SANITATION OFFICERS ASSOCIATION LOCAL 444
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	• Active members of the Sanitation Officers Association within the collective bargaining agreement and who are on the Department of Sanitation payroll. Members who retired on or after January 1, 1971 are also covered. • **Eligible dependents** Include the lawful spouse and each dependent child from birth until the age of 26 is reached. As long if they are not covered by or eligible for other health insurance through their employer and have completed an "Age 26 Young Adult Dependent Coverage Enrollment Form".
PLAN YEAR	• January 1 st through December 31 st
PLAN MAXIMUM	• None
ORTHODONTIC MAXIMUM	• $2,200 lifetime maximum, per covered individual to age 19
DEDUCTIBLE	• None
PLAN LIMITATIONS	• **Examination** – two in a calendar year • **Prophylaxis** – two per calendar year • **X-rays** – **panoramic or full mouth series** – one in 36 months • **Replacement of prosthetics** – not more than once in five years • **Palliative treatment** – no other treatment rendered that same visit • **Sealant** – unrestored permanent posterior teeth, to age 19, two applications per lifetime • **Fluoride treatment** – to age 19, maximum two applications per year • **Root Scaling, curettage, bite correction; any combination, including prophylaxis** – maximum $200 per calendar year • **Orthodontic treatment –** maximum 24 months of active treatment • **General Anesthesia** - maximum 30 minutes • **Periodontal surgery –** charting and x-rays required; 1 in 36 consecutive months • **Implants** - four implants per lifetime
PRE-TREATMENT REVIEW	• 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	• **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 • **Non-covered services:** Your usual charge for that service
COORDINATION OF BENEFITS	• 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	• **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. • Enclose, when appropriate, x-rays, tooth charting, periodontal charting • Mail claims to : Self-Insured Dental Services, Dept 62. 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

SANITATION OFFICERS ASSOCIATION LOCAL 444
METRODENT PREMIER PPO NETWORK
IMPLANT AND IMPLANT RELATED SERVICES

EFFECTIVE MAY 1, 2020

Maximum of four (4) Implants per lifetime.

ADA CODE	DESCRIPTION	MAXIMUM PPO CHARGE	PLAN ALLOWANCE	MEMBER PAYS
6010	Endosteal Implant	$1,200.00	$800.00	$400.00
6040	Subperiosteal Implant	$1,200.00	$800.00	$400.00
6056	Prefabricated Abutment	$475.00	$350.00	$125.00*
6057	Custom Abutment	$475.00	$350.00	$125.00*
6058	Abutment Supported Porcelain Ceramic Crown	$700.00	$450.00	$250.00*
6059	Abutment Supported / Metal Crown	$700.00	$450.00	$250.00*
6061	Abutment Supported Crown	$600.00	$450.00	$150.00*
6062	Abutment Supported Cast High Noble Metal Crown	$700.00	$450.00	$250.00*
6064	Abutment Supported Cast Noble Metal Crown	$600.00	$450.00	$150.00*
6065	Implant Supported Porcelain Ceramic Crown	$1000.00	$450.00	$550.00*
6066	Implant Supported Porcelain /High Noble Metal Crown	$1000.00	$450.00	$550.00*
6067	Implant Supported High Noble Metal Crown	$1,000.00	$450.00	$550.00*
7953	Bone Replacement Graft for Ridge Preservation	$300.00	$250.00	$50.00*
	*** SERVICE PAYABLE ONLY FOR COVERED IMPLANT PROCEDURES.**			

Administrative Services Only, Inc **Dental Plan Administrators**

Sanitation Officers Association Local 444 Active and Retiree Funds

Schedule of Allowances

DIAGNOSTIC & PREVENTATIVE PROCEDURES	GP	PAR Specialist	Copay
ORAL EXAMS	20	20	0
X-RAYS-FULL MOUTH	50	50	0
PERIAPICAL or BITEWING X-RAY PER FILM	5	5	0
0CCLUSAL FILM	10	10	0
XRAY-EXTRAORAL	25	25	0
TMJ FILM	20	20	0
PANORAMIC FILM	40	40	0
CEPHALOMETRIC FILM	40	40	0
ORAL/FACIAL IMAGES	25	25	0
CONE BEAM CT	200	200	0
ADJUNCTIVE PRE-DIAGNOSTIC TEST	35	35	0
PULP VITALITY TEST	20	20	0
DIAGNOSTIC CASTS	40	40	0
PROPHYLAXIS	45	45	0
PROPHYLAXIS-CHILD	35	35	0
FLUORIDE TREATMENT	15	15	0
SEALANT	20	20	0
SPACE MAINTAINER	150	150	0
RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER	40	40	0

RESTORATIVE PROCEDURES	GP	PAR Specialist	Copay
AMALGAM ONE SURFACE -PERMANENT OR PRIMARY	45	45	0
AMALGAM TWO SURFACES-PERMANENT OR PRIMARY	55	55	0
AMALGAM THREE SURFACES-PERM OR PRIME	60	60	0
AMALGAM-FOUR OR MORE SURFACES PERM OR PRIM	65	65	0
RESIN - ONE SURFACE	52	52	0
RESIN - TWO SURFACES	60	60	0
RESIN THREE OR MORE SURFACES	70	70	0
RESIN-4+ SRF OR INCISAL EDGE	80	80	0
RESIN 1 SURFACE POSTERIOR	50	50	0
RESIN-2 SURFACES POSTERIOR	60	60	0
RESIN-3 SURFACES POST.	70	70	0
RESIN-4 OR MORE SRF-POST	80	80	0
INLAY/ONLAY-METALLIC -ONE SURFACE	200	200	0
INLAY/ONLAY METALLIC -TWO SURFACES	250	250	0
INLAY/ONLAY-METALLIC-THREE OR MORE S	300	300	0
INLAY/ONLAY-PORCELAIN 1 SURFACE	200	200	0
INLAY/ONLAY-PORCELAIN 2 SURFACES	250	250	0
INLAY/ONLAY-PORCELAIN-3 OR MORE SURF	300	300	0
CROWN-RESIN (LABORATORY)	275	275	50
CROWN RESIN WITH METAL	400	400	50
CROWN - PORCELAIN/CERAMIC SUBSTRATE	400	400	50
CROWN-PORC.FUSED TO METAL	450	450	50
CROWN (3/4 CAST) OR FULL CAST	375	375	50
RECEMENT INLAY OR CROWN	30	30	0
RECEMENT POST & CORE	40	40	0
PREFABRICATED SS CROWN-PRIMARY	75	75	0
PROTECTIVE RESTORATION	40	40	0
CROWN BUILD-UP	75	75	0
PIN SUPPORT PER TOOTH	15	15	0
CAST POST & CORE	125	125	0
PREFAB POST & CORE	100	100	0
POST REMOVAL	0	75	0
PORCELAIN LAMINATE	250	250	50
REPAIR BROKEN CROWN FACING	100	100	0

ENDODONTIC PROCEDURES	GP	PAR Specialist	Copay
PULP CAP-DIRECT	10	10	0
PULP CAP-INDIRECT	10	10	0
VITAL PULPOTOMY	75	75	0
PULPAL THERAPY-PRIMARY-ANTERIO	150	150	0
ROOT CANAL THERAPY-ANTERIOR TOOTH	225	350	0
ROOT CANAL THERAPY-BICUSPID TOOTH	275	425	0
ROOT CANAL THERAPY-MOLAR TOOTH	350	600	0
INCOMPLETE ENDODONTIC THERAPY	0	175	0
RETREATMENT-RCT -ANTERIOR	0	450	0
RETREATMENT OF RCT - BICUSPID	0	550	0
RETREATMENT RCT-MOLAR	0	750	0
APICOECTOMY-FIRST ROOT	250	250	0
APICOECTOMY-EACH ADDITIONAL RT	250	250	0
RETROGRADE FILLING	85	85	0
ROOT RESECTION/HEMISECTION	150	150	0

ADJUNCTIVE PROCEDURES	GP	PAR Specialist	Copay
PALLIATIVE TREATMENT	30	30	0
FIXED PARTIAL DENT SECTIONING	40	40	0
DEEP SEDATION/GENERAL ANESTHESIA PER 15 MINUTE MAX 30 MIN	75	75	0
ANALGESIA	50	50	0
INTRAVENOUS MODERATE (CONSCIOUS) PER -15 MIN-MAX 30 MIN	75	75	0
SPECIALIST CONSULTATION	0	50	0
OCCLUSAL GUARD	150	150	0
OCCLUSAL ADJUSTMENT-LIMITED	30	30	0
OCCLUSAL ADJUSTMENT-COMPLETE	50	50	0

PERIODONTIC PROCEDURES	GP	PAR Specialist	Copay
GINGIVECTOMY OR GINGIVOPLASTY	150	150	0
GINGIVECTOMY ONE TO THREE TEETH-PER QUAD	90	90	0
GINGIVAL FLAP PROCEDURE	300	300	0
GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SP	175	175	0
CROWN LENGTHENING	0	450	0
OSSEOUS SURGERY-PER QUADRANT	375	550	0
OSSEOUS SURGERY 1 -3 TEETH	225	330	0
OSSEOUS GRAFT- PER SITE	150	150	0
OSSEOUS GRAFT-ADDTIONAL	100	100	0
BIO MATERIALS TO AID REGEN	150	150	0
GUIDED TISSUE REGEN-RESORB	150	150	0
GUIDED TISSUE REGEN-NONRESORB	110	110	0
FREE SOFT TISSUE GRAFT	325	325	0
SPLINTING-INTRACORONAL	150	150	0
SPLINTING-EXTRACORONAL	100	100	0
PERIO TREATMENT PER QUAD	50	50	0
SCALING-ROOT PLANING 1 TO 3 TEETH	30	30	0
FULL MOUTH DEBRIDEMENT	45	45	0
PERIODONTAL MAINTENANCE	55	55	0
GINGIVAL IRRIGATION - PER QUADRANT	10	10	0

PROSTHODONTIC PROCEDURES	GP	PAR Specialist	Copay
COMPLETE OR IMMEDIATE DENTURE	600	600	0
PARTIAL-ACRYLIC BASE W/C	425	425	0
PARTIAL - CAST METAL	600	600	0
REMOVABLE UNILATERAL	200	200	0
ADJUST DENTURE	35	35	0
REPAIR BROKEN COMPLETE DENTURE BASE	90	90	0
REPLACE BROKEN TTH IN DENTURE	85	85	0
REPAIR RESIN PARTIAL DENTURE BASE	90	90	0
REPAIR CAST PARTIAL FRAMEWORK	100	100	0
REPAIR OR REPLACE BROKEN CLASP	85	85	0
REPLACE BROKEN TOOTH	85	85	0
ADD TOOTH OR CLASP TO DENTURE	85	85	0
REBASE COMPLETE DENTURE	125	125	0
REBASE PARTIAL DENTURE	100	100	0
RELINE COMPLETE DENTURE (CHAIRSIDE)	80	80	0
RELINE COMPLETE DENTURE-LAB	125	125	0
RELINE PARTIAL DENTURE -LAB	100	100	0
TISSUE CONDITIONING	75	75	0
PRECISION ATTACHMENT	175	175	0
PONTIC-FULL CAST	375	375	50
PONTIC PORC FUSED TO METAL	450	450	50
PONTIC-PORCELAIN/CERAMIC	450	450	50
PONTIC RESIN WITH METAL	400	400	50
PONTIC-RESIN WITH NOBLE METAL	375	375	50
MARYLAND BRIDGE RETAINER	325	325	0
ABUTMENT RESIN WITH METAL	400	400	50
ABUTMENT-PORCELAIN JACKET	450	450	50
ABUTMENT-PORC. FUSED TO METAL	450	450	50
ABUTMENT-3/4 CAST OR FULL CAST	400	400	50
RECEMENT BRIDGE	40	40	0
PRECISION ATTACHMENT	125	125	0
FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTO	100	100	0

ORAL SURGICAL PROCEDURES	GP	PAR Specialist	Copay
EXTRACTION OF CORONAL REMAINS	50	50	0
EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	50	50	0
SURGICAL EXTRACTION	75	100	0
REMOVAL-SOFT TISSUE IMPACTED	115	150	0
REMOVAL-PARTIAL BONY IMPACTED	185	200	0
REMOVAL-COMPLETE BONY IMPACTED	225	275	0
COMPLETE BONY IMPACT-W/COMP	225	300	0
REMOVAL OF RESIDUAL ROOTS	90	90	0
CORONECTOMY	300	300	0
SURG.EXP-IMP/UNERUP(FOR ORTHO)	160	160	0
Mobilization of Tooth to Aid Eruption	80	80	0
DEVICE TO AID ERUPTION OF IMP	75	75	0
BIOPSY HARD TISSUE	100	100	0
BIOPSY SOFT TISSUE	100	100	0
ALVEOLECTOMY	125	125	0
ALVEOLOPLASTY W/EXT PER QD-1 TO 3 TEETH	75	75	0
ALVEOLECTOMY-PER QUAD.-NO EXT	125	125	0
EXCISION-LESION-UP TO 1.25 CM	125	125	0
CYST/TUMOR REMOVAL < 1.25 CM	75	75	0
CYST OR TUMOR REM- > 1.25 CM	125	125	0
INCISION AND DRAINAGE	50	50	0
FRENECTOMY	95	95	0

ORTHODONTIC PROCEDURES	GP	PAR Specialist	Copay
INITIAL ORTHO APPLIANCE	480	480	0
HARMFUL HABIT APPLIANCE	270	270	0
ACTIVE ORTHO TREAT PER MONTH	60	60	0
ORTHO RETENTION (REMOV APP CONSTR/PLACE RETAINER)	125	125	0
REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	60	60	0