Using asonet.com

A great way to keep up to date with your benefits.

Welcome to asonet

On the welcome screen, click Sign In on the Members line

welcome to asonet.com

Administrative Services Only / Self-Insured Dental Services (ASO/SIDS) / Metrodent

Serving plan members and their families for over 50 years

| Members | Sign In > |
|--|-----------|
| See details about your benefits, upload forms and more | |
| Providers | Sign In > |
| Check eligiblity, submit claims, check claim status and mo | re |
| Plan Sponsors | Sign In > |
| Manage your plan. | |

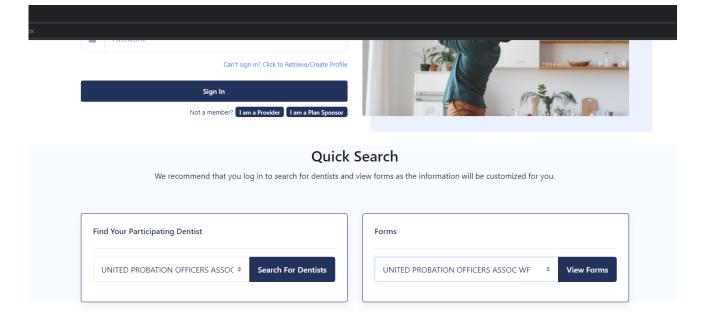


Quick Search

If you scroll down you will see options to Find a Dentist and View Forms without having to log in.

Simply choose your plan and click the button.

You can also Contact ASO if you have any questions or are having trouble logging in.



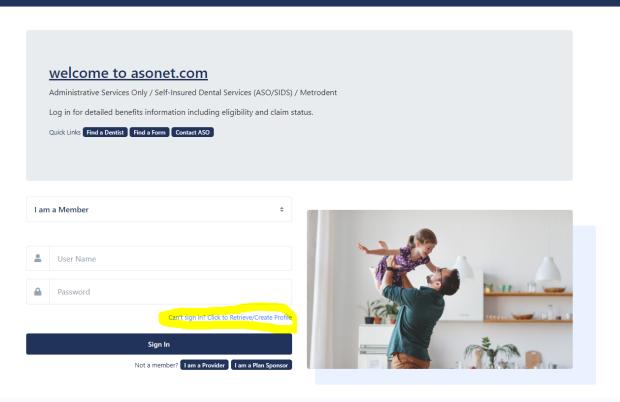
Contact ASO/SIDS

Contact ASO by phone from 9am - 5pm (eastern) on business days. You can also fax or email at any time. Please use the quick contact form below to send ASO an email.

Log In Screen

The first time you sign in you can either use your Social Security Number as your User Name and your initials (first letter of first name and first letter of last name) and Zip Code as your Password

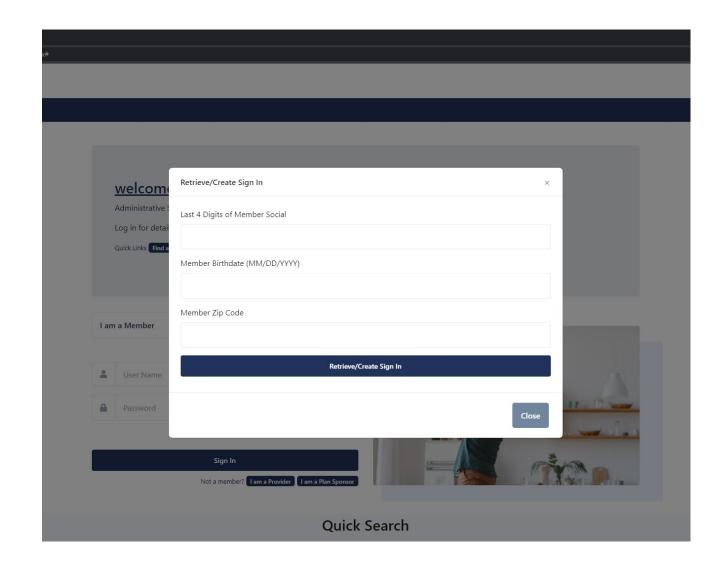
Alternately you can click the link to Retrieve/Create Profile



Quick Search

Setting Up a User Account – Step 1

Answer these questions...



Setting Up a User Account – Step 2

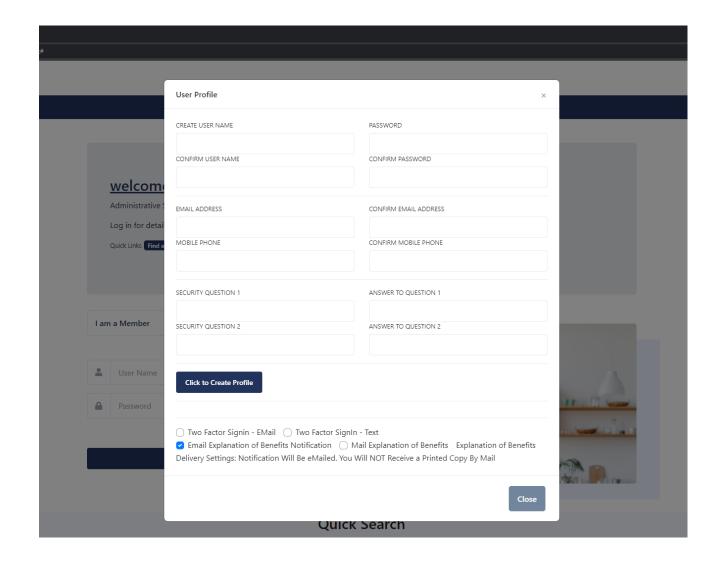
Create a user name and password that is not easy to guess. Some suggestions are not to use your name, address or anything else that can be guessed. The most secure method has been found to be to use 3 or 4 random words together. To further enhance security, you may want to add a number and a symbol. It is also a good idea to not use the same password for different sites.

Add your contact information

Add security questions in case you need to retrieve your credentials

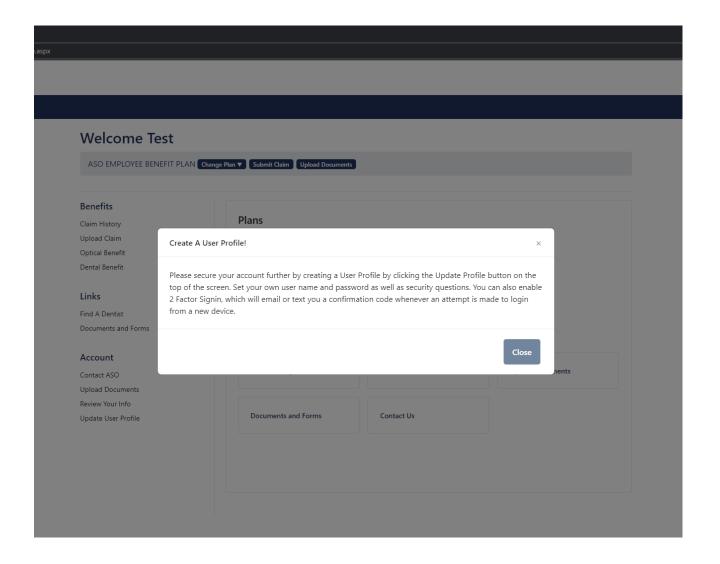
At the bottom of the screen you have the option of adding two factor security, which will send a code to your email or mobile phone whenever you log in from a new device.

You can also have an email notification go to you when a claim is processed and go paperless by turning off paper EOBs.



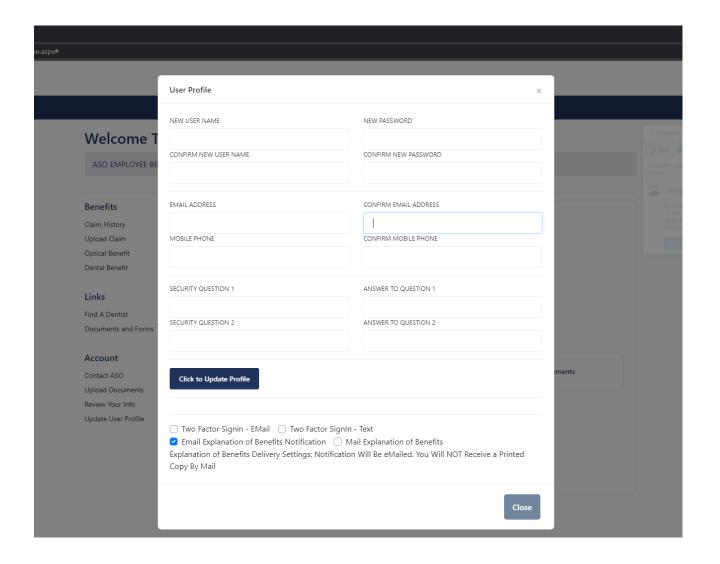
Welcome to asonet

If you do not set up a user account you will be prompted after you sign in. It's a reminder that it's really a good idea to secure your account.



Update User Profile

You can update your profile at any time by clicking the option on the menu on the left.

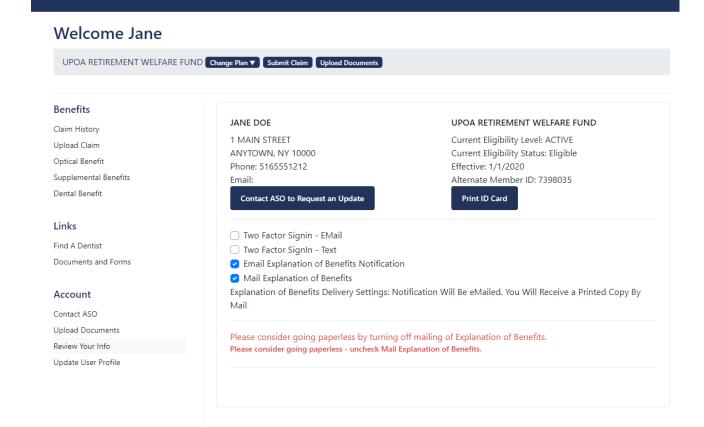


Review Your Information

Click Review Your Info to see the current contact info and address we have on file.

You can also see your Alternate ID#, which is helpful for filing claims more securely.

You can also print and ID Card with this information.



ID Card

Example of a printable ID Card

JANE J DOE 1 MAIN STREET

ANYTOWN, NY 10000

Below is your identification card with your unique ASO member identification number for the United Probation Officers Association Retires Welfare Fund Dental Benefit Plan administrated by Administrative Services Only, Inc.

9/29/2020

The identification card includes your name, the group name, where to send dalms and how to obtain information regarding the benefits available to you through the UP OA Welfare Fund. You can also download benefit information and claim forms through the website by logging onto www.asonet.com.

- Benefit Booklets.
- Claim Forms
- Locate Participating Dental Providers
- Claims History

When you submit a daim to ASO, you can use either your ASO identification number OR the last 4 digits of your social security number. You are not required to use your full social security number for access to <u>asonet.com</u> or for the submission of claims.

In addition to the current UPOA Participating Dental Network which is available at www.upoa.com, you will have access to over 2,000 providers participating in the Metrodent Premier Dental Network. To use a participating dentist, simply select a dentist from the Directory of Participating Metrodent Premier Dentists available at www.asonet.com. After selecting a dentist, call the dental office directly to schedule an appointment. Identify yourself as being covered by the United Probation Officers Association Retiree Welfare Fund METRODENT PREMIER DENTAL PLAN when scheduling the appointment. You should verify whether a dentist is participating when scheduling an appointment and at the time of your visit.

Please refer to your Benefit Booklet and Summary of Material Modifications for information regarding the plan provisions, limitations and exclusion.

PLEASE DETACH AND RETAIN FOR FUTURE REFERENCE

UNITED PROBATION OFFICERS ASSOCIATION
RETIRES WELARS FUND
DENTAL PLAN
Member: JANE J DOS

Member: JANE J DUE Member ID: 7500055

Member ID: 7090035 Group No. V23

Network: UPOA Participating Dental Network & Metrodent Premier Dental Network

> Mail claims to: ADMINISTRATIVE SERVICES ONLY, INC PO Box 9005 DEPT V20 Lambrook, NY 11563

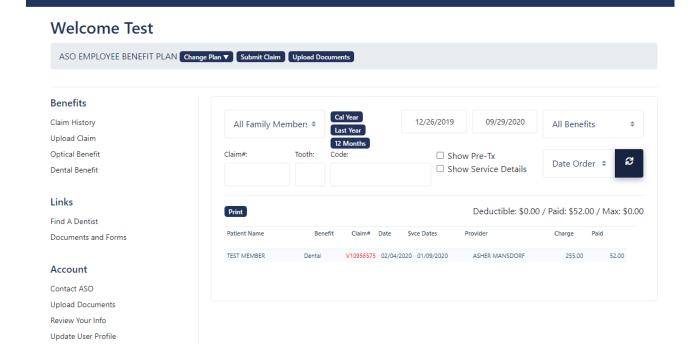
Lynbrook, NY 11963 EL POTRONIO DENTAL OL AMIS- PAYOR ID 4 CXXIII.

View Claims

Click Claim History to view claims.

Set your filter based on Dates, Patient, Claim Type

Click on a Claim Number to View/Print EOB



View EOB

You can view and print a detailed EOB

You can also upload supporting documents if they have been requested.



Administered by A.S. O. WWW assonet com

Member (Plan - ACTIVE)

Treating Provider (Non-Participating-Care)

Reference#: V10956575

TEST MEMBER
ASHER MANSDORF
570 MAIN ST
360 CENTRAL AVENUE SUITE 112
ANYTOWN, NY 11559
Patient: TEST MEMBER (M)

Reference#: V10956575

Processed: 02/04/2020 Mailed: 03/20/2020
Check#: 094769 Pay Provider
Chrothlift: 666 File 168
Mem ID: UDA1311304

| Service Date | Code | Tooth No. | Surface | Description | Dentist Charge | Plan Payment | Member Responsible | Remark Code |
|-----------------|-------|--------------|---------|--------------------------------|-------------------|-----------------|-----------------------|----------------|
| 01/09/20 | D1110 | | | PROPHYLAXIS | 180.00 | 30.00 | 150.00 | |
| 01/09/20 | D0270 | | | X-RAY 1 BITEWING | 25.00 | 5.00 | 20.00 | |
| 01/09/20 | D0120 | | | PERIODIC ORAL EXAMINATION | 50.00 | 17.00 | 33.00 | |
| | | | | * * * THIS IS NOT A BILL * * * | 255.00 | 52.00 | 203.00 | |

Remark Code(s)

| Tromain Good(s) | | | | |
|-----------------|-----------------------|------------|------------|--|
| | CALENDAR YEAR 2020 | | | |
| | | Personal | Family | |
| | Annual Maximum: | \$1,500.00 | \$1,500.00 | |
| | Paid to Date: | \$52.00 | \$52.00 | |
| | Annual Max Remaining: | \$1,448.00 | \$1,448.00 | |

Find a Dentist

Click the option on the left menu and you can find participating dentists.

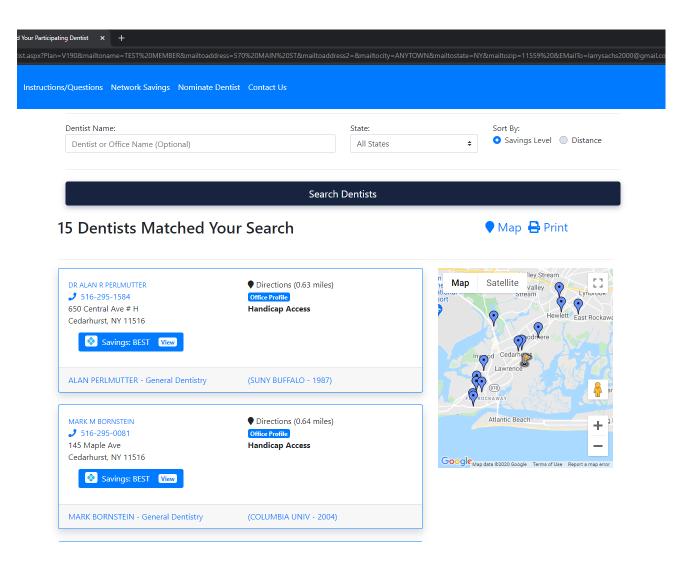
You can look for General Practitioners and Specialists.

You can also search by location and even for a particular dentist.

| Find a Participating Dentist - ASO EMI | LOYEE BENEFIT PLAN | |
|--|---|---------|
| Your Plan has arranged for multiple networks. Your savings are based on the network the dentist you choose participates with. Learn more | Include Dentists Who Provide: ✓ Best Savings ✓ Very Good Savings Metrodent Premier Metrodent MAX | |
| 570 MAIN ST ANYTOWN NY 11559 | ○ 1 Mile ○ 3 Miles ○ 5 Miles ○ 10 Miles ○ 30 Miles ○ 50 Miles | |
| • All General Periodontists Endodontists Orthodontists | Oral Surgeons Pediatric Dentistry Prosthodontists | |
| Dentist Name: | State: Sort By: | |
| Dentist or Office Name (Optional) | All States Savings Level Di | istance |

Find a Dentist – 2

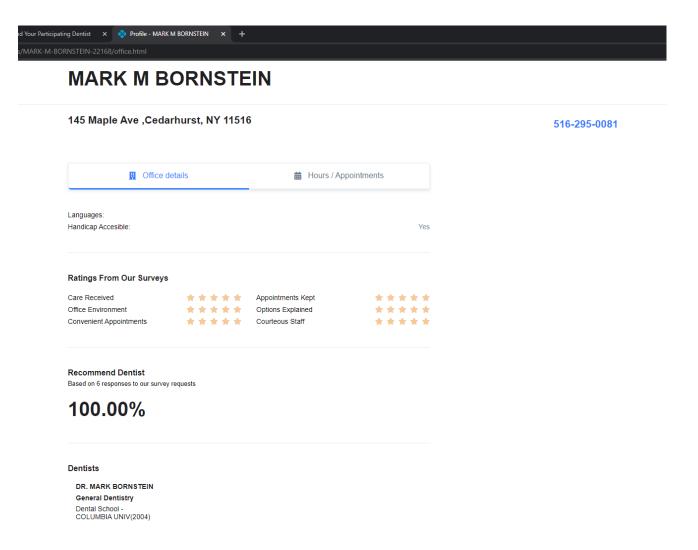
Once you search, you will see a list of the matching dentists with more information and a map showing their locations.



Find a Dentist – 3

If you click a dentist you can see a more detailed Office Profile, including reviews (if we have enough data).

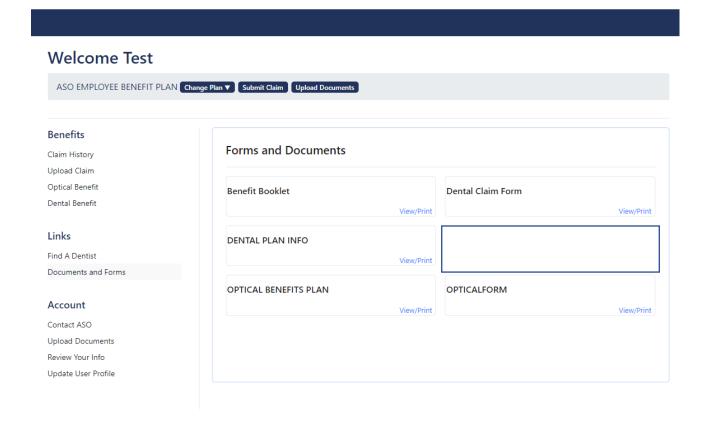
You can also request an appointment from this screen for many of the dental offices.



Find a Form

Click the Documents and Forms option and you will see the documents and forms for the plan.

Click the link next to the form you want and you can view or print the form.



Upload Claim

You can upload a claim for processing by clicking Upload Claim.

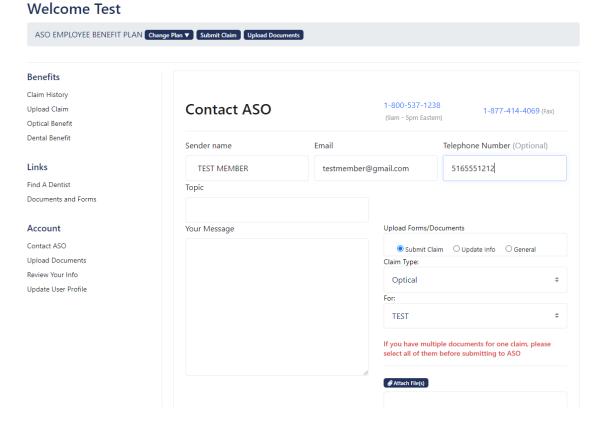
Select the family member

Select benefit type

Attach any documents

Click Send to ASO





View Details about Benefits

By clicking the benefit you can see where your account stands, for instance for the Optical Benefit you can see if you and/or your family members are eligible.

Other details will show based on the benefit selected.

erHome.aspx+

Welcome Jane

UPOA RETIREMENT WELFARE FUND Change Plan ▼ Submit Claim Upload Documents

Benefits

Claim History

Upload Claim

Optical Benefit

Supplemental Benefits

Dental Benefit

Links

Find A Dentist

Documents and Forms

Account

Contact ASO

Upload Documents

Review Your Info

Update User Profile

| Optical Benefit Eligibility | Benefit Status |
|-----------------------------|----------------|
| JANE Benefit \$600 | ELIGIBLE |
| JOHN Benefit \$400 | ELIGIBLE |
| JAMES Repefit \$400 | ELIGIBLE |

Supplemental Benefit Summary

View Your status on other benefit types

asonet.com/MemberHome.aspx#

Welcome Jane

UPOA RETIREMENT WELFARE FUND Change Plan ▼ Submit Claim Upload Documents

Benefits

Claim History

Upload Claim

Optical Benefit

Supplemental Benefits

Dental Benefit

Links

Find A Dentist

Documents and Forms

Account

Contact ASO

Upload Documents

Review Your Info

Update User Profile

| Description | Benefit | Eligibility | Details |
|--------------------------------|------------|-------------|-------------|
| EMERGENCY ROOM TREATMENT | \$150.00 | JOHN | ELIGIBLE \$ |
| 150 per CALENDAR | | JAMES | ELIGIBLE \$ |
| SUPPLEMENTAL MEDICAL | \$300.00 | JOHN | ELIGIBLE \$ |
| 300 per CALENDAR | | JAMES | ELIGIBLE \$ |
| PODIATRIC CARE | \$300.00 | JOHN | ELIGIBLE \$ |
| 300 per CALENDAR | | JAMES | ELIGIBLE \$ |
| PRESCRIPTIONS | \$2,500.00 | JOHN | ELIGIBLE \$ |
| 2500 per CALENDAR | | JAMES | ELIGIBLE \$ |
| HEARING AIDS | \$1,000.00 | JOHN | ELIGIBLE \$ |
| 1000 per CALENDAR | | JAMES | ELIGIBLE \$ |
| ANESTHESIA SERVICES | \$500.00 | JOHN | ELIGIBLE \$ |
| 500 per CALENDAR | | JAMES | ELIGIBLE \$ |
| REHABILITATION | \$500.00 | JOHN | ELIGIBLE \$ |
| 500 per CALENDAR | | JAMES | ELIGIBLE \$ |
| COPAY/DEDUCTIBLE REIMBURSEMENT | \$500.00 | JOHN | ELIGIBLE \$ |
| 500 per CALENDAR | | JAMES | ELIGIBLE \$ |