

**FARMINGDALE FEDERATION OF TEACHERS BENEFIT FUND
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"> All employees of the Board of Education of the Farmingdale Union Free School District whose employment is the subject of a collective bargaining agreement by and between the Board and the Farmingdale Federation of Teachers, and all other employees who may be deemed eligible by the Trustees of the Benefit Fund and the Board. Eligible dependents include spouses, unmarried children who have not yet attained their 23rd birthday and have completed a young adult certification form
ANNUAL MAXIMUM	<ul style="list-style-type: none"> None
ORTHODONTIC MAXIMUM	<ul style="list-style-type: none"> LIFETIME MAXIMUM \$3,130 . The initial Orthodontic Appliance requires a \$120.00 Member Co-Payment. Monthly adjustment visits require a \$20.00 Member Copayment.
DEDUCTIBLE	<ul style="list-style-type: none"> None
WAITING PERIOD	<ul style="list-style-type: none"> There is a one-year waiting period for major restorative work including orthodontics, implants, single crowns and prosthetic devices.
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two in a calendar year Prophylaxis, – two in a calendar year X-Rays - \$110 maximum per calendar year Cone Beam Scan-one per 24 months Replacement of prosthetics – not more than once in five years Palliative treatment – no other treatment rendered that same visit Sealant – unrestored posterior teeth, to age 16, lifetime maximum one application per tooth Fluoride treatment – to age 19, maximum two applications per year Root Scaling, curettage, bite correction; any combination, including prophylaxis –per visit, maximum \$320 per calendar year Periodontal Maintenance – includes examination, subject to the periodontal maximum, payable only after surgery Periodontal surgery – charting and x-rays required; 1 in 36 consecutive months Orthodontic treatment –24 months of active treatment. Maximum plan payment \$3,130. Implants – maximum 1 implant per year 2 implants per jaw in a lifetime. Specialist consultation – one per year, no other treatment that same visit, includes allowance for examination
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
PERMISSIBLE CHARGES:	<ul style="list-style-type: none"> Covered and reimbursable services: None 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 paper work and accept assignment of benefits. Complete a Farmingdale Federation of Teachers Claim Form Enclose, when appropriate, x-rays, tooth charting, periodontal charting Mail claims to : ASO, INC PO BOX 9005 LYNBROOK, NY 11563 File claims electronically: PAYOR ID: CX076

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

www.asonet.com

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

(516) 396-5500 or (718) 204-7172

**FARMINGDALE FEDERATION OF TEACHERS BENEFIT FUND
DENTAL PLAN
PPO NETWORK**

**IMPLANT AND IMPLANT RELATED SERVICES
1 implant payable per year
2 implants per jaw in a lifetime**

	Maximum Charge	Plan Pays	Member Pays
Endosteal Implant	\$1,200.00	\$600.00	\$600.00
Subperiosteal Implant	\$1,200.00	\$600.00	\$600.00
*Prefabricated Abutment	\$500.00	\$250.00	\$250.00
*Custom Abutment	\$500.00	\$250.00	\$250.00
Abutment Supported Porcelain Ceramic Crown	\$750.00	\$425.00	\$325.00
Abutment Supported Porcelain/Metal Crown	\$750.00	\$425.00	\$325.00
Abutment Supported Crown	\$700.00	\$425.00	\$275.00
Abutment Supported Cast High Noble Metal Crown	\$750.00	\$425.00	\$320.00
Abutment Supported Noble Metal Crown	\$700.00	\$425.00	\$275.00
Implant Supported Porcelain Ceramic Crown	\$1000.00	\$425.00	\$575.00
Implant Supported Porcelain/High Noble Metal Crown	\$1000.00	\$425.00	\$575.00
Implant Supported High Noble Metal Crown	\$1000.00	\$425.00	\$575.00
*Bone Graft at time of Implant Placement	\$300.00	\$150.00	\$150.00
*Bone Graft -Ridge Preservation	\$300.00	\$150.00	\$150.00
Cone Beam CT Scan	\$200.00	\$100.00	\$100.00

*Service payable if implant covered by Fund

FARMINGDALE FEDERATION OF TEACHERS BENEFIT FUND-SCHEDULE OF ALLOWANCES

	MAXIMUM		MAXIMUM	PLAN	MEMBER
	CHARGE		CHARGE	PAYMENT	CO-PAY
I-DIAGNOSTIC					
ORAL EXAM	25.00	V-PERIODONTICS			
X-RAYS (FULL MOUTH SERIES)	75.00	CURETTAGE, SCALE/ROOT PLANING-QUAD	75.00		
PERIAPICAL X-RAY (1st FILM)	7.00	PERIODONTAL MAINTENANCE PROCEDURE	90.00		
PERIAPICAL X-RAY (each additional)	5.00	GINGIVECTOMY-PER QUADRANT	250.00		
OCCLUSAL FILM	14.00	OSSEOUS GRAFT	75.00		
EXTRAORAL OR TMJ FILM- (EACH FILM)	20.00	OSSEOUS SURGERY-PER QUAD	550.00		
BITEWING-(1st FILM)	7.00	BIO MATERIALS TO AID REGEN	150.00		
BITEWING-(each additional)	5.00	OCCLUSAL ADJUSTMENT	45.00		
DIAGNOSTIC CASTS	40.00	GUIDED TISSUE REGEN-RESORB	115.00		
VERTICAL BITEWINGS 7-8 FILMS	22.00	FULL MOUTH DEBRIDEMENT	60.00		
POSTERIOR-ANTERIOR, LATERAL FILM	20.00	LOCALIZED DELIV. OF CHEMO.AGEN	60.00		
PANORAMIC FILM	60.00	VI-PROSTHODONTICS			
CEPHALOMETRIC FILM	25.00	COMPLETE OR IMMEDIATE DENTURE	725.00		
ORAL/FACIAL IMAGES	25.00	PARTIAL DENTURE-ACRYLIC BASE	500.00		
II-PREVENTIVE					
PROPHYLAXIS-ADULT	70.00	PARTIAL DENTURE-CAST BASE	750.00		
PROPHYLAXIS-CHILD	50.00	UNILATERAL PARTIAL DENTURE	250.00		
FLUORIDE EXCL. PROPHY	20.00	DENTURE ADJUSTMENT	60.00		
SEALANT-per tooth	25.00	REPAIR DENTURE BASE-partial or complete	110.00		
SPACE MAINTAINER	190.00	REPLC MISS/BRKN TTH-COM DENT	100.00		
RECEMENT SPACE MAINTAINER	25.00	REPAIR CAST FRAMEWORK	125.00		
III-RESTORATIVE					
AMALGAM - 1 SRF PERMANENT	55.00	REPAIR OR REPLACE BROKEN CLASP	100.00		
AMALGAM - 2 SRF PERMANENT	70.00	ADD TTH TO EXISTING PART DENT	100.00		
AMALGAM - 3 SRF PERMANENT	80.00	ADD CLASP TO EXISTING PART DENT	100.00		
AMALGAM - 4+ SRF PERMANENT	95.00	RELIN DENTURE-CHAIRSIDE-partial or complete	125.00		
RESIN-1 SURFACE-anterior	60.00	RELIN COMPLETE DENTURE-LAB	200.00		
RESIN-2 SURFACE-anterior	80.00	RELIN PARTIAL DENTURE-LAB	150.00		
RESIN-3 SURFACE-anterior	90.00	PONTIC-CAST METAL	450.00		
RESIN-INCISAL ANGLE	105.00	PONTIC-PORCELAIN TO METAL	550.00		
RESIN-1 SURFACE-posterior	75.00	PONTIC-RESIN WITH METAL	450.00		
RESIN-2 SURFACE-posterior	100.00	CAST METL RETNR-ACID ETCH BRIDGE	350.00		
RESIN-3 SURFACE-posterior	100.00	CROWN-PORCELAIN WITH METAL	550.00		
RESIN-4 or more SURFACE-posterior	115.00	CROWN-FULL CAST	450.00		
METALLIC OR PORCELAIN INLAY/ONLAY-1 SRF	300.00	RECEMENT BRIDGE	75.00		
METALLIC OR PORCELAIN INLAY/ONLAY-2 SRF	475.00	VII-ORAL SURGERY			
METALLIC OR PORCELAIN INLAY/ONLAY-3 SRF	550.00	SIMPLE EXTRACTION	75.00		
CROWN PLASTIC	350.00	SURGICAL EXTRACTION	120.00		
CROWN-RESIN WITH METAL	500.00	IMPACTION-SOFT TISSUE	200.00		
CROWN-PORCELAIN	525.00	IMPACTION-PARTIAL BONY	275.00		
CROWN-PORCELAIN WITH METAL	600.00	IMPACTION-COMPLETE BONY	300.00		
CROWN-FULL CAST	550.00	HEMISECTION/ROOT RESECTION	150.00		
PORCELAIN LAMINATE VENEER	450.00	BIOPSY OF ORAL TISSUE	100.00		
RECEMENT INLAY or CROWN	35.00	ALVEOPLASTY-PER QUAD	140.00		
PREFAB SS CROWN-PRIMARY	100.00	CYST REMOVAL < 1.25CM-lab report required	150.00		
PIN RETENTION	30.00	CYST REMOVAL > 1.25CM-lab report required	175.00		
PREFAB POST	120.00	ENDOSTEAL IMPLANT	1200.00	600.00	600.00
CAST POST AND CORE	145.00	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	300.00	150.00	150.00
CROWN BUILDUP	75.00	BONE GRAFT-RIDGE PRESERVATION	300.00	150.00	150.00
IV-ENDODONTICS					
PULP VITALITY TEST	20.00	CONE BEAM SCAN	200.00	100.00	100.00
PULP CAP	20.00	VIII-ORTHODONTIC TREATMENT			
PULPAL DEBRIDEMENT	40.00	DIAG. & INITIAL INSERTION	705.00	585.00	120.00
PULPAL THERAPY-PRIMARY-POSTERIOR	200.00	ACTIVE TREATMENT-PER MONTH	105.00	85.00	20.00
VITAL PULPOTOMY	85.00	PASSIVE TREATMENT- PER 3 MONTHS	60.00		
ROOT CANAL THERAPY-anterior	450.00	FIXED INTERCEPTIVE APPLIANCE	350.00		
ROOT CANAL THERAPY-Bicuspid	500.00	HARMFUL HABIT APPLIANCE	110.00		
ROOT CANAL THERAPY-Molar	650.00	RETAINER	125.00		
RE-RETREATMENT-anterior	600.00	IX-ADJUNCTIVE SERVICES			
RETREATMENT-Bicuspid	650.00	PALLIATIVE-EMERGENCY TRT	45.00		
RETREATMENT-Molar	800.00	GENERAL ANESTHESIA-PER 15 MINUTES	90.00		
APICECTOMY-PER ROOT	300.00	<i>maximum 30 minutes</i>			
APICECTOMY-MAXIMUM PER TOOTH	600.00	CONSULTATION BY A SPECIALIST	70.00		
RETROGRADE ROOT FILLING	100.00	BRUXISM APPLIANCE	250.00		
TX OF ROOT CANAL OBSTRUCTION	125.00				