



PINE BUSH TEACHERS

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">* Full time employees with 12 consecutive months of employment* Eligible dependents: Include the lawful spouse 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	<ul style="list-style-type: none">* October-September
Plan Maximums	<ul style="list-style-type: none">* Personal Maximum: \$2,500.00* Family Max Maximum: No Maximum
Plan Deductibles	<ul style="list-style-type: none">* No Deductible
Plan Limitations	<ul style="list-style-type: none">* Exam Limitations 2 per 1 Plan Year* Prophy Limitations 2 per 1 Plan Year* Adult Ortho \$4000 per Lifetime* Child Ortho \$4000 per Lifetime* Comprehensive Exam Within Time Period 1 per 36 Months* 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 12 Months* Perio Maint Per Day \$ \$175 per Day* Perio Maintenance Limit \$250 per Plan Year
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	<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 or other charges incurred by the member.
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 V21 , 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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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 Plan Year	\$30.00	\$30.00	\$0.00	Y
D0140	Limited Oral Evaluation 2 per 1 Plan Year	\$30.00	\$30.00	\$0.00	Y
D0150	Comprehensive Oral Examination 2 per 1 Plan Year	\$50.00	\$50.00	\$0.00	Y
D0160	Detailed Oral Evaluation 2 per 1 Plan Year	\$30.00	\$30.00	\$0.00	Y
D0170	Re-Evaluation-Limited 2 per 1 Plan Year	\$30.00	\$30.00	\$0.00	Y
D0180	Comprehensive Periodontal Eval 2 per 1 Plan Year	\$30.00	\$30.00	\$0.00	Y
D0210	X-Rays-Full Mouth 1 per 36 months	\$100.00	\$100.00	\$0.00	Y
D0220	Periapical X-Ray First Film	\$10.00	\$10.00	\$0.00	Y
D0230	X-Ray Periapical -Additional	\$8.00	\$8.00	\$0.00	Y
D0240	OCclusal Film	\$25.00	\$25.00	\$0.00	Y
D0270	X-Ray 1 Bitewing	\$10.00	\$10.00	\$0.00	Y
D0272	X-Rays 2 Bitewings	\$18.00	\$18.00	\$0.00	Y
D0273	X-Rays 3 Bitewings	\$26.00	\$26.00	\$0.00	Y
D0274	X-Rays 4 Bitewings	\$34.00	\$34.00	\$0.00	Y
D0290	X-Ray Ant. Post. Or Lateral	\$45.00	\$45.00	\$0.00	Y
D0330	Panoramic Film 1 per 36 months	\$75.00	\$75.00	\$0.00	Y
D0340	Cephalometric Film	\$55.00	\$55.00	\$0.00	Y
D0431	Adjunctive Pre-Diagnostic Test 1 per 3 years	\$30.00	\$30.00	\$0.00	Y
D1110	Prophylaxis 2 per 1 Plan Year Not Covered Until 13 if younger convert to D1120	\$70.00	\$70.00	\$0.00	Y
D1120	Prophylaxis-Child 2 per 1 Plan Year Covered Until Age 13 if older convert to D1110	\$50.00	\$50.00	\$0.00	Y
D1206	Topical Fluoride Varnish 2 per 12 months Covered Until Age 16	\$20.00	\$20.00	\$0.00	Y
D1208	Topical Application Fluoride 2 per 12 months Covered Until Age 16	\$20.00	\$20.00	\$0.00	Y
D1351	Sealant 2 per Lifetime Covered Until Age 16	\$35.00	\$35.00	\$0.00	Y
D1510	Space Maintainer-Fixed	\$200.00	\$200.00	\$0.00	Y
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$200.00	\$200.00	\$0.00	Y
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$200.00	\$200.00	\$0.00	Y
D2140	Amalgam One Surface -Permanent Or Primary	\$70.00	\$70.00	\$0.00	Y
D2150	Amalgam Two Surfaces-Permanent Or Primary	\$90.00	\$90.00	\$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	\$105.00	\$105.00	\$0.00	Y
D2330	Resin - One Surface	\$85.00	\$85.00	\$0.00	Y
D2331	Resin - Two Surfaces	\$100.00	\$100.00	\$0.00	Y
D2332	Resin Three Or More Surfaces	\$110.00	\$110.00	\$0.00	Y
D2335	Resin-4+ Srf Or Incisal Edge	\$115.00	\$115.00	\$0.00	Y
D2391	Resin 1 Surface Posterior	\$90.00	\$90.00	\$0.00	Y
D2392	Resin-2 Surfaces,Posterior	\$105.00	\$105.00	\$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
D2510	Inlay-Metallic -One Surface 1 per 5 years	\$375.00	\$275.00	\$100.00	Y
D2520	Inlay Metallic -Two Surfaces 1 per 5 years	\$450.00	\$350.00	\$100.00	Y
D2530	Inlay-Metallic-Three Or More S 1 per 60 months	\$500.00	\$400.00	\$100.00	Y
D2542	Onlay-Metallic 2 Surface 1 per 60 months	\$500.00	\$400.00	\$100.00	Y
D2543	Onlay-Metallic 3 Surface 1 per 60 months	\$550.00	\$450.00	\$100.00	Y
D2544	Onlay-Metallic 4+ Surface 1 per 60 months	\$550.00	\$450.00	\$100.00	Y



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D2610	Inlay-Porcelain 1 Surface 1 per 60 months	\$375.00	\$275.00	\$100.00	Y
D2620	Inlay-Porcelain 2 Surfaces 1 per 60 months	\$450.00	\$350.00	\$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	\$550.00	\$450.00	\$100.00	Y
D2643	Onlay-Porcelain/Cera,lc 3 Surface 1 per 60 months	\$550.00	\$450.00	\$100.00	Y
D2644	Onlay – Porcelain/Ceramic – Four Or More Surfaces 1 per 60 months	\$550.00	\$450.00	\$100.00	Y
D2710	Crown-Resin (Laboratory) 1 per 5 years	\$400.00	\$300.00	\$100.00	Y
D2720	Crown Resin With Metal 1 per 5 years	\$525.00	\$425.00	\$100.00	Y
D2740	Crown – Porcelain/Ceramic Substrate 1 per 5 years	\$600.00	\$500.00	\$100.00	Y
D2750	Crown-Porc.Fused To Metal 1 per 60 months	\$650.00	\$550.00	\$100.00	Y
D2751	Crown-Porc.Fused To Base Metal 1 per 60 months	\$650.00	\$550.00	\$100.00	Y
D2752	Crown-Porc.Fused To Noble Meta 1 per 60 months	\$650.00	\$550.00	\$100.00	Y
D2790	Crown-Full Cast Metal 1 per 5 years	\$575.00	\$475.00	\$100.00	Y
D2810	Crown (3/4 Cast) 1 per 5 years	\$525.00	\$425.00	\$100.00	Y
D2910	Recement Inlay 1 per 12 months	\$45.00	\$45.00	\$0.00	Y
D2920	Recement Crown 1 per 12 months	\$50.00	\$50.00	\$0.00	Y
D2930	Prefabricated Ss Crown-Primary	\$175.00	\$175.00	\$0.00	Y
D2951	Pin Support Per Tooth	\$35.00	\$35.00	\$0.00	Y
D2952	Cast Post & Core 1 per 60 months	\$150.00	\$150.00	\$0.00	Y
D2954	Prefab Post & Core 1 per 60 months	\$125.00	\$125.00	\$0.00	Y
D3110	Pulp Cap-Direct	\$20.00	\$20.00	\$0.00	Y
D3220	Vital Pulpotomy 1 per Lifetime	\$100.00	\$100.00	\$0.00	Y
D3310	Root Canal Therapy-Anterior Tooth 1 per Lifetime	\$600.00	\$500.00	\$100.00	Y
D3320	Root Canal Therapy-Bicuspid Tooth 1 per Lifetime	\$625.00	\$525.00	\$100.00	Y
D3330	Root Canal Therapy-Molar Tooth 1 per Lifetime	\$750.00	\$650.00	\$100.00	Y
D3346	Retreatment-Rct -Anterior 1 per Lifetime	\$700.00	\$600.00	\$100.00	Y
D3347	Retreatment Of Rct - Bicuspid 1 per Lifetime	\$725.00	\$625.00	\$100.00	Y
D3348	Retreatment Rct-Molar 1 per Lifetime	\$850.00	\$750.00	\$100.00	Y
D3410	Apicoectomy-First Root 1 per Lifetime	\$450.00	\$450.00	\$0.00	Y
D3421	Apico.-Premolar-First Root 1 per Lifetime	\$450.00	\$450.00	\$0.00	Y
D3425	Apico.-Molar-First Root 1 per Lifetime	\$450.00	\$450.00	\$0.00	Y
D3426	Apicoectomy-Each Additional Rt 1 per Lifetime	\$450.00	\$450.00	\$0.00	Y
D3430	Retrograde Filling 1 per Lifetime	\$150.00	\$150.00	\$0.00	Y
D3450	Root Resection	\$300.00	\$300.00	\$0.00	Y
D4210	Gingivectomy Or Gingivoplasty	\$175.00	\$175.00	\$0.00	Y
D4211	Gingivectomy One To Three Teeth-Per Quad	\$105.00	\$105.00	\$0.00	Y
D4260	Osseous Surgery-Per Quadrant 1 per 24 months	\$550.00	\$550.00	\$0.00	Y
D4261	Osseous Surgery 1 -3 Teeth 1 per 24 months	\$330.00	\$330.00	\$0.00	Y
D4263	Osseous Graft- Per Site	\$275.00	\$275.00	\$0.00	Y



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Plan Schedule (In and Out of Network)

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
	1 per 24 months				
D4270	Pedicle Soft Tissue Grafts	\$175.00	\$175.00	\$0.00	Y
D4271	Free Soft Tissue Grafts	\$275.00	\$275.00	\$0.00	Y
D4341	Perio Treatment Per Quad	\$100.00	\$100.00	\$0.00	Y
D4342	Scaling-Root Planing 1 To 3 Teeth	\$60.00	\$60.00	\$0.00	Y
D4381	Localized Deliv. Of Chemo.Agen 1 per 24 months	\$90.00	\$90.00	\$0.00	Y
D4910	Periodontal Maintenance	\$125.00	\$125.00	\$0.00	Y
D5110	Complete Upper Denture 1 per 5 years	\$800.00	\$700.00	\$100.00	Y
D5120	Complete Lower Denture 1 per 5 years	\$800.00	\$700.00	\$100.00	Y
D5130	Immediate Full Upper Denture 1 per Lifetime	\$800.00	\$700.00	\$100.00	Y
D5140	Immediate Full Lower Denture 1 per Lifetime	\$800.00	\$700.00	\$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 5 years	\$550.00	\$450.00	\$100.00	Y
D5213	Upper Partial - Cast Metal 1 per 60 months	\$800.00	\$700.00	\$100.00	Y
D5214	Lower Partial - Cast Metal 1 per 60 months	\$800.00	\$700.00	\$100.00	Y
D5280	Removable Unilateral 1 per 5 years	\$225.00	\$125.00	\$100.00	Y
D5410	Adjust Complete Denture-Upper 1 per 12 months	\$45.00	\$45.00	\$0.00	Y
D5411	Adjust Complete Denture-Lower 1 per 12 months	\$45.00	\$45.00	\$0.00	Y
D5511	Repair Broken Complete Denture Base, Mandibular	\$75.00	\$75.00	\$0.00	Y
D5512	Repair Broken Complete Denture Base, Maxillary	\$75.00	\$75.00	\$0.00	Y
D5611	Repair Resin Partial Denture Base, Mandibular	\$60.00	\$60.00	\$0.00	Y
D5612	Repair Resin Partial Denture Base, Maxillary	\$60.00	\$60.00	\$0.00	Y
D5620	Repair Cast Framework	\$75.00	\$75.00	\$0.00	Y
D5621	Repair Cast Partial Framework, Mandibular	\$75.00	\$75.00	\$0.00	Y
D5622	Repair Cast Partial Framework, Maxillary	\$75.00	\$75.00	\$0.00	Y
D5630	Repair Or Replace Broken Clasp	\$75.00	\$75.00	\$0.00	Y
D5640	Replace Broken Tooth	\$75.00	\$75.00	\$0.00	Y
D5650	Add Tooth To Denture	\$80.00	\$80.00	\$0.00	Y
D5660	Add Clasp To Exist Part Dent	\$60.00	\$60.00	\$0.00	Y
D5670	Replace All Teeth And Framework On Upper Denture	\$50.00	\$50.00	\$0.00	Y
D5730	Reline Complete Maxillary Denture (Chairside)	\$80.00	\$80.00	\$0.00	Y
D5731	Reline Complete Mandibular Denture (Chairside)	\$80.00	\$80.00	\$0.00	Y
D5740	Reline Maxillary Partial Denture (Chairside)	\$70.00	\$70.00	\$0.00	Y
D5741	Reline Mandibular Partial Denture (Chairside)	\$70.00	\$70.00	\$0.00	Y
D5750	Reline Upper Denture-Lab	\$175.00	\$175.00	\$0.00	Y
D5751	Reline Comp Lower Denture-Lab	\$175.00	\$175.00	\$0.00	Y
D5760	Reline Partial Upper-Lab	\$105.00	\$105.00	\$0.00	Y
D5761	Reline Partial Lower-Lab.	\$105.00	\$105.00	\$0.00	Y
D5850	Tissue Conditioning-Maxillary	\$40.00	\$40.00	\$0.00	Y
D6010	Endosteal Implant 1 per Lifetime	\$1,400.00	\$700.00	\$700.00	Y
D6013	Surgical Placement Of Mini Implant 1 per Lifetime	\$1,400.00	\$700.00	\$700.00	Y
D6040	Subperiosteal Implant 1 per Lifetime	\$1,400.00	\$700.00	\$700.00	Y
D6050	Transosseous Implant 1 per Lifetime	\$1,400.00	\$700.00	\$700.00	Y
D6056	Prefabricated Abutment 1 per Lifetime	\$650.00	\$325.00	\$325.00	Y
D6057	Custom Abutment 1 per Lifetime	\$650.00	\$325.00	\$325.00	Y
D6058	Abutment Supported Porc/Cer Cr 1 per 60 months	\$850.00	\$425.00	\$425.00	Y
D6059	Abutment Supported Porc/Met Cr 1 per 60 months	\$850.00	\$425.00	\$425.00	Y
D6061	Abutment Supported Crown 1 per 60 months	\$850.00	\$450.00	\$400.00	Y

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Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
D6062	Abutment Sup Cast High Nobel 1 per 60 months	\$850.00	\$425.00	\$425.00	Y
D6064	Abutment Supp Cast Noble Cr 1 per 60 months	\$800.00	\$400.00	\$400.00	Y
D6065	Implant Supported Porc/Cer Cr 1 per 60 months	\$1,150.00	\$575.00	\$575.00	Y
D6066	Implant Sup Porc/High Nobel 1 per 60 months	\$1,150.00	\$575.00	\$575.00	Y
D6067	Implant Supp High Noble Metl 1 per 60 months	\$1,150.00	\$575.00	\$575.00	Y
D6100	Implant Removal, By Report 1 per Lifetime	\$470.00	\$235.00	\$235.00	Y
D6240	Pontic Porc Fused To Metal 1 per 5 years	\$625.00	\$525.00	\$100.00	Y
D6241	Pontic-Porc.Fused To Base Meta 1 per 60 months	\$600.00	\$500.00	\$100.00	Y
D6242	Pontic-Porc.Fused To Noble Met 1 per 60 months	\$625.00	\$525.00	\$100.00	Y
D6245	Pontic-Porcelain/Ceramic 1 per 5 years	\$600.00	\$500.00	\$100.00	Y
D6250	Pontic Resin With Metal 1 per 5 years	\$550.00	\$450.00	\$100.00	Y
D6545	Maryland Bridge Retainer 1 per 5 years	\$400.00	\$300.00	\$100.00	Y
D6640	Replace Bridge Facing	\$100.00	\$100.00	\$0.00	Y
D6740	Abutment-Porcelain Jacket 1 per 5 years	\$600.00	\$500.00	\$100.00	Y
D6750	Abutment-Porc. Fused To Metal 1 per 5 years	\$650.00	\$550.00	\$100.00	Y
D6751	Abutment-Porc.Fused To Base Me 1 per 60 months	\$650.00	\$550.00	\$100.00	Y
D6752	Abutment-Porc.Fused To Noble M 1 per 60 months	\$650.00	\$550.00	\$100.00	Y
D6930	Recement Bridge	\$100.00	\$100.00	\$0.00	Y
D6950	Precision Attachment	\$150.00	\$150.00	\$0.00	Y
D7111	Extraction Of Coronal Remains	\$95.00	\$95.00	\$0.00	Y
D7140	Extraction Erupted Tooth Or Exposed Root	\$100.00	\$100.00	\$0.00	Y
D7210	Surgical Extraction	\$200.00	\$200.00	\$0.00	Y
D7220	Removal-Soft Tissue Impacted	\$275.00	\$275.00	\$0.00	Y
D7230	Removal-Partial Bony Impacted	\$325.00	\$325.00	\$0.00	Y
D7240	Removal-Complete Bony Impacted	\$400.00	\$400.00	\$0.00	Y
D7250	Removal Of Residual Roots	\$200.00	\$200.00	\$0.00	Y
D7280	Surg.Exp-Imp/Unerup(For Ortho)	\$360.00	\$360.00	\$0.00	Y
D7281	Surg.Exp-Imp/Unerup(Aid Erupt)	\$360.00	\$360.00	\$0.00	Y
D7285	Biopsy Hard Tissue	\$300.00	\$300.00	\$0.00	Y
D7286	Biopsy Soft Tissue	\$220.00	\$220.00	\$0.00	Y
D7310	Alveolectomy	\$175.00	\$175.00	\$0.00	Y
D7311	Alveoloplasty W/Ext Per Qd-1 To 3 Teeth	\$105.00	\$105.00	\$0.00	Y
D7450	Cyst/Tumor Removal < 1.25 Cm	\$375.00	\$375.00	\$0.00	Y
D7451	Cyst Or Tumor Rem- > 1.25 Cm	\$450.00	\$450.00	\$0.00	Y
D7471	Removal Of Exostosis	\$400.00	\$400.00	\$0.00	Y
D7510	Incision And Drainage no other therapy payable on the same day	\$100.00	\$100.00	\$0.00	Y
D7961	Buccal/Labial Frenectomy (Frenulectomy) 1 per Lifetime	\$300.00	\$300.00	\$0.00	Y
D7962	Lingual Frenectomy (Frenulectomy) 1 per Lifetime	\$300.00	\$300.00	\$0.00	Y
D8035	Active Ortho Visits MAXIMUM \$1560.	\$135.00	\$135.00	\$0.00	Y
D8045	Passive Ortho 3 Per 9 Months	\$450.00	\$450.00	\$0.00	N
D8080	Initial Ortho App-Adolescent 1 per Lifetime	\$800.00	\$800.00	\$0.00	N
D8090	Initial Ortho App-Adult 1 per Lifetime	\$800.00	\$800.00	\$0.00	N
D8210	Removable Appliance Therapy	\$195.00	\$195.00	\$0.00	N
D8670	Active Ortho Treat Per Month 24 per Lifetime	\$155.00	\$155.00	\$0.00	N
D8680	Ortho Retention (Remov App, Constr/Place Retainer)	\$170.00	\$170.00	\$0.00	N
D8681	Removable Orthodontic Retainer Adjustment	\$150.00	\$150.00	\$0.00	N

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Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Maximum Applies
	1 per 3 months				
D9110	Palliative Treatment	\$50.00	\$50.00	\$0.00	Y
D9222	Deep Sedation/General Anesthesia – First 15 Minute 1 per 1 Day	\$90.00	\$90.00	\$0.00	Y
D9223	Deep Sedation/General Anesthesia - Each 15 Minute 2 per 1 Day	\$90.00	\$90.00	\$0.00	Y
D9239	Intravenous Moderate (Conscious) Sedation/Analgesi 1 per 1 Day	\$90.00	\$90.00	\$0.00	Y
D9243	Intravenous Moderate (Conscious)-15 Min 2 per 1 Day	\$90.00	\$90.00	\$0.00	Y
D9310	Specialist Consultation Specialist Allowance: \$90.00		\$90.00 - Specialist Only	\$0.00	Y
D9420	Hospital Call	\$25.00	\$25.00	\$0.00	Y
D9944	Occlusal Guard – Hard Appliance, Full Arch 1 per 24 months	\$200.00	\$200.00	\$0.00	Y
D9945	Occlusal Guard – Soft Appliance, Full Arch 1 per 24 months	\$200.00	\$200.00	\$0.00	Y