

UNITED PROBATION OFFICERS ASSOC WF
Network: United Probation Officers Assoc Wf and Metrodent Premier PLUS

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"> * 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	<ul style="list-style-type: none"> * Personal Maximum: \$4,000.00 * Family Max Maximum: NONE
Plan Deductibles	* NONE
Plan Limitations	<ul style="list-style-type: none"> * Exam Limitations 1 per 6 Months * Prophy Limitations 1 per 6 Months * Adult Ortho 24 per Lifetime * Child Ortho 24 per Lifetime * Number Of Months On Prosthetic Limit 1 per 60 Months * Dependents Covered To Age 26 * Student Dependents Covered To Age 26 * Time Limit For Filing A Claim 1 Year * Implants-Number 1 per Calendar Year * Invisalign \$2700 per Lifetime
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 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
Permissible Charges	<ul style="list-style-type: none"> * 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-payment * 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, deductibles, or charges levied due to maximums.
How to File a Claim	<ul style="list-style-type: none"> * Electronic Claims (Payor ID: CX076): To submit through your Practice Management 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 V20 , 303 Merrick Road Suite 300 , Lynbrook , NY 11563

For up to date detailed information, including member eligibility, please access our website at:

asonet.com

If you have any questions regarding the operation of this program please contact ASO at:

800-537-1238

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Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	Specialist Allowance	In-Network CoPayment	Maximum Applies	Deductible Applies
D0120	Periodic Oral Examination 1 per 6 Months	\$30.00	\$30.00		\$0.00	Y	Y
D0140	Limited Oral Evaluation 1 per 6 Months	\$50.00	\$50.00		\$0.00	Y	Y
D0145	Oral Eval For Patient Under 3 Yrs 1 per 6 months Covered Until Age 3 if older convert to D0150	\$30.00	\$30.00		\$0.00	Y	Y
D0150	Comprehensive Oral Examination 1 per 6 Months	\$30.00	\$30.00		\$0.00	Y	Y
D0160	Detailed Oral Evaluation 1 per 6 months	\$30.00	\$30.00		\$0.00	Y	Y
D0180	Comprehensive Periodontal Eval 1 per 6 Months	\$45.00	\$45.00		\$0.00	Y	Y
D0210	X-Rays-Full Mouth	\$60.00	\$60.00		\$0.00	Y	Y
D0220	Periapical X-Ray First Film	\$10.00	\$10.00		\$0.00	Y	Y
D0230	X-Ray Periapical -Additional	\$7.00	\$7.00		\$0.00	Y	Y
D0240	OCclusal Film	\$15.00	\$15.00		\$0.00	Y	Y
D0250	Xray-Extraoral	\$35.00	\$35.00		\$0.00	Y	Y
D0270	X-Ray 1 Bitewing	\$10.00	\$10.00		\$0.00	Y	Y
D0272	X-Rays 2 Bitewings	\$16.00	\$16.00		\$0.00	Y	Y
D0273	X-Rays 3 Bitewings	\$22.00	\$22.00		\$0.00	Y	Y
D0274	X-Rays 4 Bitewings	\$28.00	\$28.00		\$0.00	Y	Y
D0277	Vertical Bitewings 7-8 Films	\$44.00	\$44.00		\$0.00	Y	Y
D0330	Panoramic Film	\$50.00	\$50.00		\$0.00	Y	Y
D0340	Cephalometric Film	\$50.00	\$50.00		\$0.00	Y	Y
D0350	Oral/Facial Images	\$25.00	\$25.00		\$0.00	Y	Y
D0360	Cone Beam Ct - Craniofacial Data Capture 1 per 24 Months	\$200.00	\$200.00		\$0.00	Y	Y
D0363	Cone Beam - 3D Multi Image 1 per 24 months	\$200.00	\$200.00		\$0.00	Y	Y
D0364	Cone Beam Ct Capture-Less Than Whole Jaw 1 per 24 months	\$200.00	\$200.00		\$0.00	Y	Y
D0365	Cone Beam Ct-Mandible 1 per 24 months	\$200.00	\$200.00		\$0.00	Y	Y
D0366	Cone Beam Ct-Maxilla 1 per 24 months	\$200.00	\$200.00		\$0.00	Y	Y
D0367	Cone Beam Ct - Both Jaws 1 per 24 months	\$200.00	\$200.00		\$0.00	Y	Y
D0380	Cone Beam Ct 1 per 24 Months	\$200.00	\$200.00		\$0.00	Y	Y
D0383	Cone Beam Ct 1 per 24 Months	\$2,500.00	\$2500.00		\$0.00	Y	Y
D0431	Adjunctive Pre-Diagnostic Test 1 per 24 Months CANCER SCREENING FOR PATIENTS AT RISK Not Covered Until 40	\$35.00	\$35.00		\$0.00	Y	Y
D0460	Pulp Vitality Test	\$20.00	\$20.00		\$0.00	Y	Y
D0470	Diagnostic Casts 1 per 36 months	\$40.00	\$40.00		\$0.00	Y	Y
D1110	Prophylaxis 1 per 6 Months Not Covered Until 16 if younger convert to D1120	\$45.00	\$45.00		\$0.00	Y	Y
D1120	Prophylaxis-Child 1 per 6 Months Covered Until Age 16 if older convert to D1110	\$35.00	\$35.00		\$0.00	Y	Y
D1206	Topical Fluoride Varnish 1 per 6 Months Covered Until Age 19	\$20.00	\$20.00		\$0.00	Y	Y
D1208	Topical Application Fluoride 1 per 6 Months Covered Until Age 19	\$20.00	\$20.00		\$0.00	Y	Y
D1351	Sealant 2 per Lifetime Covered Until Age 16	\$25.00	\$25.00		\$0.00	Y	Y
D1352	Preventive Resin Restoration	\$32.00	\$32.00		\$0.00	Y	Y
D1510	Space Maintainer-Fixed	\$190.00	\$190.00		\$0.00	Y	Y
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$225.00	\$225.00		\$0.00	Y	Y

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D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$225.00	\$225.00		\$0.00	Y	Y
D1520	Space Maintainer-Removable	\$185.00	\$185.00		\$0.00	Y	Y
D1526	Space Maintainer – Removable – Bilateral, Maxillar	\$250.00	\$250.00		\$0.00	Y	Y
D1527	Space Maintainer – Removable – Bilateral, Mandibul	\$250.00	\$250.00		\$0.00	Y	Y
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer – 1 per 12 months	\$40.00	\$40.00		\$0.00	Y	Y
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer – 1 per 12 months	\$40.00	\$40.00		\$0.00	Y	Y
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer – 1 per 12 months	\$40.00	\$40.00		\$0.00	Y	Y
D2140	Amalgam One Surface -Permanent Or Primary	\$55.00	\$55.00		\$0.00	Y	Y
D2150	Amalgam Two Surfaces-Permanent Or Primary	\$70.00	\$70.00		\$0.00	Y	Y
D2160	Amalgam Three Surfaces-Perm Or Prime	\$80.00	\$80.00		\$0.00	Y	Y
D2161	Amalgam-Four Or More Surfaces Perm Or Prim	\$95.00	\$95.00		\$0.00	Y	Y
D2330	Resin - One Surface	\$60.00	\$60.00		\$0.00	Y	Y
D2331	Resin - Two Surfaces	\$75.00	\$75.00		\$0.00	Y	Y
D2332	Resin Three Or More Surfaces	\$90.00	\$90.00		\$0.00	Y	Y
D2335	Resin-4+ Srf Or Incisal Edge	\$100.00	\$100.00		\$0.00	Y	Y
D2391	Resin 1 Surface Posterior	\$75.00	\$75.00		\$0.00	Y	Y
D2392	Resin-2 Surfaces,Posterior	\$100.00	\$100.00		\$0.00	Y	Y
D2393	Resin-3 Surfaces,Post.	\$115.00	\$115.00		\$0.00	Y	Y
D2394	Resin-4 Or More Srf-Post	\$125.00	\$125.00		\$0.00	Y	Y
D2510	Inlay-Metallic -One Surface 1 per 60 Months	\$275.00	\$275.00		\$0.00	Y	Y
D2520	Inlay Metallic -Two Surfaces 1 per 60 Months	\$350.00	\$350.00		\$0.00	Y	Y
D2530	Inlay-Metallic-Three Or More S 1 per 60 months	\$375.00	\$375.00		\$0.00	Y	Y
D2542	Onlay-Metallic 2 Surface 1 per 60 months	\$400.00	\$400.00		\$0.00	Y	Y
D2543	Onlay-Metallic 3 Surface 1 per 60 months	\$450.00	\$450.00		\$0.00	Y	Y
D2544	Onlay-Metallic 4+ Surface 1 per 60 months	\$475.00	\$475.00		\$0.00	Y	Y
D2610	Inlay-Porcelain 1 Surface 1 per 60 months	\$350.00	\$350.00		\$0.00	Y	Y
D2620	Inlay-Porcelain 2 Surfaces 1 per 60 months	\$425.00	\$425.00		\$0.00	Y	Y
D2630	Inlay-Porcelain-3 Or More Surf 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D2642	Onlay-Porcelain/Ceramic 2 Surface 1 per 60 months	\$400.00	\$400.00		\$0.00	Y	Y
D2643	Onlay-Porcelain/Cera,lc 3 Surface 1 per 60 months	\$500.00	\$500.00		\$0.00	Y	Y
D2644	Onlay – Porcelain/Ceramic – Four Or More Surfaces 1 per 60 months	\$500.00	\$500.00		\$0.00	Y	Y
D2650	Inlay-Composite-One Surface 1 per 60 months	\$200.00	\$200.00		\$0.00	Y	Y
D2651	Inlay Composite 2 Srf 1 per 60 Months	\$250.00	\$250.00		\$0.00	Y	Y
D2652	Inlay Composite 3 Srf 1 per 60 Months	\$300.00	\$300.00		\$0.00	Y	Y
D2662	Onlay – Resin-Based Composite – Two Surfaces 1 per 60 months	\$300.00	\$300.00		\$0.00	Y	Y
D2663	Onlay-Composite 3 Surface 1 per 60 months	\$350.00	\$350.00		\$0.00	Y	Y
D2664	Onlay-Composite 4 Or More Srf 1 per 60 months	\$400.00	\$400.00		\$0.00	Y	Y
D2710	Crown-Resin (Laboratory) 1 per 60 Months	\$275.00	\$275.00		\$0.00	Y	Y
D2712	Crown-3/4 Resin Based Comp-Ind 1 per 60 months	\$275.00	\$275.00		\$0.00	Y	Y
D2720	Crown Resin With Metal 1 per 60 months	\$500.00	\$500.00		\$0.00	Y	Y
D2721	Crown-Resin With Base Metal 1 per 60 Months	\$485.00	\$485.00		\$0.00	Y	Y

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D2722	Crown-Resin With Noble Metal 1 per 60 months	\$485.00	\$485.00		\$0.00	Y	Y
D2740	Crown – Porcelain/Ceramic Substrate 1 per 60 months	\$625.00	\$625.00		\$0.00	Y	Y
D2750	Crown-Porc.Fused To Metal 1 per 60 Months	\$625.00	\$625.00		\$0.00	Y	Y
D2751	Crown-Porc.Fused To Base Metal 1 per 60 months	\$575.00	\$575.00		\$0.00	Y	Y
D2752	Crown-Porc.Fused To Noble Meta 1 per 60 Months	\$625.00	\$625.00		\$0.00	Y	Y
D2753	Crown - Titanium Or Titanium Alloys 1 per 60 months	\$575.00	\$575.00		\$0.00	Y	Y
D2780	Crown - 3/4 Cast High Noble Metal 1 per 60 months	\$550.00	\$550.00		\$0.00	Y	Y
D2781	Crown-3/4 Cast Base Metal 1 per 60 months	\$500.00	\$500.00		\$0.00	Y	Y
D2782	Crown-3/4 Cast Noble Metal 1 per 60 months	\$500.00	\$500.00		\$0.00	Y	Y
D2783	Crown-3/4 Porcelain/Ceramic 1 per 60 months	\$475.00	\$475.00		\$0.00	Y	Y
D2790	Crown-Full Cast Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D2791	Crown-Full Cast Base Metal 1 per 60 months	\$475.00	\$475.00		\$0.00	Y	Y
D2792	Crown-Full Cast Noble Metal 1 per 60 months	\$475.00	\$475.00		\$0.00	Y	Y
D2794	Crown-Titanium 1 per 60 months	\$525.00	\$525.00		\$0.00	Y	Y
D2910	Recement Inlay 1 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y
D2915	Recement Post & Core 1 per 12 months	\$40.00	\$40.00		\$0.00	Y	Y
D2920	Recement Crown 1 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y
D2930	Prefabricated Ss Crown-Primary 1 per Lifetime	\$100.00	\$100.00		\$0.00	Y	Y
D2931	Stainless Steel Crown-Perm	\$200.00	\$200.00		\$0.00	Y	Y
D2940	Protective Restoration	\$40.00	\$40.00		\$0.00	Y	Y
D2950	Crown Build-Up 1 per 60 months	\$75.00	\$75.00		\$0.00	Y	Y
D2951	Pin Support Per Tooth	\$30.00	\$30.00		\$0.00	Y	Y
D2952	Cast Post & Core 1 per 60 Months	\$160.00	\$160.00		\$0.00	Y	Y
D2954	Prefab Post & Core 1 per 60 Months	\$120.00	\$120.00		\$0.00	Y	Y
D2961	Resin Laminate-Laboratory 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D2962	Porcelain Laminate 1 per 60 Months	\$375.00	\$375.00		\$0.00	Y	Y
D2980	Repair Broken Crown Facing 1 per 24 Months	\$100.00	\$100.00		\$0.00	Y	Y
D3110	Pulp Cap-Direct	\$30.00	\$30.00		\$0.00	Y	Y
D3120	Pulp Cap-Indirect	\$20.00	\$20.00		\$0.00	Y	Y
D3220	Vital Pulpotomy 1 per Lifetime	\$80.00	\$80.00		\$0.00	Y	Y
D3221	Pulpal Debridement	\$40.00	\$40.00		\$0.00	Y	Y
D3310	Root Canal Therapy-Anterior Tooth 1 per Lifetime	\$360.00	\$360.00		\$0.00	Y	Y
D3320	Root Canal Therapy-Bicuspid Tooth 1 per Lifetime	\$425.00	\$425.00		\$0.00	Y	Y
D3330	Root Canal Therapy-Molar Tooth 1 per Lifetime	\$600.00	\$600.00		\$0.00	Y	Y
D3331	Tx Of Root Canal Obstruction 1 per Lifetime	\$125.00	\$125.00		\$0.00	Y	Y
D3346	Retreatment-Rct -Anterior 1 per Lifetime	\$450.00	\$450.00		\$0.00	Y	Y
D3347	Retreatment Of Rct - Bicuspid 1 per Lifetime	\$525.00	\$525.00		\$0.00	Y	Y

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D3348	Retreatment Rct-Molar 1 per Lifetime	\$700.00	\$700.00		\$0.00	Y	Y
D3410	Apicoectomy-First Root 1 per Lifetime	\$250.00	\$250.00		\$0.00	Y	Y
D3421	Apico.-Premolar-First Root 1 per Lifetime	\$250.00	\$250.00		\$0.00	Y	Y
D3425	Apico.-Molar-First Root 1 per Lifetime	\$250.00	\$250.00		\$0.00	Y	Y
D3426	Apicoectomy-Each Additional Rt 1 per Lifetime	\$150.00	\$150.00		\$0.00	Y	Y
D3430	Retrograde Filling	\$100.00	\$100.00		\$0.00	Y	Y
D3920	Hemisection	\$200.00	\$200.00		\$0.00	Y	Y
D4210	Gingivectomy Or Gingivoplasty 1 per 36 Months	\$363.00	\$363.00		\$0.00	Y	Y
D4211	Gingivectomy One To Three Teeth-Per Quad 1 per 36 months	\$150.00	\$150.00		\$0.00	Y	Y
D4260	Osseous Surgery-Per Quadrant 1 per 36 months	\$525.00	\$525.00		\$0.00	Y	Y
D4261	Osseous Surgery 1 -3 Teeth 1 per 36 months	\$315.00	\$315.00		\$0.00	Y	Y
D4263	Osseous Graft- Per Site 1 per 36 months	\$150.00	\$150.00		\$0.00	Y	Y
D4264	Osseous Graft-Additional 1 per 36 Months	\$100.00	\$100.00		\$0.00	Y	Y
D4265	Bio Materials To Aid Regen 1 per 36 months	\$150.00	\$150.00		\$0.00	Y	Y
D4266	Guided Tissue Regen-Resorb 1 per 36 months	\$225.00	\$225.00		\$0.00	Y	Y
D4267	Guided Tissue Regen-Nonresorb 1 per 36 months	\$275.00	\$275.00		\$0.00	Y	Y
D4270	Pedicle Soft Tissue Grafts 1 per 36 months	\$300.00	\$300.00		\$0.00	Y	Y
D4277	Free Soft Tissue Graft 1 per 36 months	\$325.00	\$325.00		\$0.00	Y	Y
D4322	Splint - Intra-Coronal; Natural Teeth Or Prostheti	\$150.00	\$150.00		\$0.00	Y	Y
D4341	Perio Treatment Per Quad 1 per 6 Months	\$75.00	\$75.00		\$0.00	Y	Y
D4342	Scaling-Root Planing 1 To 3 Teeth 1 per 6 Months	\$45.00	\$45.00		\$0.00	Y	Y
D4355	Full Mouth Debridement	\$75.00	\$75.00		\$0.00	Y	Y
D4381	Localized Deliv. Of Chemo.Agen 1 per 36 months	\$45.00	\$45.00		\$0.00	Y	Y
D4910	Periodontal Maintenance	\$60.00	\$60.00		\$0.00	Y	Y
D4921	Gingival Irrigation - Per Quadrant	\$10.00	\$10.00		\$0.00	Y	Y
D5110	Complete Upper Denture 1 per 60 months	\$725.00	\$725.00		\$0.00	Y	Y
D5120	Complete Lower Denture 1 per 60 months	\$725.00	\$725.00		\$0.00	Y	Y
D5130	Immediate Full Upper Denture 1 per Lifetime	\$725.00	\$725.00		\$0.00	Y	Y
D5140	Immediate Full Lower Denture 1 per Lifetime	\$725.00	\$725.00		\$0.00	Y	Y
D5211	Upper Partial-Acrylic Base W/C 1 per 60 months	\$550.00	\$550.00		\$0.00	Y	Y
D5212	Lower Partial Acrylic W/Clasps 1 per 60 months	\$550.00	\$550.00		\$0.00	Y	Y
D5213	Upper Partial - Cast Metal 1 per 60 months	\$750.00	\$750.00		\$0.00	Y	Y
D5214	Lower Partial - Cast Metal 1 per 60 months	\$750.00	\$750.00		\$0.00	Y	Y
D5282	Removable Unilateral Partial Denture Maxiillary 1 per 60 Months	\$375.00	\$375.00		\$0.00	Y	Y
D5283	Removable Unilateral Partial Denture-Mandibular 1 per 60 Months	\$375.00	\$375.00		\$0.00	Y	Y
D5410	Adjust Complete Denture-Upper 2 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y
D5411	Adjust Complete Denture-Lower 2 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y

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D5421	Adjust Partial Upper Denture 2 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y
D5422	Adjust Partial Denture-Lower 2 per 12 Months	\$40.00	\$40.00		\$0.00	Y	Y
D5511	Repair Broken Complete Denture Base, Mandibular	\$90.00	\$90.00		\$0.00	Y	Y
D5512	Repair Broken Complete Denture Base, Maxillary	\$90.00	\$90.00		\$0.00	Y	Y
D5520	Replace Broken Tth In Denture	\$90.00	\$90.00		\$0.00	Y	Y
D5611	Repair Resin Partial Denture Base, Mandibular	\$90.00	\$90.00		\$0.00	Y	Y
D5612	Repair Resin Partial Denture Base, Maxillary	\$90.00	\$90.00		\$0.00	Y	Y
D5621	Repair Cast Partial Framework, Mandibular	\$115.00	\$115.00		\$0.00	Y	Y
D5622	Repair Cast Partial Framework, Maxillary	\$115.00	\$115.00		\$0.00	Y	Y
D5630	Repair Or Replace Broken Clasp	\$90.00	\$90.00		\$0.00	Y	Y
D5640	Replace Broken Tooth	\$90.00	\$90.00		\$0.00	Y	Y
D5650	Add Tooth To Denture	\$90.00	\$90.00		\$0.00	Y	Y
D5660	Add Clasp To Exist Part Dent	\$105.00	\$105.00		\$0.00	Y	Y
D5730	Reline Complete Maxillary Denture (Chairside) 1 per 24 Months	\$120.00	\$120.00		\$0.00	Y	Y
D5731	Reline Complete Mandibular Denture (Chairside) 1 per 24 Months	\$120.00	\$120.00		\$0.00	Y	Y
D5740	Reline Maxillary Partial Denture (Chairside) 1 per 24 Months	\$105.00	\$105.00		\$0.00	Y	Y
D5741	Reline Mandibular Partial Denture (Chairside) 1 per 24 Months	\$105.00	\$105.00		\$0.00	Y	Y
D5750	Reline Upper Denture-Lab 1 per 24 Months	\$165.00	\$165.00		\$0.00	Y	Y
D5751	Reline Comp Lower Denture-Lab 1 per 24 Months	\$165.00	\$165.00		\$0.00	Y	Y
D5760	Reline Partial Upper-Lab 1 per 24 Months	\$150.00	\$150.00		\$0.00	Y	Y
D5761	Reline Partial Lower-Lab. 1 per 24 Months	\$150.00	\$150.00		\$0.00	Y	Y
D5850	Tissue Conditioning-Maxillary	\$75.00	\$75.00		\$0.00	Y	Y
D5851	Tissue Conditioning Lower	\$75.00	\$75.00		\$0.00	Y	Y
D6010	Endosteal Implant 1 per Lifetime	\$1,200.00	\$1200.00		\$0.00	Y	Y
D6056	Prefabricated Abutment 1 per Lifetime	\$500.00	\$500.00		\$0.00	Y	Y
D6057	Custom Abutment 1 per Lifetime	\$500.00	\$500.00		\$0.00	Y	Y
D6058	Abutment Supported Porc/Cer Cr 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6059	Abutment Supported Porc/Met Cr 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6060	Abut Supported Crwn-Base Metal 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6061	Abutment Supported Crown 1 per 60 Months	\$600.00	\$600.00		\$0.00	Y	Y
D6062	Abutment Sup Cast High Nobel 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6063	Abutment Supported Base Metal 1 per 60 Months	\$725.00	\$725.00		\$0.00	Y	Y
D6064	Abutment Supp Cast Noble Cr 1 per 60 Months	\$715.00	\$715.00		\$0.00	Y	Y
D6065	Implant Supported Porc/Cer Cr 1 per 60 Months	\$975.00	\$975.00		\$0.00	Y	Y
D6066	Implant Sup Porc/High Nobel 1 per 60 Months	\$975.00	\$975.00		\$0.00	Y	Y
D6067	Implant Supp High Noble Metl 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6068	Abut Supprt Retainr-Porc/Ceramic Fpd 1 per 60 Months	\$725.00	\$725.00		\$0.00	Y	Y
D6069	Abut Suprtd Retnr-Porc Fused Met Fpd 1 per 60 Months	\$725.00	\$725.00		\$0.00	Y	Y
D6070	Abutment Supported Crown-Base Metal 1 per 60 Months	\$725.00	\$725.00		\$0.00	Y	Y
D6071	Abut Supported Retainer Porceln Fused Me 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y

UNITED PROBATION OFFICERS ASSOC WF
United Probation Officers Assoc Wf and Metrodent Premier PLUS
Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	Specialist Allowance	In-Network CoPayment	Maximum Applies	Deductible Applies
D6072	Abutment Supported Retainer For Cast Met 1 per 60 Months	\$650.00	\$650.00		\$0.00	Y	Y
D6073	Abutment Supported Crown-Cast Metal 1 per 60 Months	\$600.00	\$600.00		\$0.00	Y	Y
D6074	Abutment Supported Crown-Noble Metal 1 per 60 Months	\$650.00	\$650.00		\$0.00	Y	Y
D6075	Impl Supp Retain For Ceram Fpd 1 per 60 Months	\$700.00	\$700.00		\$0.00	Y	Y
D6076	Impl Supp Retain For Porc Fpd 1 per 60 Months	\$685.00	\$685.00		\$0.00	Y	Y
D6077	Impl Supp Retain For Titan Fpd 1 per 60 Months	\$675.00	\$675.00		\$0.00	Y	Y
D6080	Implant Maintenance Procedures 1 per 12 Months NARRATIVE NEEDED-INCLUDED IN PROPHY AND MAINTANANCE	\$75.00	\$75.00		\$0.00	Y	Y
D6092	Rcmnt Imp/Abut Supported Crwn 1 per 12 months	\$40.00	\$40.00		\$0.00	Y	Y
D6093	Recement Implant/Abutment Supported Fixed Partial 1 per 12 months	\$50.00	\$50.00		\$0.00	Y	Y
D6100	Implant Removal, By Report 1 per Lifetime	\$200.00	\$200.00		\$0.00	Y	Y
D6104	Bone Graft At Time Of Implant Placement 1 per Lifetime	\$300.00	\$300.00		\$0.00	Y	Y
D6194	Abutment Supported Retainer Crown For Fpd 1 per 60 Months	\$750.00	\$750.00		\$0.00	Y	Y
D6210	Pontic Cast Gold 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6211	Pontic-Full Cast 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6212	Pontic-Full Cast Noble Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6214	Pontic-Titanium 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6240	Pontic Porc Fused To Metal 1 per 60 Months	\$550.00	\$550.00		\$0.00	Y	Y
D6241	Pontic-Porc.Fused To Base Meta 1 per 60 Months	\$525.00	\$525.00		\$0.00	Y	Y
D6242	Pontic-Porc.Fused To Noble Met 1 per 60 Months	\$525.00	\$525.00		\$0.00	Y	Y
D6245	Pontic-Porcelain/Ceramic 1 per 60 Months	\$550.00	\$550.00		\$0.00	Y	Y
D6250	Pontic Resin With Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6251	Pontic-Resin With Base Metal 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D6252	Pontic-Resin With Noble Metal 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D6545	Maryland Bridge Retainer 1 per 60 Months	\$325.00	\$325.00		\$0.00	Y	Y
D6548	Retainer - Porceln/Ceramic Rsn Bonded Fi 1 per 60 Months	\$325.00	\$325.00		\$0.00	Y	Y
D6710	Retainer Crown-Indirect Resin Based Composite 1 per 60 Months	\$450.00	\$450.00		\$0.00	Y	Y
D6720	Abutment Resin With Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6721	Abutment-Resin With Base Metal 1 per 60 Months	\$450.00	\$450.00		\$0.00	Y	Y
D6722	Abutment-Resin With Noble Meta 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D6740	Abutment-Porcelain Jacket 1 per 60 Months	\$625.00	\$625.00		\$0.00	Y	Y
D6750	Abutment-Porc. Fused To Metal 1 per 60 Months	\$625.00	\$625.00		\$0.00	Y	Y
D6751	Abutment-Porc.Fused To Base Me 1 per 60 Months	\$575.00	\$575.00		\$0.00	Y	Y
D6752	Abutment-Porc.Fused To Noble M 1 per 60 Months	\$625.00	\$625.00		\$0.00	Y	Y

UNITED PROBATION OFFICERS ASSOC WF
United Probation Officers Assoc Wf and Metrodent Premier PLUS
Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	Specialist Allowance	In-Network CoPayment	Maximum Applies	Deductible Applies
D6780	Abutment-3/4 Cast 1 per 60 Months	\$580.00	\$580.00		\$0.00	Y	Y
D6781	Abutment-3/4 Cast Metal Base 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6782	Abutment-3/4 Cast Noble Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6783	Crown 3/4 Porcelain/Ceramic 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6790	Abutment Full Cast Metal 1 per 60 Months	\$500.00	\$500.00		\$0.00	Y	Y
D6791	Abutment-Full Cast Base Metal 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D6792	Abutment-Full Cast Noble Metal 1 per 60 Months	\$475.00	\$475.00		\$0.00	Y	Y
D6930	Recement Bridge 1 per 12 Months	\$50.00	\$50.00		\$0.00	Y	Y
D7111	Extraction Of Coronal Remains	\$65.00	\$65.00		\$0.00	Y	Y
D7140	Extraction Erupted Tooth Or Exposed Root	\$70.00	\$70.00		\$0.00	Y	Y
D7210	Surgical Extraction	\$100.00	\$100.00		\$0.00	Y	Y
D7220	Removal-Soft Tissue Impacted	\$150.00	\$150.00		\$0.00	Y	Y
D7230	Removal-Partial Bony Impacted	\$200.00	\$200.00		\$0.00	Y	Y
D7240	Removal-Complete Bony Impacted	\$275.00	\$275.00		\$0.00	Y	Y
D7241	Complete Bony Impact-W/Comp	\$300.00	\$300.00		\$0.00	Y	Y
D7250	Removal Of Residual Roots	\$110.00	\$110.00		\$0.00	Y	Y
D7251	Coronectomy	\$300.00	\$300.00		\$0.00	Y	Y
D7280	Surg.Exp-Imp/Unerup(For Ortho)	\$200.00	\$200.00		\$0.00	Y	Y
D7282	Mobilization Of Tooth To Aid Eruption	\$200.00	\$200.00		\$0.00	Y	Y
D7283	Device To Aid Eruption Of Imp	\$75.00	\$75.00		\$0.00	Y	Y
D7285	Biopsy Hard Tissue	\$150.00	\$150.00		\$0.00	Y	Y
D7286	Biopsy Soft Tissue	\$125.00	\$125.00		\$0.00	Y	Y
D7310	Alveolectomy	\$140.00	\$140.00		\$0.00	Y	Y
D7311	Alveoloplasty W/Ext Per Qd-1 To 3 Teeth	\$90.00	\$90.00		\$0.00	Y	Y
D7320	Alveolectomy-Per Quad.-No Ext	\$140.00	\$140.00		\$0.00	Y	Y
D7321	Alveolectomy No Ext--1 To 3 Teeth	\$90.00	\$90.00		\$0.00	Y	Y
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$125.00	\$125.00		\$0.00	Y	Y
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$200.00	\$200.00		\$0.00	Y	Y
D7450	Cyst/Tumor Removal < 1.25 Cm	\$125.00	\$125.00		\$0.00	Y	Y
D7451	Cyst Or Tumor Rem- > 1.25 Cm	\$200.00	\$200.00		\$0.00	Y	Y
D7510	Incision And Drainage	\$165.00	\$165.00		\$0.00	Y	Y
D7953	Bone Graft-Ridge Preservation 1 per Lifetime	\$300.00	\$300.00		\$0.00	Y	Y
D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$150.00	\$150.00		\$0.00	Y	Y
D7962	Lingual Frenectomy (Frenulectomy)	\$150.00	\$150.00		\$0.00	Y	Y
D8035	Active Ortho Visits PTE CODE	\$100.00	\$100.00		\$0.00	Y	Y
D8045	Passive Ortho 3 Per 9 Months PTE CODE Covered Until Age 19	\$300.00	\$300.00		\$0.00	Y	Y
D8060	Interceptive Ortho Tx Transitional Dentition 1 per Lifetime	\$750.00	\$750.00		\$0.00	Y	Y
D8080	Initial Ortho App-Adolescent 1 per Lifetime	\$750.00	\$750.00		\$0.00	Y	Y
D8090	Initial Ortho App-Adult 1 per Lifetime	\$750.00	\$750.00		\$0.00	Y	Y
D8670	Active Ortho Treat Per Month 24 per Lifetime	\$100.00	\$100.00		\$0.00	Y	Y
D8680	Ortho Retention (Remov App, Constr/Place Retainer) 1 per Lifetime	\$250.00	\$250.00		\$0.00	Y	Y
D8681	Removable Orthodontic Retainer Adjustment 3 per Lifetime	\$100.00	\$100.00		\$0.00	Y	Y
D8703	Replacement Of Retainer-Maxillary 1 per Lifetime	\$91.00	\$91.00		\$0.00	Y	Y
D8704	Replacement Of Retainer-Mandibular 1 per Lifetime	\$91.00	\$91.00		\$0.00	Y	Y
D9110	Palliative Treatment	\$60.00	\$60.00		\$0.00	Y	Y
D9120	Fixed Partial Dent Sectioning	\$40.00	\$40.00		\$0.00	Y	Y

UNITED PROBATION OFFICERS ASSOC WF
United Probation Officers Assoc Wf and Metrodent Premier PLUS
Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	Specialist Allowance	In-Network CoPayment	Maximum Applies	Deductible Applies
D9222	Deep Sedation/General Anesthesia – First 15 Minute 1 per 1 Day	\$85.00	\$85.00		\$0.00	Y	Y
D9223	Deep Sedation/General Anesthesia - Each 15 Minute 1 per 1 Day	\$85.00	\$85.00		\$0.00	Y	Y
D9230	Analgesia	\$50.00	\$50.00		\$0.00	Y	Y
D9239	Intravenous Moderate (Conscious) Sedation/Analgesi 1 per 1 Day	\$85.00	\$85.00		\$0.00	Y	Y
D9243	Intravenous Moderate (Conscious)-15 Min 1 per 1 Day	\$85.00	\$85.00		\$0.00	Y	Y
D9310	Specialist Consultation		\$65.00 - Specialist Only	\$65.00	\$0.00	Y	Y
D9944	Occlusal Guard – Hard Appliance, Full Arch 1 per 24 Months	\$150.00	\$150.00		\$0.00	Y	Y
D9945	Occlusal Guard – Soft Appliance, Full Arch 1 per 24 Months	\$150.00	\$150.00		\$0.00	Y	Y
D9951	Occlusal Adjustment-Limited	\$40.00	\$40.00		\$0.00	Y	Y
D9952	Occlusal Adjustment-Complete	\$91.00	\$91.00		\$0.00	Y	Y
DINVI	Invisalign \$2700 per Lifetime	\$2,700.00	\$2700.00		\$0.00	Y	Y