

**HEAVY AND GENERAL LABORERS' FUNDS OF NJ LOCAL 472 AND LOCAL 172
METRODENT PREMIER PLUS 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"> • Eligible dependents include spouses, unmarried children who have not yet attained their 19th birthday or 25th birthday if attending an accredited school or college on a full-time basis.
ANNUAL FAMILY MAXIMUM	<ul style="list-style-type: none"> • The calendar year maximum is \$3,250 per covered FAMILY
ORTHODONTIC MAXIMUM	<ul style="list-style-type: none"> • Lifetime maximum is \$2,000 per covered individual and is not subject to the annual maximum. The plan pays its portion in 8 equal quarterly payments after the appliance is placed.
PLAN LIMITATIONS	<ul style="list-style-type: none"> • Examination – once every six months • Prophylaxis – once every six months • X-rays – panoramic or full mouth series – once every three years • Cephalometric film – two in a plan year • Crowns and Bridgework - replacement limited to once in a five year period • Dentures – limited to one set every 5 years from date of insertion • Palliative treatment – no other treatment rendered that same visit • Sealant – un-restored posterior teeth, to age 15, one application per lifetime • Fluoride treatment – to age 19, once every six months • Periodontal surgery – there is a \$2,000.00 per person lifetime maximum • Specialist consultation – one per year, no other treatment that same visit, includes allowance for examination • Treatment for Temporomandibular Joint (TMJ) – maximum \$1,000.00 per person, lifetime
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-payment • 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"> • As a participating provider, you must complete all necessary paperwork and accept assignment of benefits. • Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Signature on file is accepted. • Mail Claims to:

**Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
www.meritain.com**

EDI: WebMD/Emdeon 41124 or McKesson/Relay Health 1761

- For Member Eligibility and Claim Inquiries, please call 800-925-2272
If you have any questions about the operation of the participating dentist program please contact ASO/SIDS at:
(516) 396-5500
For up to date detailed information, please access our website at:
www.asonet.com



METRODENT PREMIER PLUS

Schedule of Maximum Charges

DIAGNOSTIC AND PREVENTATIVE

Periodic Oral Evaluation - Established Patient.....	24.00
Limited Oral Evaluation - Problem Focused.....	24.00
Oral Evaluation Under Three Years of Age.....	24.00
Comprehensive Oral Evaluation - New or Established Patient.....	30.00
Detailed and Extensive Oral Evaluation - Problem Focused.....	30.00
Re-Evaluation - Limited, Problem Focused.....	25.00
Comprehensive Periodontal Eval - New or Established Patient.....	30.00
Intraoral - Complete Series (Including Bitewings).....	60.00
Intraoral - Periapical First Film.....	10.00
Intraoral - Periapical Each Additional Film.....	6.00
Intraoral - Occlusal Film.....	15.00
Extraoral - First Film.....	35.00
Extraoral - Each Additional Film.....	25.00
Bitewing - Single Film.....	10.00
Bitewings - Each Additional.....	6.00
Vertical Bitewing 7 to 8 Radiographic Images.....	35.00
Panorex.....	50.00
Posterior-Anterior or Lateral Skull and Facial Bone Survey Film.....	40.00
Sialography.....	50.00
Temporomandibular Joint Arthrogram, Including Injection.....	200.00
Other Temporomandibular Joint Radiographic Images by Report.....	80.00
Tomographic Survey.....	175.00
Cephalometric Film.....	50.00
Oral/Facial Photographic Images.....	25.00
Cone Beam-Three Dimensional Images.....	200.00
Collection of Microorganisms For Culture and Sensitivity.....	25.00
Genetic Test for Susceptibility to Oral Disease.....	25.00
Aids in Detection of Mucosal Abnormalities.....	35.00
Pulp Vitality Tests.....	20.00
Diagnostic Casts.....	40.00
Accession of Tissue Gross Exam Prep Trans of Written Report.....	40.00
Microscopic Exam Including Surgical Margin Presence of Disease.....	40.00
Dry Accession of Trans Cytologic Micro Exam Prep & Trans.....	50.00
Other Oral Pathology Procedures by Report.....	40.00
Prophylaxis - Adult.....	45.00
Prophylaxis - Child.....	35.00
Topical Application of Fluoride Varnish.....	20.00
Topical Application of Fluoride - Child.....	20.00
Nutritional Counseling for Control of Dental Disease.....	15.00
Tobacco Counseling -Control and Prevention of Oral Disease.....	15.00
Sealant - Per Tooth.....	25.00
Space Maintainer - Fixed - Unilateral.....	190.00
Space Maintainer - Fixed - Bilateral.....	225.00
Space Maintainer - Removable - Unilateral.....	185.00
Space Maintainer - Removable - Bilateral.....	250.00
Re-Cementation of Space Maintainer.....	40.00

PERIODONTICS

Gingivectomy or Gingivoplasty - Four or More Teeth per Quad.....	250.00
Gingivectomy or Gingivoplasty - One to three teeth per Quad.....	150.00
Gingival Flap Procedure-Four or More Teeth.....	250.00
Gingival Flap Procedure-One to Three Teeth.....	150.00
Clinical Crown Lengthening Hard Tissue.....	400.00
Osseous Surgery - Four or More Contiguous Teeth per Quad.....	525.00
Osseous Surgery - One to Three Contiguous Teeth per Quad.....	315.00
Bone Replacement Graft - First Site in Quadrant.....	150.00
Bone Replacement Graft - Additional Site in Quad.....	125.00
Pedicle Soft Tissue Graft Procedure.....	300.00
Free Soft Tissue Graft Procedure (Including Donor Site Surgery.....	325.00
Perio Scaling and Root Planing - Four or More Teeth per Quad.....	75.00
Perio Scaling and Root Planing One to Three Teeth per Quad.....	45.00
Full Mouth Debridement -Enable Comp Evaluation and Diagnosis.....	45.00
Localized Delivery of Antimicrobial Agents per Tooth, by Report.....	45.00
Periodontal Maintenance.....	60.00

RESTORATIVE

Amalgam - One Surface, Primary or Permanent.....	55.00
Amalgam - Two Surfaces, Primary or Permanent.....	70.00
Amalgam - Three Surfaces, Primary or Permanent.....	80.00
Amalgam - Four or More Surfaces, Primary or Permanent.....	95.00
Resin Based Composite One Surface Anterior.....	60.00
Resin-Based Composite - Two Surfaces, Anterior.....	75.00
Resin-Based Composite - Three Surfaces, Anterior.....	90.00
Resin-Based Composite - 4 or More Surfaces or Incisal Angle (Anterior).....	100.00
Resin Based Composite Crown Anterior.....	200.00
Resin-Based Composite - One Surface, Posterior.....	75.00
Resin-Based Composite - Two Surfaces, Posterior.....	100.00
Resin-Based Composite - Three Surfaces, Posterior.....	115.00
Resin-Based Composite - Four or More Surfaces, Posterior.....	125.00
Inlay - Metallic - One Surface.....	275.00
Inlay - Metallic - Two Surfaces.....	350.00
Inlay - Metallic - Three or More Surfaces.....	375.00
Onlay - Metallic-Two Surfaces.....	400.00
Onlay - Metallic-Three Surfaces.....	450.00
Onlay - Metallic-Four or More Surfaces.....	475.00
Inlay - Porcelain/Ceramic - One Surface.....	350.00
Inlay - Porcelain/Ceramic - Two Surfaces.....	425.00
Inlay - Porcelain/Ceramic - Three or More Surfaces.....	500.00
Onlay - Porcelain/Ceramic - Two Surfaces.....	400.00
Onlay - Porcelain/Ceramic - Three Surfaces.....	500.00
Onlay - Porcelain/Ceramic - Four or More Surfaces.....	475.00
Inlay - Resin-Based Composite - One Surface.....	200.00
Inlay - Resin-Based Composite - Two Surfaces.....	250.00
Inlay - Resin-Based Composite - Three or More Surfaces.....	300.00
Onlay - Resin-Based Composite - Two Surfaces.....	300.00
Onlay - Resin-Based Composite - Three Surfaces.....	350.00
Onlay - Resin-Based Composite - Four or More Surfaces.....	400.00
Crown Resin Based Composite Indirect.....	200.00
Crown 3/4 Resin Based Composite Indirect.....	200.00
Crown - Resin with High Noble Metal.....	500.00
Crown Resin Predominantly Base Metal.....	450.00
Crown Resin with Noble Metal.....	475.00
Crown - Porcelain/Ceramic Substrate.....	550.00
Crown - Porcelain Fused to High Noble Metal.....	625.00
Crown Porcelain Fused to Predominantly Base Metal.....	575.00
Crown-Porcelain Fused to Noble Metal.....	625.00
Crown 3/4 High Noble Metal.....	550.00
Crown 3/4 Cast Predominantly Base Metal.....	500.00
Crown 3/4 Porcelain Ceramic.....	475.00
Crown 3/4 Cast Noble Metal.....	500.00
Crown - Full Cast High Noble Metal.....	500.00
Crown Full Cast Predominantly Base Metal.....	475.00
Crown - Full Cast Metal.....	475.00
Crown Titanium.....	525.00
Provisional Crown.....	75.00
Recement Inlay, Onlay, or Partial Coverage Restoration.....	40.00
Recement Cast or Prefabricated Post and Core.....	40.00
Recement Crown.....	40.00
Prefabricated Porcelain Ceramic Primary Tooth.....	100.00
Prefabricated Stainless Steel Crown - Primary Tooth.....	100.00
Prefabricated Stainless Steel Crown - Permanent Tooth.....	100.00
Sedative Filling.....	40.00
Core Buildup, Including Any Pins.....	75.00
Pin Retention - Per Tooth, in addition to Restoration.....	30.00
Post and Core in addition to Crown, Indirectly Fabricated.....	160.00
Prefabricated Post and Core in addition to Crown.....	120.00
Post Removal (Not In Conjunction with Endodontic Therapy).....	75.00
Labial Veneer (Resin Laminate) - Laboratory.....	250.00
Labial Veneer (Porcelain Laminate) - Laboratory.....	375.00

METRODENT PREMIER PLUS

Schedule of Maximum Charges

PROSTHODONTIC

Complete Denture - Maxillary.....	725.00
Complete Denture - Mandibular.....	725.00
Immediate Denture - Maxillary.....	725.00
Immediate Denture - Mandibular.....	725.00
Maxillary Partial Denture - Resin Base.....	550.00
Mandibular Partial Denture - Resin Base.....	550.00
Maxillary Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Mandibular Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Removable Unilateral Partial Denture - One Piece Cast Metal.....	275.00
Adjust Complete Denture - Maxillary.....	40.00
Adjust Complete Denture - Mandibular.....	40.00
Adjust Partial Denture - Maxillary.....	40.00
Adjust Partial Denture - Mandibular.....	40.00
Repair Broken Complete Denture Base.....	100.00
Replace Missing or Broken Teeth - Complete Denture.....	90.00
Repair Resin Denture Base.....	90.00
Repair Cast Framework.....	115.00
Repair or Replace Broken Clasp.....	90.00
Replace Broken Teeth - per Tooth.....	90.00
Add Tooth to Existing Partial Denture.....	90.00
Add Clasp to Existing Partial Denture.....	105.00
Rebase Complete Maxillary Denture.....	165.00
Rebase Complete Mandibular Denture.....	165.00
Rebase Maxillary Partial Denture.....	140.00
Rebase Mandibular Partial Denture.....	140.00
Reline Complete Maxillary Denture (Chairside).....	120.00
Reline Complete Mandibular Denture (Chairside).....	120.00
Reline Maxillary Partial Denture (Chairside).....	105.00
Reline Mandibular Partial Denture (Chairside).....	105.00
Reline Complete Maxillary Denture (Laboratory).....	165.00
Reline Complete Mandibular Denture (Laboratory).....	165.00
Reline Maxillary Partial Denture (Laboratory).....	150.00
Reline Mandibular Partial Denture (Laboratory).....	150.00
Pontic - Cast High Noble Metal.....	500.00
Pontic - Porcelain Fused to High Noble Metal.....	550.00
Pontic - Resin with High Noble Metal.....	500.00
Retainer - Cast Metal for Resin Bonded Fixed Prosthesis.....	275.00
Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis.....	275.00
Crown - Resin with High Noble Metal.....	500.00
Crown - Porcelain Fused to High Noble Metal.....	625.00
Recement Fixed Partial Denture.....	50.00
Precision Attachment.....	175.00

IMPLANTS

Surgical Placement of Implant Body: Endosteal Implant.....	1,200.00
Prefabricated Abutment - Includes Placement.....	500.00
Custom Abutment - Includes Placement.....	500.00
Abutment Supported Porcelain/Ceramic Crown.....	750.00
Abutment Sup Porc Fused to Metal Crown (High Noble Metal).....	750.00
Abutment Sup Porc Fused to Metal Crown (Pred Base Metal).....	750.00
Abutment Supp Porc Fused to Metal Crown (Noble Metal).....	600.00
Abutment Supported Cast Metal Crown (High Noble Metal).....	750.00
Abutment Supp Cast Metal Crown (Predominantly Base Metal).....	725.00
Abutment Supported Cast Metal Crown (Noble Metal).....	715.00
Abutment Supported Crown - (Titanium).....	500.00
Implant Supported Porcelain/Ceramic Crown.....	975.00
Implant Supported Porcelain Fused to Metal Crown.....	975.00
Implant Supported Metal Crown.....	750.00
Abutment Supported Retainer for Porcelain/Ceramic FPD.....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (High Noble).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Base Metal).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Noble Metal).....	750.00
Abut Supp Retainer for Cast Metal FPD (High Noble Metal).....	650.00
Abut Supp Retainer for Cast Metal FPD (Base Metal).....	600.00
Abutment Supported Retainer for Cast Metal FPD (Noble Metal).....	650.00
Abutment Supported Retainer Crown for FPD - (Titanium).....	750.00
Implant Supported Retainer for Ceramic FPD.....	700.00
Implant Supported Retainer for Porcelain Fused to Metal FPD.....	685.00
Implant Supported Retainer for Cast Metal FPD.....	675.00

ENDODONTICS

Pulp Cap - Direct (Excluding Final Restoration).....	30.00
Pulp Cap - Indirect (Excluding Final Restoration).....	20.00
Therapeutic Pulpotomy (Excl Final Restoration).....	80.00
Pulpal Debridement Primary and Permanent.....	40.00
Endodontic Therapy, Anterior Tooth (Excluding Final Restoration).....	350.00
Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration).....	425.00
Endodontic Therapy, Molar (Excluding Final Restoration).....	600.00
Retreatment of Previous Root Canal Therapy - Anterior.....	450.00
Retreatment of Previous Root Canal Therapy - Bicuspid.....	525.00
Retreatment of Previous Root Canal Therapy - Molar.....	700.00
Apicoectomy/Periradicular Surgery - Anterior.....	250.00
Apicoectomy/Periradicular Surgery - Bicuspid (First Root).....	250.00
Apicoectomy/Periradicular Surgery - Molar (First Root).....	250.00
Apicoectomy/Periradicular Surgery (Each Additional Root).....	150.00
Retrograde Filling - per Root.....	100.00
Root Amputation - per Root.....	200.00
Hemisection (Including Any Root Removal), Not Including RCT.....	200.00

ORTHO

Limited Orthodontic Treatment of the Primary Dentition.....	2,000.00
Limited Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adolescent Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adult Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Primary Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Comprehensive Orthodontic Treatment of the Transitional Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adolescent Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adult Dentition.....	4,000.00
Removable Appliance Therapy.....	350.00
Fixed Appliance Therapy.....	350.00
Periodic Orthodontic Treatment Visit (as part of contract).....	125.00

ORAL SURGERY

Extraction, Coronal Remnants - Deciduous Tooth.....	65.00
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal).....	70.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	100.00
Removal of Impacted Tooth - Soft Tissue.....	150.00
Removal of Impacted Tooth - Partially Bony.....	200.00
Removal of Impacted Tooth - Completely Bony.....	275.00
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications.....	300.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	110.00
Placement of Device to Facilitate Eruption of Impacted Tooth.....	75.00
Biopsy of Oral Tissue - Hard (Bone, Tooth).....	150.00
Biopsy of Oral Tissue - Soft.....	125.00
Alveoloplasty in conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant.....	140.00
Alveoloplasty in conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant.....	90.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm.....	125.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm.....	200.00
Incision and Drainage of Abscess - Intraoral Soft Tissue.....	75.00
Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure.....	150.00

GENERAL

Palliative.....	40.00
Deep Sedation/General Anesthesia -per 15 minutes.....	85.00
Intravenous Conscious Sedation/Analgesia -per 15 minutes.....	85.00
Consultation - Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician.....	65.00
Occlusal Guard, by Report.....	150.00
Nitrous Oxide.....	50.00