SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

December 15, 2025

To Our Members,

We are pleased to share important details regarding our new dental plan administered under ASO, effective January 1, 2026. This updated plan preserves the high level of coverage that active members, retired members enrolled in the full dental plan, and eligible dependents have always received, while offering new online tools.

Dental Plan Coverage *(Benefits for members with dual coverage will once again be coordinated)*

Your dental benefits will continue as follows:

- **$4,000 General Dentistry Yearly Maximum**
- **$2,500 Yearly Implant Maximum**
- **$2,000 Lifetime Maximum for Orthodontia**

These benefit levels remain unchanged under the new plan administrator, ASO.

Additionally, **retired members enrolled in the No-Cost Basic Dental Plan** will continue to receive:

- **$500 individual coverage**, or
- **$750 shared family coverage**

** All prior dental claim history will be transferred*

Online Access – ASOnet.com *(Provider search access will be available prior to January 1, 2026)*

Beginning **January 1, 2026**, all members can view their dental claims history, access plan information, and download personalized dental ID cards by visiting **ASONet.com**.

Below is a **generic ID card** for your convenience. If you would like an ID card with your personal information, please log in to the ASO website.

Suffolk County Municipal Employees Benefit Fund

Group #: 217 **Payer ID:** CX076 **Plan Effective Date:** 01/01/2026
Network: Metrodent Premier Plus / SCMEBF Network / Anthem PPO ACCESS National Network

Disclaimer: This card is for information purposes only. Coverage is subject to member eligibility at the time services are rendered, as well as the terms of the plan more fully described in the Benefit Reference Guide. Benefits provided by the Fund may, from time to time, be changed, modified, augmented, or discontinued by the Board of Trustees in their sole and absolute discretion.

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Provider Access

Please Visit **ASONET.COM** to find a participating provider. If you already have an established provider, please confirm with them that they participate in the **Suffolk County Municipal Benefit Fund/Metrodent Premier Plus Network**

1. Metrodent Premier Plus & SCMEBF Provider Panel

Members have full access to the Metrodent Premier Plus network, in addition to the existing Suffolk County Employee Municipal Benefit Fund (SCEMBF) provider panel.

- **No copayments** apply.
- Providers accept the plan's schedule of allowances as **payment in full**.

2. Anthem PPO ACCESS National Network

Members may also use providers in the **Anthem PPO ACCESS National Network**.

- When using these providers, you will pay the **difference** between the plan's allowance and Anthem's pre-negotiated rate.

Example:

- Anthem allowed amount: **$55**
- Metrodent Plan allowance: **$45**
- Member pays: **$10 out-of-pocket**

3. Out-of-Network Providers

If you choose to see a provider outside **any** participating network, you will be responsible for the difference between the provider's billed charge and the Metrodent fee allowance.

- If your dental provider **does not participate** in our network, you may **nominate** them to be added to our provider list by visiting: https://asonet.com/FindYourDentist.aspx?Plan=V97# and selecting **'Nominate Dentist'** from the top of the page.

Sincerely,

Scott Mirabella

Scott Mirabella
Administrator

1. You are covered by a dental plan that utilizes a fee schedule for participating or non-participating providers. If you utilize a non-participating provider, you will be reimbursed by the plan according to the fee schedule.
2. Your plan is subject to certain limitations and exclusions. Predeterminations are recommended to verify coverage and are mandatory for service over $1,000, surgical periodontal, orthodontia and implants.
3. You may receive care from any licensed dentist.
4. This plan is subject to maximums and frequency limitations. You are responsible to your dentist for all amounts not covered by the Plan.
5. Claim forms should be submitted within 30 days of treatment to our Third-Party Administrator for the Fund's Dental Plan.

To obtain a claim form, check eligibility, find a Network Provider, receive a fee schedule and Plan information or check on the status of a claim, please contact:

aso

Administrative Services Only, Inc.
PO Box 9005, Dept. 217, Lynbrook, NY 11563
516-394-9400 www.asonet.com

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