MAHOPAC TEACHERS ASSOCIATION BENEFIT FUND

Network: Mahopac Teachers Association Benefit Fund and Metrodent Premier PLUS

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

Eligibility	* Full time employees with 12 consecutive months of employment * **Eligible dependents -** spouse, unmarried children are covered through December 31st of the year in which they reach 19 or the end of the calendar year in which the child reaches age 23 when attending an acredited school or college on a fullt time basis
Plan Year	* July-June
Plan Maximums	* **Personal Maximum:** $1,800.00 * **Family Max Maximum:** NONE
Plan Deductibles	* NONE
Plan Limitations	*** Exam Limitations** 2 per 1 Plan Year *** Prophy Limitations** 2 per 1 Plan Year *** Adult Ortho** $2200 per Lifetime *** Alternate Benefit Applies** 4 or more missing teeth that can be replaced by 2 or more bridges *** Child Ortho** $2200 per Lifetime *** Dependents Covered To Age** 26 *** Student Dependents Covered To Age** 26 *** Implants-Number** 2 per Plan Year *** Implant Maximum** 2 per Plan Year *** Perio Maintenance Limit** $300 per Plan Year *** Yearly Plan Max Individual** $1800 per Plan Year *** IMPLANT MAXIMUM** 2 per Plan Year
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-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	* **Electronic Claims (PREFERRED):** To submit through your Practice Managament Software and Clearinghouse use Payor ID: CX076. 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:** ASO/SIDS Dept V248 PO Box 9005 Lynbrook NY 11563Computer 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.

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	In-Network CoPayment	Pre Auth Req.	Max Applies	Deduct Applies
D0120	PERIODIC ORAL EXAMINATION 2 per 1 Plan Year	$47.00	$47.00	$0.00	N	Y	Y
D0140	LIMITED ORAL EVALUATION 2 per 1 Plan Year	$39.00	$39.00	$0.00	N	Y	Y
D0150	COMPREHENSIVE ORAL EXAMINATION 2 per 1 Plan Year	$60.00	$60.00	$0.00	N	Y	Y
D0160	DETAILED ORAL EVALUATION 2 per 1 Plan Year	$60.00	$60.00	$0.00	N	Y	Y
D0180	COMPREHENSIVE PERIODONTAL EVAL 2 per 1 Plan Year	$60.00	$60.00	$0.00	N	Y	Y
D0210	X-RAYS-FULL MOUTH	$94.00	$94.00	$0.00	N	Y	Y
D0220	PERIAPICAL X-RAY FIRST FILM	$20.00	$20.00	$0.00	N	Y	Y
D0230	X-RAY PERIAPICAL -ADDITIONAL	$19.00	$19.00	$0.00	N	Y	Y
D0240	0CCLUSAL FILM	$34.00	$34.00	$0.00	N	Y	Y
D0270	X-RAY 1 BITEWING	$15.00	$15.00	$0.00	N	Y	Y
D0272	X-RAYS 2 BITEWINGS	$36.00	$36.00	$0.00	N	Y	Y
D0273	X-RAYS 3 BITEWINGS	$51.00	$51.00	$0.00	N	Y	Y
D0274	X-RAYS 4 BITEWINGS	$66.00	$66.00	$0.00	N	Y	Y
D0321	TMJ FILM	$140.00	$140.00	$0.00	N	Y	Y
D0330	PANORAMIC FILM	$92.00	$92.00	$0.00	N	Y	Y
D0340	CEPHALOMETRIC FILM	$50.00	$50.00	$0.00	N	Y	Y
D0364	CONE BEAM CT CAPTURE-LESS THAN WHOLE JAW 1 per 36 Months	$200.00	$200.00	$0.00	N	Y	Y
D1110	PROPHYLAXIS 2 per 1 Plan Year Not Covered Until 1 if younger convert to D1120	$94.00	$94.00	$0.00	N	Y	Y
D1120	PROPHYLAXIS-CHILD 2 per 1 Plan Year Covered Until Age 16 if older convert to D1110	$39.00	$39.00	$0.00	N	Y	Y
D1206	TOPICAL FLUORIDE VARNISH 2 per 1 Plan Year	$33.00	$33.00	$0.00	N	Y	Y
D1208	TOPICAL APPLICATION FLUORIDE 2 per 1 Plan Year	$33.00	$33.00	$0.00	N	Y	Y
D1351	SEALANT 2 per Lifetime Covered Until Age 16	$41.00	$41.00	$0.00	N	Y	Y
D1510	SPACE MAINTAINER-FIXED	$225.00	$225.00	$0.00	N	Y	Y
D1515	SPACE MAINTAINER-FIXED-BILATER	$225.00	$225.00	$0.00	N	Y	Y
D2140	AMALGAM ONE SURFACE - PERMANENT OR PRIMARY	$66.00	$52.80	$13.20	N	Y	Y
D2150	AMALGAM TWO SURFACES-PERMANENT OR PRIMARY	$94.00	$75.20	$18.80	N	Y	Y
D2160	AMALGAM THREE SURFACES-PERM OR PRIME	$110.00	$88.00	$22.00	N	Y	Y
D2161	AMALGAM-FOUR OR MORE SURFACES PERM OR PRIM	$116.00	$92.80	$23.20	N	Y	Y
D2330	RESIN - ONE SURFACE	$94.00	$75.20	$18.80	N	Y	Y
D2331	RESIN - TWO SURFACES	$105.00	$84.00	$21.00	N	Y	Y
D2332	RESIN THREE OR MORE SURFACES	$110.00	$88.00	$22.00	N	Y	Y
D2335	RESIN-4+ SRF OR INCISAL EDGE	$116.00	$92.80	$23.20	N	Y	Y
D2391	RESIN 1 SURFACE POSTERIOR	$75.00	$60.00	$15.00	N	Y	Y
D2392	RESIN-2 SURFACES,POSTERIOR	$100.00	$80.00	$20.00	N	Y	Y
D2393	RESIN-3 SURFACES,POST.	$116.00	$92.80	$23.20	N	Y	Y
D2394	RESIN-4 OR MORE SRF-POST	$125.00	$100.00	$25.00	N	Y	Y
D2530	INLAY-METALLIC-THREE OR MORE S 1 per 60 Months	$476.00	$380.80	$95.20	N	Y	Y
D2610	INLAY-PORCELAIN 1 SURFACE 1 per 60 Months	$350.00	$280.00	$70.00	N	Y	Y
D2620	INLAY-PORCELAIN 2 SURFACES 1 per 60 Months	$425.00	$340.00	$85.00	N	Y	Y
D2630	INLAY-PORCELAIN-3 OR MORE SURF 1 per 60 Months	$500.00	$400.00	$100.00	N	Y	Y

Code	Description	Maximum Charge	Plan Payment	In-Network CoPayment	Pre Auth Req.	Max Applies	Deduct Applies
D2740	CROWN – PORCELAIN/CERAMIC SUBSTRATE 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2750	CROWN-PORC.FUSED TO METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2751	CROWN-PORC.FUSED TO BASE METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2752	CROWN-PORC.FUSED TO NOBLE META 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2790	CROWN-FULL CAST METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2791	CROWN-FULL CAST BASE METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2792	CROWN-FULL CAST NOBLE METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D2910	RECEMENT INLAY 1 per 12 months	$44.00	$35.20	$8.80	N	Y	Y
D2920	RECEMENT CROWN 1 per 12 months	$44.00	$35.20	$8.80	N	Y	Y
D2930	PREFABRICATED SS CROWN-PRIMARY	$344.00	$275.20	$68.80	N	Y	Y
D2940	PROTECTIVE RESTORATION	$70.00	$56.00	$14.00	N	Y	Y
D2950	CROWN BUILD-UP 1 per 60 Months	$156.00	$124.80	$31.20	N	Y	Y
D2952	CAST POST & CORE 1 per 60 Months	$160.00	$128.00	$32.00	N	Y	Y
D2954	PREFAB POST & CORE 1 per 60 Months	$125.00	$100.00	$25.00	N	Y	Y
D3120	PULP CAP-INDIRECT	$96.00	$76.80	$19.20	N	Y	Y
D3220	VITAL PULPOTOMY 1 per Lifetime	$96.00	$76.80	$19.20	N	Y	Y
D3221	PULPAL DEBRIDEMENT	$96.00	$76.80	$19.20	N	Y	Y
D3310	ROOT CANAL THERAPY-ANTERIOR TOOTH 1 per Lifetime	$380.00	$304.00	$76.00	N	Y	Y
D3320	ROOT CANAL THERAPY-BICUSPID TOOTH 1 per Lifetime	$425.00	$340.00	$85.00	N	Y	Y
D3330	ROOT CANAL THERAPY-MOLAR TOOTH 1 per Lifetime	$600.00	$480.00	$120.00	N	Y	Y
D3346	RETREATMENT-RCT -ANTERIOR 1 per Lifetime	$425.00	$340.00	$85.00	N	Y	Y
D3347	RETREATMENT OF RCT - BICUSPID 1 per Lifetime	$525.00	$420.00	$105.00	N	Y	Y
D3348	RETREATMENT RCT-MOLAR 1 per Lifetime	$700.00	$560.00	$140.00	N	Y	Y
D3410	APICOECTOMY-FIRST ROOT 1 per Lifetime	$346.00	$276.80	$69.20	N	Y	Y
D3421	APICO.-PREMOLAR-FIRST ROOT 1 per Lifetime	$346.00	$276.80	$69.20	N	Y	Y
D3425	APICO.-MOLAR-FIRST ROOT 1 per Lifetime	$346.00	$276.80	$69.20	N	Y	Y
D3426	APICOECTOMY-EACH ADDITIONAL RT 1 per Lifetime	$174.00	$139.20	$34.80	N	Y	Y
D3430	RETROGRADE FILLING	$100.00	$80.00	$20.00	N	Y	Y
D3450	ROOT RESECTION	$200.00	$160.00	$40.00	N	Y	Y
D4210	GINGIVECTOMY OR GINGIVOPLASTY 1 per 36 Months	$369.00	$295.20	$73.80	N	Y	Y
D4249	CROWN LENGTHENING 1 per Lifetime	$450.00	$360.00	$90.00	N	Y	Y
D4260	OSSEOUS SURGERY-PER QUADRANT 1 per 36 Months	$525.00	$420.00	$105.00	N	Y	Y
D4263	OSSEOUS GRAFT- PER SITE 1 per 36 Months	$150.00	$120.00	$30.00	N	Y	Y
D4341	PERIO TREATMENT PER QUAD	$75.00	$60.00	$15.00	N	Y	Y

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D4342	SCALING-ROOT PLANING 1 TO 3 TEETH	$45.00	$36.00	$9.00	N	Y	Y
D4910	PERIODONTAL MAINTENANCE	$122.00	$97.60	$24.40	N	Y	Y
D5110	COMPLETE UPPER DENTURE 1 per 60 Months	$725.00	$580.00	$145.00	N	Y	Y
D5120	COMPLETE LOWER DENTURE 1 per 60 Months	$725.00	$580.00	$145.00	N	Y	Y
D5130	IMMEDIATE FULL UPPER DENTURE 1 per Lifetime	$725.00	$580.00	$145.00	N	Y	Y
D5140	IMMEDIATE FULL LOWER DENTURE 1 per Lifetime	$725.00	$580.00	$145.00	N	Y	Y
D5211	UPPER PARTIAL-ACRYLIC BASE W/C 1 per 60 Months	$561.00	$448.80	$112.20	N	Y	Y
D5212	LOWER PARTIAL ACRYLIC W/CLASPS 1 per 60 Months	$561.00	$448.80	$112.20	N	Y	Y
D5213	UPPER PARTIAL - CAST METAL 1 per 60 Months	$750.00	$607.50	$142.50	N	Y	Y
D5214	LOWER PARTIAL - CAST METAL 1 per 60 Months	$750.00	$600.00	$150.00	N	Y	Y
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE MAXIILLARY 1 per 60 Months	$561.00	$448.80	$112.20	N	Y	Y
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE-MANDIBULAR 1 per 60 Months	$561.00	$448.80	$112.20	N	Y	Y
D5410	ADJUST COMPLETE DENTURE-UPPER	$44.00	$35.20	$8.80	N	Y	Y
D5411	ADJUST COMPLETE DENTURE-LOWER	$44.00	$35.20	$8.80	N	Y	Y
D5421	ADJUST PARTIAL UPPER DENTURE	$40.00	$32.00	$8.00	N	Y	Y
D5422	ADJUST PARTIAL DENTURE-LOWER	$40.00	$32.00	$8.00	N	Y	Y
D5610	REPAIR ACRYLIC SADDLE OR BASE	$90.00	$72.00	$18.00	N	Y	Y
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$90.00	$72.00	$18.00	N	Y	Y
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$90.00	$72.00	$18.00	N	Y	Y
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$115.00	$92.00	$23.00	N	Y	Y
D5630	REPAIR OR REPLACE BROKEN CLASP	$90.00	$72.00	$18.00	N	Y	Y
D5640	REPLACE BROKEN TOOTH	$90.00	$72.00	$18.00	N	Y	Y
D5650	ADD TOOTH TO DENTURE	$90.00	$72.00	$18.00	N	Y	Y
D5660	ADD CLASP TO EXIST PART DENT	$105.00	$84.00	$21.00	N	Y	Y
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) 1 per 36 Months	$120.00	$96.00	$24.00	N	Y	Y
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) 1 per 36 Months	$120.00	$96.00	$24.00	N	Y	Y
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) 1 per 36 Months	$105.00	$84.00	$21.00	N	Y	Y
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE) 1 per 36 Months	$105.00	$84.00	$21.00	N	Y	Y
D5750	RELINE UPPER DENTURE-LAB 1 per 36 Months	$165.00	$132.00	$33.00	N	Y	Y
D5751	RELINE COMP LOWER DENTURE-LAB 1 per 36 Months	$165.00	$132.00	$33.00	N	Y	Y
D5760	RELINE PARTIAL UPPER-LAB 1 per 36 Months	$150.00	$120.00	$30.00	N	Y	Y
D5761	RELINE PARTIAL LOWER-LAB. 1 per 36 Months	$150.00	$120.00	$30.00	N	Y	Y
D6010	ENDOSTEAL IMPLANT		$640.00	Balance to UCR	N	Y	Y

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	1 per Lifetime						
D6040	SUBPERIOSTEAL IMPLANT 1 per Lifetime		$640.00	Balance to UCR	N	Y	Y
D6055	IMPLANT CONNECTING BAR		$640.00	Balance to UCR	N	Y	Y
D6056	PREFABRICATED ABUTMENT 1 per 60 months		$550.00	Balance to UCR	N	Y	Y
D6057	CUSTOM ABUTMENT 1 per 60 months		$550.00	Balance to UCR	N	Y	Y
D6059	ABUTMENT SUPPORTED PORC/MET CR 1 per 60 Months		$640.00	Balance to UCR	N	Y	Y
D6066	IMPLANT SUP PORC/HIGH NOBEL 1 per 60 Months		$640.00	Balance to UCR	N	Y	Y
D6080	IMPLANT MAINTENANCE PROCEDURES 1 per 60 Months		$640.00	Balance to UCR	N	Y	Y
D6240	PONTIC PORC FUSED TO METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6241	PONTIC-PORC.FUSED TO BASE META 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6242	PONTIC-PORC.FUSED TO NOBLE MET 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6245	PONTIC-PORCELAIN/CERAMIC 1 per 60 months	$688.00	$550.40	$137.60	N	Y	Y
D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FI 1 per 60 Months	$275.00	$220.00	$55.00	N	Y	Y
D6740	ABUTMENT-PORCELAIN JACKET 1 per 60 months	$688.00	$550.40	$137.60	N	Y	Y
D6750	ABUTMENT-PORC. FUSED TO METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6751	ABUTMENT-PORC.FUSED TO BASE ME 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6752	ABUTMENT-PORC.FUSED TO NOBLE M 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6790	ABUTMENT FULL CAST METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6791	ABUTMENT-FULL CAST BASE METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6792	ABUTMENT-FULL CAST NOBLE METAL 1 per 60 Months	$688.00	$550.40	$137.60	N	Y	Y
D6930	RECEMENT BRIDGE 1 per 12 months	$50.00	$40.00	$10.00	N	Y	Y
D7111	EXTRACTION OF CORONAL REMAINS	$70.00	$56.00	$14.00	N	Y	Y
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	$70.00	$56.00	$14.00	N	Y	Y
D7210	SURGICAL EXTRACTION	$174.00	$139.20	$34.80	N	Y	Y
D7220	REMOVAL-SOFT TISSUE IMPACTED	$259.00	$207.20	$51.80	N	Y	Y
D7230	REMOVAL-PARTIAL BONY IMPACTED	$432.00	$345.60	$86.40	N	Y	Y
D7240	REMOVAL-COMPLETE BONY IMPACTED	$476.00	$380.80	$95.20	N	Y	Y
D7241	COMPLETE BONY IMPACT-W/COMP	$476.00	$380.80	$95.20	N	Y	Y
D7250	REMOVAL OF RESIDUAL ROOTS	$110.00	$88.00	$22.00	N	Y	Y
D7280	SURG.EXP-IMP/UNERUP(FOR ORTHO)	$476.00	$380.80	$95.20	N	Y	Y
D7281	SURG.EXP-IMP/UNERUP(AID ERUPT)	$476.00	$380.80	$95.20	N	Y	Y
D7285	BIOPSY HARD TISSUE	$174.00	$139.20	$34.80	N	Y	Y
D7286	BIOPSY SOFT TISSUE	$174.00	$139.20	$34.80	N	Y	Y
D7310	ALVEOLECTOMY	$238.00	$190.40	$47.60	N	Y	Y
D7320	ALVEOLECTOMY-PER QUAD.-NO EXT	$238.00	$190.40	$47.60	N	Y	Y

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D7410	EXCISION-LESION-UP TO 1.25 CM	$125.00	$100.00	$25.00	N	Y	Y
D7413	EXCISION OF TUMOR < 1.25	$125.00	$100.00	$25.00	N	Y	Y
D7414	EXCISION OF BENIGN TUMOR >1.25	$200.00	$160.00	$40.00	N	Y	Y
D7440	EXCISION OF MALIGNANT TUMOR – LESION DIAMETER UP T	$125.00	$100.00	$25.00	N	Y	Y
D7441	EXCISION MALIGNANT TUMOR >1.25	$200.00	$160.00	$40.00	N	Y	Y
D7450	CYST/TUMOR REMOVAL < 1.25 CM	$125.00	$100.00	$25.00	N	Y	Y
D7451	CYST OR TUMOR REM- > 1.25 CM	$259.00	$207.20	$51.80	N	Y	Y
D7460	CYST REMOVAL (NONODONT) <1.25	$259.00	$207.20	$51.80	N	Y	Y
D7461	REMOVAL OF NON ODONT >1.25	$259.00	$207.20	$51.80	N	Y	Y
D7510	INCISION AND DRAINAGE	$75.00	$60.00	$15.00	N	Y	Y
D7520	INCISION & DRAINAGE EXTRAORAL	$96.00	$76.80	$19.20	N	Y	Y
D7960	FRENULECTOMY	$259.00	$207.20	$51.80	N	Y	Y
D8020	LIMITED ORTHO TX OF TRANSITIONAL DENTITION	$660.00	$528.00	$132.00	N	N	N
D8030	LIMITED ORTHODONTIC TX ADOLESCENT DENTITION	$110.00	$88.00	$22.00	N	N	Y
D8035	ACTIVE ORTHO VISITS PTE CODE	$700.00	$100.00	$600.00	N	N	Y
D8080	INITIAL ORTHO APP-ADOLESCENT	$750.00	$600.00	$150.00	N	N	Y
D8090	INITIAL ORTHO APP-ADULT	$750.00	$600.00	$150.00	N	N	Y
D8670	ACTIVE ORTHO TREAT PER MONTH	$125.00	$100.00	$25.00	N	N	Y
D9110	PALLIATIVE TREATMENT	$44.00	$35.20	$8.80	N	Y	Y
D9222	DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTE 1 per 1 Day	$85.00	$68.00	$17.00	N	Y	Y
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE 2 per 1 Day	$85.00	$68.00	$17.00	N	Y	Y
D9230	ANALGESIA	$50.00	$40.00	$10.00	N	Y	Y
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESI 1 per 1 Day	$85.00	$68.00	$17.00	N	Y	Y
D9243	INTRAVENOUS MODERATE (CONSCIOUS)-15 MIN 2 per 1 Day	$85.00	$68.00	$17.00	N	Y	Y
D9310	SPECIALIST CONSULTATION	$65.00	$52.00	$13.00	N	Y	Y
D9951	OCCLUSAL ADJUSTMENT-LIMITED	$40.00	$32.00	$8.00	N	Y	Y
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	$70.00	$56.00	$14.00	N	Y	Y