20.00	$0.00	Y
D9212	Trigeminal Division Block Anesthesia	$20.00	$20.00	$0.00	Y
D9215	Local Anesthesia	$20.00	$20.00	$0.00	Y
D9222	Deep Sedation/General Anesthesia – First 15 Minute	$85.00	$85.00	$0.00	Y
D9223	Deep Sedation/General Anesthesia - Each 15 Minute 1 per 1 Day	$85.00	$85.00	$0.00	Y
D9230	Analgesia	$50.00	$50.00	$0.00	Y
D9239	Intravenous Moderate (Conscious) Sedation/Analgesi 1 per 1 Day	$85.00	$85.00	$0.00	Y
D9243	Intravenous Moderate (Conscious)-15 Min 1 per 1 Day	$85.00	$85.00	$0.00	Y
D9310	Specialist Consultation 1 per 1 years Specialist Allowance: $65.00		$65.00 - Specialist Only	$0.00	Y
D9944	Occlusal Guard – Hard Appliance, Full Arch 1 per 24 months	$150.00	$150.00	$0.00	Y
D9945	Occlusal Guard – Soft Appliance, Full Arch 1 per 24 months	$150.00	$150.00	$0.00	Y