

MANAGEMENT BENEFIT FUND METRODENT SELECT PPO & CAREINGTON NETWORKS 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 eligible for benefits under the Management Benefit Fund. Eligible Dependents Include the lawful spouse and each dependent child from birth until the age of 26.
PLAN YEAR	<ul style="list-style-type: none"> January 1st through December 31st
ANNUAL MAXIMUM	<ul style="list-style-type: none"> \$5,000 per individual per year
DEDUCTIBLE	<ul style="list-style-type: none"> In-Network \$50 Individual \$150 Family. Out of network \$100 individual \$300 family Deductible is waived for Diagnostic and preventive services
PLAN LIMITATIONS	<ul style="list-style-type: none"> Examination – one in six months Prophylaxis – one in six months, included in payment for periodontal procedures X-rays-panoramic or full mouth series –one in 36 months Replacement of prosthetics – not more than once in three years Palliative treatment – not payable on same day as other therapy Sealant – permanent molars, to age 16, once per 24 months Fluoride Treatment – one per 6 months to age 16 Orthodontics—\$6,000 lifetime maximum. In Network 100% of fee schedule -out of network 80% of maximum fee allowance. Orthodontic Deductible in network \$50 out of Network \$100. Localized Delivery of Chemo Agents-Periodontists only Specialist consultation – includes examination Denture Reline – 6 months after delivery, once in a three year period Cone Beam Scans - once per 24 months Periodontal Maintenance-once per 3 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: Scheduled 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	<p>As a participating provider, you must complete all necessary paper work and accept assignment of benefits.</p> <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 : ASO, Dept V53 P.O. Box 9005 Lynbrook, NY 11563 File claims electronically: Batch: PAYOR ID: CX076 Realtime: asonet.com <p>For up to date detailed information, including member eligibility, please access our website at: www.asonet.com</p> <p>If you have any questions regarding the operation of this program please contact ASO at: (516) 396-5500 or (800) 537-1238</p>