

Dental Plan Summary

- Active Members

I. DIAGNOSTICS

EXAMINATIONS

* Oral Examination \$23
 *--Maximum Of One In Any 6 Month Period

X-RAYS

* Full Mouth Series
 (Including Bitewings or Panoramic) \$46
 * Intra-oral (Periapical) 1st film \$11
 * each additional Periapical \$6
 * Bitewings 1st film \$11
 Extra-oral Film 1st film \$23
 2 Bitewings \$14
 4 Bitewings \$23
 Cephalometric Film \$46
 *--Maximum Of \$69 Per 12 Month Period

II. PREVENTIVE

* DENTAL PROPHYLAXIS

Including Scaling and Root Planning
 Adults \$46
 Children (Under Age 12) \$34
 *--Maximum of One In Any 6 Month Period

*SEALANT

Benefit available to age 12 only
 Sealant per tooth
 (permanent teeth only) \$34
 (once per tooth in a lifetime)

* FLUORIDE TREATMENT

Benefit Available to Age 19 Only
 Topical Application \$11
 *--Maximum of One In Any 6 Month Period

III. RESTORATIVE

* FILLINGS

Amalgam - Permanent
 One Surface \$44

Two Surfaces \$67
 Three or More Surfaces \$85
 *--Maximum of \$129 Per Tooth In Any 12 Month Period

Amalgam - Primary
 One Surface \$34
 Two Surfaces \$46
 Three Surfaces \$58
 *--Maximum of \$92 Per Tooth In Any 12 Month Period

Composite - Anterior (Including Acrylic)
 Adaptic, Blendant or Plastic
 One Surface \$46
 Two Surfaces \$70
 Three or More Surfaces \$86
 *--Maximum of \$132 Per Tooth In Any 12 Month Period

Composite - Posterior - Primary
 One Surface \$34
 Two Surfaces \$46
 Three Surfaces \$58
 *--Maximum of \$92 Per Tooth In Any 12 Month Period

Composite - Posterior - Permanent
 One Surface \$44
 Two Surfaces \$67
 Three Surfaces \$85
 *--Maximum of \$128 Per Tooth In Any 12 Month Period

Gold Inlay or Onlay Restorations
 One Surface \$35
 Two Surfaces \$60
 Three \$85

Other Restorative Services
 Retention Pin \$23
 Re-cement Inlays \$15
 Re-cement Crowns \$34
 * Sedative Fillings \$10
 *--Maximum Of One Per Tooth In Any 6 Month Period

IV. ENDODONTIA

PULP THERAPY

Pulp Capping
 (Other Than Date Of Restoration) \$10
 Pulpotomy \$70

ROOT THERAPY

One Canal \$200
 Two Canals \$240
 Three or More Canals \$325
 Anterior Apicoectomy - 1st Root \$162
 Bicuspid Apicoectomy - 1st Root \$174
 Molar Apicoectomy - 1st Root \$186
 Each additional root \$58

V. PERIODONTIA

*** Requires Pre-Certification

*** Only when performed by a specialist whose practice is limited to periodontia

VARIOUS TREATMENTS

Gingival Curettement per quadrant \$38
 Gingivectomy per quadrant \$93
 Osseous surgery, include flap
 entry and closure per quadrant \$350
 *--Maximum Of \$1514 Per Person In Any 12 Month Period

VI. PROSTHODONTIA - Removable

*** Requires Pre-Certification

*** No Benefit Available If Used As Temporary

PARTIAL DENTURES (Including Adjustments)

Upper or Lower, without clasps,
 acrylic base \$288
 Upper or Lower, with two gold
 or chrome clasps with rests,
 acrylic base \$288
 Lower with gold or chrome
 lingual bar and two clasps,
 cast or acrylic base \$424
 Upper with gold or chrome
 palatal bar and two clasps,
 cast or acrylic base \$424

Dental Plan Summary
- Active Members

DENTURES - (RELINING, REPAIRS AND ADJUSTMENTS)	
Relining Complete Denture	\$116
Relining - Partial	\$93
Repairs	
Complete Denture Base	\$70
Adjustments	
Complete or Partial Denture	\$15
COMPLETE DENTURES (Including Adjustments)	
Upper or lower Denture	
Complete or Immediate	\$480

VII. PROSTHODONTIA - Fixed

*** Requires Pre-Certification

Where removable or fixed bridgework are both acceptable courses of treatment, The Fund, at its discretion, may allow the fee for a removable bridge towards the fee for fixed bridgework.

ABUTMENTS AND SINGLE CROWNS	
Plastic (Acrylic) or Porcelain	\$232
Plastic Veneer	\$394
Porcelain to Metal	\$464
Full Cast (Metal)	\$348
3/4 cast (Metal)	\$325
Stainless Steel	\$93
Dowel Post Core	\$116

PONTICS	
Porcelain Fused to Metal	\$348
All Other	\$232

REPAIRS	
Repair to Facing	\$15
Re-Cement Crown	\$34
Re-Cement Bridge	\$46

VIII. ORAL SURGERY

EXTRACTIONS	
--Includes Local Anesthesia and Routine Postoperative Care	
Simple	\$52
Surgical (with Sutures)	\$80
Soft Tissue	\$80
Partial Bony Impaction	\$144
Complete Bony Impaction	\$240
Hemisection	\$46
Root Recovery	\$36

IX. ORTHODONTIA

*** Requires Pre-Certification
*** Benefits Available to Age 23 Only

SPACE MAINTAINERS	
Fixed, Band Type	\$93
Fixed, Cast Type	\$139
FULL BANDING	
Diagnostic and Initial Appliance	\$789

Paid over period of 36 treatments at a maximum of \$62 per treatment \$2232/36 mo.

***Total Available \$3021**

*For the benefit of the Dentist, we will pay quarterly until the maximum of \$3021 is paid.

X. OTHER SERVICES

VARIOUS TREATMENTS	
General Anesthesia	\$127
Palliative (Emergency)	\$23



The Funds Office Of
The Patrolmen's Benevolent
Association
of the City of New York

**Dental Program (Active Members)
Schedule of Allowances
Effective January 1, 2003**

This is a summary of the benefits provided by the Funds Office of the Patrolmen's Benevolent Association of the City of New York for Active Members and their eligible dependents. All benefits are subject to the terms, conditions and limitations of the Fund. Payment of benefits for services not listed in this summary will be determined by the Fund on a basis comparable to a similar service.