

**LEVITTOWN UNITED TEACHERS SUPPLEMENTAL BENEFITS FUND
LEVITTOWN/METRODENT PREMIER 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"> Employed teachers of the Levittown Public School District in a position covered by the Levittown United Teachers Bargaining unit. Eligible dependents include the spouse and unmarried children under the age of 19, unmarried children who are full-time students to age 25, unmarried handicapped children.
PLAN YEAR	<ul style="list-style-type: none"> July 1st through June 30th
PLAN MAXIMUM	<ul style="list-style-type: none"> \$2,125 for each individual during a plan year
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two in a plan year Prophylaxis – two in a plan year X-ray maximum – maximum \$60, any combination, in any twelve consecutive months Palliative treatment – no other treatment rendered that same visit Fluoride treatment – to age 16, one treatment per year Sealants – to age 16, maximum one per lifetime Periodontal Treatment – maximum \$180 per plan year Replacement of crowns, bridges and dentures – not more than once in five years Orthodontic treatment–Adult maximum \$2,050 Dependent child Maximum \$2,550 (eff 3/1/22) General Anesthesia – Per 15 minutes-max 30 minutes per visit Incision & drainage – no other treatment that visit Specialist consultation – one per plan year Adjuvive Diagnostic test-miniumum age 40-once per 24 months
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, no co-payment: None Covered and reimbursable services, with co-payment: only established co-payments Covered but not reimbursable services: Schedule allowance and established co-payments 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 charges for deductibles, plan maximums or frequency limitations.
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 Claim Form (computer generated, ADA, and universal claim forms are accepted) and provide an itemized bill of services rendered. Signature on file is accepted. Enclose, when appropriate, x-rays, tooth charting, periodontal charting Mail claims to: Self-Insured Dental Services, Dept. 3 P.O. Box 9005 Lynbrook, NY 11563 File claims electronically: PAYOR ID: CX076

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

Rev 3/22

**LEVITTOWN UNITED TEACHERS
METRODENT PREMIER PPO NETWORK**

IMPLANT AND IMPLANT RELATED SERVICES:**EFFECTIVE 3/1/2022**

	Maximum Charge	Plan Pays	Member Pays
Endosteal Implant	\$1200.00	\$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	\$375.00	\$375.00
Abutment Supported Porcelain/Metal Crown	\$750.00	\$375.00	\$375.00
Abutment Supported Crown	\$750.00	\$375.00	\$375.00
Abutment Supported Cast High Noble Metal Crown	\$750.00	\$375.00	\$375.00
Abutment Supported Porcelain/Metal Crown	\$750.00	\$375.00	\$375.00
Implant Supported Porcelain Ceramic Crown	\$950.00	\$475.00	\$475.00
Implant Supported Porcelain/High Noble Metal Crown	\$950.00	\$475.00	\$475.00
Implant Supported High Noble Metal Crown	\$950.00	\$475.00	\$475.00
Bone Graft-Ridge Preservation**	\$300.00	\$300.00	\$0.00
Guided Tissue Regeneration**	\$225.00	\$225.00	\$0.00
Cone Beam Scan*	\$200.00	\$200.00	\$0.00

*Only Covered for Implant Related Services

**Only covered if Implant will be paid by the Fund

Maximum 4 implants payable per lifetime. Implants not subject to annual maximum

Self-Insured Dental Services / Administrative Services Only, Inc.**Dental Plan Administrators****LEVITTOWN UNITED TEACHERS****MetroDENT Premier****SCHEDULE OF ALLOWANCES**

	PLAN PAYS	MEMBER CO-PAY		PLAN PAYS	MEMBER CO-PAY
<u>I-DIAGNOSTIC</u>			<u>VI-PERIODONTICS</u>		
ORAL EXAM	30.00		GINGIVECTOMY	250.00	100.00
X-RAYS - FULL MOUTH SERIES	60.00		OSSEOUS SURGERY-PER QUAD	525.00	100.00
PERIAPICAL (EACH FILM)	6.00		OSSEOUS GRAFT-SINGLE SITE	165.00	
OCCLUSAL FILM	15.00		OSSEOUS GRAFT-PER QUAD	250.00	100.00
EXTRAORAL- (EACH FILM)	25.00		SCALE & ROOT PLANE-PER VISIT	100.00	20.00
BITEWING (EACH FILM)	6.00		SCALE & ROOT PLANE-PER QUAD	50.00	10.00
X-RAY (TMJ FILM)	45.00		PERIO MAINTENANCE PROCEDURE	90.00	
PANORAMIC FILM	50.00		PEDICLE SOFT TISSUE GRAFT-PER QUAD	250.00	100.00
CEPHALOMETRIC FILM	40.00		FREE SOFT TISSUE GRAFT PER QUAD	250.00	100.00
POSTERIOR-ANTERIOR, LATERAL FILM	25.00				
SIALOGRAPHY	40.00		<u>VII-PROSTHODONTICS</u>		
			COMPLETE OR IMMEDIATE DENTURE	600.00	50.00
<u>II-PREVENTIVE</u>			PARTIAL DENTURE-CAST BASE	700.00	
PROPHYLAXIS-ADULT	55.00		PARTIAL DENTURE-ACRYLIC BASE	425.00	
PROPHYLAXIS-CHILD	40.00		UNILATERAL PARTIAL DENTURE	300.00	
FLUORIDE EXCL. PROPHY	20.00		REPAIR DENTURE BASE-partial or complete	100.00	25.00
SEALANT-PER TOOTH	20.00		REPAIR CAST FRAMEWORK	125.00	25.00
SPACE MAINTAINER	250.00	50.00	ADD TOOTH TO PARTIAL DENTURE	100.00	
ADJUNCTIVE PRE-DIAGNOSTIC TEST	35.00		ADD CLASP TO EXISTING PART DENT	100.00	
			RELINE COMPLETE DENTURE-CHAIR	150.00	50.00
<u>III-RESTORATIVE</u>			RELINE COMPLETE DENTURE-LAB	200.00	50.00
AMALGAM - 1 SURFACE -PERMANENT	70.00		RELINE PARTIAL DENTURE-CHAIR	150.00	50.00
AMALGAM - 2 SURFACES -PERMANENT	80.00		RELINE PARTIAL DENTURE-LAB	200.00	50.00
AMALGAM - 3 SURFACES=PERMANENT	90.00		PONTIC-PORCELAIN TO METAL	425.00	75.00
AMALGAM - 4 OR MORE SURFACES-	100.00		PONTIC-FULL CAST	325.00	75.00
PERMANE RESIN - 1 SURFACE-	70.00		PONTIC-RESIN TO METAL	325.00	75.00
RESIN - 2 SURFACES	90.00		MARYLAND BRIDGE RETAINER	300.00	50.00
RESIN - 3 or more SURFACES	100.00		PRECISION ATTACHMENT	200.00	75.00
RESIN - INCISAL EDGE	115.00		ABUTMENT-PORCELAIN WITH METAL	425.00	75.00
RESIN - 1 SURFACE-POSTERIOR	90.00		ABUTMENT-RESIN WITH METAL	325.00	75.00
RESIN - 2 SURFACES=POSTERIOR	100.00		ABUTMENT-FULL CAST AND 3/4 CAST	325.00	75.00
RESIN - 3 SURFACES-POSTERIOR	115.00		RECEMENT BRIDGE	100.00	25.00
RESIN - 4 OR MORE SURFACES-POSTERIOR	115.00		DENTURE ADJUSTMENT	100.00	25.00
METALLIC OR PORCELAIN INLAY - 1 SRF	150.00	50.00	REPLACE FACING	100.00	
METALLIC OR PORCELAIN INLAY - 2 SRF	300.00	50.00	TISSUE CONDITIONING	40.00	
METALLIC OR PORCELAIN INLAY - 3 SRF	350.00	50.00			
METALLIC ONLAY-IN ADDITION TO INLAY	70.00		<u>VIII-ORAL SURGERY</u>		
CROWN - ACRYLIC JACKET	275.00	75.00	SIMPLE EXTRACTION	125.00	25.00
CROWN-RESIN WITH METAL	300.00	75.00	SURGICAL EXTRACTION	150.00	50.00
CROWN-PORCELAIN JACKET	300.00	75.00	IMPACTION-SOFT TISSUE	275.00	75.00
CROWN-PORCELAIN WITH METAL	425.00	75.00	IMPACTION-PARTIAL BONY	350.00	75.00
CROWN-FULL or 3/4 CAST	325.00	75.00	IMPACTION-COMplete BONY	425.00	75.00
RECEMENT CROWN- INLAY-SPACE MAINT	50.00		ROOT RECOVERY	150.00	50.00
PREFAB SS CROWN-PRIMARY	100.00		SURGICAL EXPOS IMP/UNERUP	200.00	100.00
SEDATIVE FILLING	50.00		SURGICAL EXPOS IMP/UNERUP-ORTHO	200.00	100.00
CROWN BUILDUP	75.00		BIOPSY OF SOFT TISSUE	200.00	50.00
CAST POST AND CORE	200.00	25.00	BIOPSY OF HARD TISSUE	100.00	50.00
PREFAB POST AND CORE	150.00	25.00	ALVEOPLASTY PER QUAD	125.00	50.00
PORCELAIN LAMINATE VENEER, LAB	400.00	100.00	CYST REMOVAL < 1.25CM.	125.00	50.00
			CYST REMOVAL > 1.25CM.	150.00	50.00
			INCISION & DRAINAGE	50.00	
<u>IV-ENDODONTICS</u>			FRENULECTOMY	100.00	25.00
PULP CAP-direct	50.00				
VITAL PULPOTOMY	150.00		<u>IX-ORTHODONTIC SERVICES</u>		
ROOT CANAL THERAPY-1 CANAL	375.00	50.00	DIAGNOSIS & INITIAL APPLIANCE	300.00	300.00
ROOT CANAL THERAPY-2 CANALS	425.00	50.00	ACTIVE TREATMENT, PER MONTH	50.00	25.00
ROOT CANAL THERAPY-3 CANALS	500.00	50.00	PASSIVE TREATMENT, PER 3 MONTHS	50.00	25.00
APICOECTOMY-1st ROOT	300.00	100.00	POST-TREATMENT STABILIZATION DEVICE	200.00	50.00
APICOECTOMY, MAX PER TOOTH	500.00	100.00	REMOVEABLE APPLIANCE	270.00	
ROOT RESECTION/HEMISECTION	250.00	100.00			
RETROGRADE ROOT FILLING	85.00		<u>V-ADJUNCTIVE SERVICES</u>		
			PALLIATIVE-EMERGENCY TRT	50.00	25.00
			GENERAL ANESTHESIA-each 15 minutes	90.00	
			CONSULTATION BY SPECIALIST	65.00	25.00
			ANALGESIA	50.00	