

NEW ROCHELLE FUSE WELFARE FUND 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"> Eligibility is determined according to the definition and requirements outlined in the New Rochelle F.U.S.E. Summary Plan Description.
ANNUAL MAXIMUM	<ul style="list-style-type: none"> No annual maximum
DEDUCTIBLE	<ul style="list-style-type: none"> No annual deductible
ORTHODONTIC MAXIMUM	<ul style="list-style-type: none"> Lifetime maximum of \$3,000.
WAITING PERIOD	<ul style="list-style-type: none"> There is a 12 month waiting period for orthodontics and prosthetic devices. The waiting period is waived in specific instances
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two in a calendar year Prophylaxis – two in a calendar year Replacement of crowns – not more than once in thirty six months Replacement of bridges and dentures – not more than once in sixty months Palliative treatment – no other treatment rendered that same visit Sealant – unrestored posterior teeth, to age 19, lifetime maximum two applications per tooth. Fluoride treatment – to age 16, maximum two applications per year Root Scaling, curettage, bite correction; any combination, including prophylaxis – per visit, maximum \$560 per calendar year Periodontal Maintenance –subject to the periodontal maximum, payable only after surgery Periodontal surgery – charting and x-rays required; 1 in 36 consecutive months Specialist Consultation – one per calendar year, per specialty Implants – maximum benefit of six implants per lifetime. Orthodontics – requires \$1,500.00 member co-payment upon insertion of initial appliance
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 pre-treatment 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
HOW TO FILE A CLAIM	<ul style="list-style-type: none"> Complete a Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Enclose, when appropriate, x-rays, tooth charting, periodontal charting Mail claims to: Self-Insured Dental Services, Dept. 27 P.O. Box 9005 Lynbrook, NY 11563

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

www.asonet.com

If you have any questions regarding the operation of this program please contact S.I.D.S. at:
(516) 396-5500 or (718) 204-7172

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**NEW ROCHELLE FUSE WELFARE FUND
PLAN DESCRIPTION AND FEE SCHEDULE OF
IMPLANTS AND IMPLANT RELATED SERVICES**

IMPLANTOLOGY:

	Maximum Charge	Plan Pays	Member Pays
Crown over Implant	\$ 850.00	\$ 700.00	\$ 150.00
Endosteal Implant	\$1,400.00	\$ 900.00	\$ 500.00
Subperiosteal Implant	\$1,400.00	\$1,000.00	\$ 400.00
Prefabricated Abutment	\$ 550.00	\$ 250.00	\$ 300.00
Custom Abutment	\$ 650.00	\$ 250.00	\$ 400.00
Abutment Supported Porcelain/ Ceramic Crown	\$ 850.00	\$ 700.00	\$ 150.00
Abutment Supported / Metal Crown	\$ 850.00	\$ 700.00	\$ 150.00
Abutment Supported Crown	\$ 800.00	\$ 700.00	\$ 100.00
Abutment Supported Cast/High Noble Metal Crown	\$ 850.00	\$ 700.00	\$ 150.00
Abutment Supported Cast/Noble Metal Crown	\$ 800.00	\$ 700.00	\$ 100.00
Implant Supported Porcelain/Ceramic Crown	\$1,100.00	\$700.00	\$ 400.00
Implant Supported Porcelain/High Noble Metal Crown	\$1,100.00	\$ 700.00	\$ 400.00
Implant Supported/High Noble Metal Crown	\$1,100.00	\$ 700.00	\$ 400.00

MAXIMUM 6 IMPLANTS PER LIFETIME

NEW ROCHELLE FUSE WELFARE FUND-SCHEDULE OF MAXIMUM CHARGES

I-DIAGNOSTIC		V-PERIODONTICS	
ORAL EXAM	50.00	GINGIVECTOMY-PER QUADRANT	210.00
X-RAYS (FULL MOUTH SERIES)	125.00	OSSEOUS SURGERY-PER QUAD	600.00
P.A. OR B.W. FIRST FILM	12.00	OSSEOUS GRAFT-SINGLE SITE	275.00
P.A. OR B.W. EAD ADD'L FILM	8.00	OSSEOUS GRAFT-PER QUADRANT	475.00
OCCLUSAL FILM	41.00	PEDICAL SOFT TISSUE GRAFT-PER QUADRANT	475.00
POSTERIOR-ANTERIOR, LATERAL FILM	45.00	CURETTAGE, SCALE\ROOT PLANING-FULL MOUTH	140.00
TMJ FILM	70.00	CURETTAGE, SCALE\ROOT PLANING-PER QUAD	85.00
PANORAMIC FILM	100.00	OCCLUSAL ADJUSTMENT - LIMITED	45.00
CEPHALOMETRIC FILM	50.00	OCCLUSAL ADJUSTMENT - COMPLETE	120.00
DIAGNOSTIC CASTS	35.00		
PALLIATIVE-EMERGENCY TRT	60.00		
CONSULTATION BY A SPECIALIST	60.00		
II-PREVENTIVE		VI-PROSTHODONTICS	
PROPHYLAXIS -ADULT	100.00	COMPLETE DENTURE-PERMANENT	975.00
PROPHYLAXIS-CHILD	65.00	IMMEDIATE DENTURE	1,000.00
FLUORIDE EXCL PROPHY	36.00	PARTIAL DENTURE-ACRYLIC BASE	825.00
SEALANT-PER TOOTH	24.00	PARTIAL DENTURE-CAST BASE	1,000.00
SPACE MAINTAINER	202.00	UNILATERAL PARTIAL DENTURE	725.00
III-RESTORATIVE		REPAIR COMP DENT BASE	150.00
AMALGAM - 1 SURFACE	90.00	REPLC MISS/BRKN TTH-COM DENT	100.00
AMALGAM - 2 SURFACES	105.00	REPAIR CAST FRAMEWORK	150.00
AMALGAM - 3 SURFACES	125.00	REPAIR OR REPLACE BROKEN CLASP	130.00
AMALGAM - 4+ SURFACES	145.00	ADD TTH TO EXISTING PART DENT	110.00
AMALGAM - 1 SURFACE	90.00	ADD CLASP TO EXISTING PART DENT	130.00
AMALGAM - 2 SURFACES	105.00	RELIN DENTURE-CHAIR	150.00
AMALGAM - 3 SURFACES	125.00	RELIN COMPLETE DENTURE-LAB	260.00
AMALGAM - 4+ SURFACES	145.00	RELIN PARTIAL DENTURE-LAB	190.00
COMPOSITE RESIN - 1 SURFACE	115.00	PONTIC-CAST METAL	635.00
COMPOSITE RESIN - 2 SURFACE	140.00	PONTIC-PORCELAIN TO METAL	635.00
COMPOSITE RESIN - 3+ SURFACE	155.00	PONTIC-RESIN WITH METAL	585.00
COMPOSITE RESIN-INCISAL ANGLE	155.00	ABUTMENT-CAST METL RETAINER	390.00
METALLIC INLAY-2 SRF	520.00	ABUTMENT-RESIN WITH METAL	585.00
METALLIC INLAY-3 SRF	550.00	ABUTMENT-PORCELAIN FUSED TO METAL	650.00
PORCELAIN INLAY-1 SRF	476.00	ABUTMENT-FULL CAST	620.00
PORCELAIN INLAY-2 SRF	550.00	PRECISION ATTACHMENT	270.00
PORCELAIN INLAY-3 SRF	600.00	ENDOSTEAL IMPLANT	900.00
ACRYLIC JACKET-LAB PROC	210.00	SUBPERIOSTEAL IMPLANT	1,000.00
CROWN-PORCELAIN	665.00	CUSTOM ABUTMENT	250.00
CROWN-PLASTIC WITH METAL	600.00	REPLACE FACING	150.00
CROWN-PORCELAIN WITH METAL	695.00	VII ORAL SURGERY	
CROWN-FULL CAST	680.00	SINGLE EXTRACTION	110.00
CROWN-3/4 CAST	610.00	SURGICAL EXTRACTION	230.00
RECEMENT-INLAY OR CROWN	70.00	ROOT REMOVAL	130.00
RECEMENT BRIDGE	80.00	IMPACTION-SOFT TISSUE	300.00
CROWN BUILDUP - INCLUDING PINS	115.00	IMPACTION-PARTIAL BONY	375.00
PIN RETENTION-PER TOOTH	50.00	IMPACTION-COMPLETE BONY	425.00
PREFAB POST AND CORE	175.00	SURGICAL REMOVAL - RESIDUAL	200.00
CAST POST AND CORE	220.00	SURGICAL EXPOSURE IMP/UNERUP	150.00
LABIAL VENEER, LAB	450.00	SURGICAL EXPOSURE IMP/UNERUP-ORTHO	375.00
IV-ENDODONTICS		BIOPSY OF ORAL TISSUE	170.00
PULP CAP-DIRECT	40.00	ALVEOPLASTY-PER QUAD	270.00
VITAL PULPOTOMY	100.00	CYST REMOVAL	345.00
ROOT CANAL THERAPY-anterior	525.00	INCISION & DRAINAGE INTRAORAL	100.00
ROOT CANAL THERAPY-bicuspid	600.00	FRENULECTOMY	175.00
ROOT CANAL THERAPY-molar	700.00	GENERAL ANESTHESIA OR IV SEDATION-1ST 30 MINUTES	175.00
APICOECTOMY-PER ROOT	475.00	VIII-ORTHODONTICS	
APICOECTOMY-MAXIMUM PER TOOTH	650.00	INSERTION OF INITIAL APPLIANCE REQUIRES A \$1500.00 MEMBER COPAYMENT	
RETROGRADE FILLING	200.00	LIFETIME MAXIMUM REIMBURSEMENT	3,000.00
ROOT RESECTION	280.00		
ROOT HEMISECTION	200.00		

