

**ASSOCIATE TRAFFIC ENFORCEMENT & ASSOCIATE SANITATION ENFORCEMENT AGENTS
CWA LOCAL 1181 BENEFITS FUND
METRODENT 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 covered members of ATE & ASEA CWA 1181 BF are eligible for dental benefits Eligible dependents include the lawful spouse and dependent children from birth to age 26.
PLAN YEAR	<ul style="list-style-type: none"> January 1 st through December 31 st
PLAN MAXIMUM	<ul style="list-style-type: none"> \$2,500 per covered individual in a calendar year
DEDUCTIBLE	<ul style="list-style-type: none"> There is no annual deductible
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – two in a calendar year Prophylaxis – two in a calendar year X-rays – panoramic or full mouth series – one in thirty six months Replacement of crowns, bridge, dentures – not more than once in five years Palliative treatment – no other treatment rendered that same visit Fluoride treatment – to age 19, one application per calendar year Sealant – to age 19, one application in lifetime of tooth Root Scaling, curettage, bite correction; any combination, including prophylaxis – maximum \$200 in a calendar year -Maximum 2 quadrants per day Implants-MEMBER ONLY-PTE REQUIRED -one per year two per lifetime. Spouse and dependents pay provider directly the full plan maximum charge Orthodontic treatment – \$2,500 lifetime maximum per covered individual. Denture Adjustment – one per year after first year of insertion
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-payment Covered but not reimbursable services: Schedule allowance plus established co-payment is or charges incurred due to frequency limitations 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 any co-payments.
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 : Administrative Services Only, Inc. P.O. Box 9005 Lynbrook, NY 11563 Active – Dept. 46 Retiree – Dept. 47 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

PROCEDURE	PLAN PAYS		PLAN PAYS	
<u>I-DIAGNOSTIC AND PREVENTIVE</u>				
ORAL EXAMINATION	19.00	<u>V-PROSTHODONTICS</u>		
FULL MOUTH SERIES X-RAYS	48.00	COMPLETE OR IMMEDIATE DENTURE	600.00	
PERIAPICAL or BITEWING FIRST FILM	7.00	PARTIAL DENTURE-ACRYLIC BASE	425.00	
PERIAPICAL EACH ADDITIONAL	5.00	PARTIAL DENTURE-CAST BASE	600.00	
OCCLUSAL FILM	10.00	UNILATERAL PARTIAL DENTURE	150.00	
EXTRAORAL OR TMJ (@ FILM)	25.00	ADJUST DENTURE	35.00	
PANORAMIC FILM	40.00	REPAIR COMPLETE DENTURE BASE	90.00	
CEPHALOMETRIC FILM	40.00	REPLACE MISS/BROKEN TTH-COMP DENT	85.00	
PROPHYLAXIS ADULT	30.00	REPAIR PART ACRYLIC SADDLE/BASE	90.00	
PROPHYLAXIS-CHILD	25.00	REPAIR CAST FRAMEWORK	100.00	
FLUORIDE TREATMENT	10.00	REPAIR OR REPLACE BROKEN CLASP	85.00	
PIT & FISSURE SEALANT	15.00	REPLACE BROKEN TEETH- PER TOOTH	85.00	
SPACE MAINTAINER	150.00	ADD TTH TO EXISTING PART DENT	85.00	
RECEMENT SPACE MAINTAINER	30.00	ADD CLASP TO EXISTING PART DENT	85.00	
<u>II-RESTORATIVE</u>				
AMALGAM 1-SURFACE PERMANENT	45.00	RELINE COMPLETE DENTURE-OFFICE	75.00	
AMALGAM 2-SURFACE PERMANENT	55.00	RELINE PARTIAL DENTURE-OFFICE	70.00	
AMALGAM 3-SURFACE PERMANENT	60.00	RELINE COMPLETE DENTURE-LAB	171.00	
AMALGAM 4-SURFACE PERMANENT	65.00	RELINE PARTIAL DENTURE-LAB	171.00	
RESIN 1-SURFACE, ANTERIOR	50.00	TISSUE CONDITIONING	40.00	
RESIN 2-SURFACE, ANTERIOR	60.00	PONTIC-CAST METAL	350.00	
RESIN 3-SURFACE, ANTERIOR	70.00	PONTIC-PORCELAIN TO METAL	425.00	
RESIN 4-SURFACE, ANTERIOR	80.00	PONTIC-RESIN TO METAL	375.00	
INLAY-METALLIC 1 SURFACE	200.00	CAST METL RETNR-ACID ETCH BRIDGE	230.00	
INLAY-METALLIC 2 SURFACE	230.00	ABUTMENT-RESIN WITH METAL	375.00	
INLAY-METALLIC 3 SURFACE	260.00	ABUTMENT-PORCELAIN WITH METAL	425.00	
INLAY-PORCELAIN 1-SURFACE	170.00	ABUTMENT-FULL CAST	350.00	
INLAY-PORCELAIN 2-SURFACE	200.00	RECEMENT BRIDGE	54.00	
INLAY-PORCELAIN 3-SURFACE	230.00	REPLACE FACING	100.00	
ONLAY-METAL OR PORCELAIN 2-SURFACE	300.00	<u>VI-ORAL SURGERY</u>		
ONLAY-METAL OR PORCELAIN 3-SURFACE	330.00	EXTRACTION	50.00	
CROWN-PLASTIC	175.00	SURGICAL EXTRACTION	75.00	
CROWN-RESIN WITH METAL	375.00	IMPACTION-SOFT TISSUE	115.00	
CROWN-PORCELAIN	350.00	IMPACTION-PARTIAL BONY	185.00	
CROWN-PORCELAIN WITH METAL	425.00	IMPACTION-COMPLETE BONY	225.00	
CROWN-FULL CAST or 3/4 CAST	350.00	SURGICAL ROOT RECOVERY	90.00	
RECEMENT CROWN OR INLAY	30.00	SURGICAL EXPOSURE FOR ORTHO	160.00	
PREFAB SS CROWN-PRIMARY	75.00	SURGICAL EXPOSURE-AID ERUPTION	80.00	
PREFAB SS CROWN-PERMANENT	100.00	BIOPSY OF ORAL TISSUE	75.00	
PIN RETENTION-PER TOOTH	25.00	ALVEOPLASTY-PER QUAD	125.00	
CAST POST AND CORE	125.00	CYST REMOVAL < 1.25CM	75.00	
PREFAB POST AND CORE	75.00	CYST REMOVAL > 1.25CM.	125.00	
POST REMOVAL	75.00	INCISION & DRAINAGE INTRAORAL	50.00	
LABIAL VENEER, LAB	215.00	FRENULECTOMY	95.00	
<u>III-ENDODONTICS</u>				
PULP CAP	17.00	<u>VII-ORTHODONTIC SERVICES</u>		
PULPOTOMY	60.00	COMPREHENSIVE ORTHODONTIC TREATMENT		
PULPAL DEBRIDEMENT	40.00	ADOLESCENT DENTITION	2500.00	
ROOT THERAPY-ANTERIOR	165.00	ADULT DENTITION	2500.00	
ROOT THERAPY-BICUSPID	215.00	<u>VIII-ADJUNCTIVE SERVICES</u>		
ROOT THERAPY-MOLAR	275.00	PALLIATIVE-EMERGENCY TREATMENT	30.00	
RETREATMETN -ANTERIOR	450.00	GENERAL ANESTHESIA-PER 15 MIN	62.00	
RETREATMENT-BICUSPID	525.00	CONSULTATION BY SPECIALIST	50.00	
RETREATMENT -MOLAR	700.00			
APICOECTOMY-PER ROOT	130.00	<u>IV-IMPLANTOLOGY</u>		
APICOECTOMY-MAXIMUM PER TOOTH	260.00	Endosteal Implant	600.00	PPO CO-PAY 600.00
RETROGRADE FILLING	85.00	Subperiosteal Implant	600.00	600.00
<u>IV-PERIODONTICS</u>				
GINGIVECTOMY (PER QUAD)	164.00	Transocceous Implant	600.00	600.00
OSSEOUS SURGERY (PER QUAD)	350.00	Interim Abutment	150.00	150.00
OSSEOUS GRAFT-SINGLE SITE	90.00	Prefabricated Abutment	250.00	250.00
OSSEOUS GRAFT-MAX PER QUAD	250.00	Custom Abutment	250.00	250.00
INTRACORONAL SPLINTING-PER JAW	200.00	Abutment Supported Porcelain/Ceramic Crown	375.00	375.00
PROVISIONAL SPLINTING-PER JAW	200.00	Abutment Supported Porcelain/Metal Crown	375.00	375.00
OCCLUSAL ADJUSTMENT-LIMITED	35.00	Abutment Supported Crown	300.00	300.00
OCCLUSAL ADJUSTMENT-COMPLETE	60.00	Abutment Supported Cast High Noble Metal Crown	375.00	375.00
ROOT SCALING & PLANING-PER QUAD	50.00	Abutment Supported Noble Metal Crown	300.00	300.00
PERIODONTAL MAINTENANCE PROCEDURE	55.00	Implant Supported Porcelain Ceramic Crown	600.00	600.00
FULL MOUTH DEBRIDEMENT	45.00	Implant Supported Porcelain/High Noble Metal Cro	600.00	600.00
		Implant Supported High Noble Metal Crown	600.00	600.00