

# Dental Plan Summary

## - Retired Members

### I. DIAGNOSTICS

#### EXAMINATIONS

\* Oral Examination \$19  
 \*--Maximum Of One In Any 6 Month Period

#### X-RAYS

\* Full Mouth Series (Including Bitewings) \$38  
 \* Intra-oral (Periapical) \$9  
 \*each additional Periapical \$5  
 \* Bitewings \$9  
 Extra-oral Film (1st film) \$19  
 2 Bitewings \$11  
 4 Bitewings \$19  
 Cephalometric Film \$38  
 \*--Maximum Of \$57 Per 12 Month Period

### II. PREVENTIVE

#### \* DENTAL PROPHYLAXIS

Including Scaling and Root Planning  
 Adults \$38  
 Children (Under Age 12) \$28  
 \*--Maximum of One In Any 6 Month Period

#### \*SEALANT

Benefit available to age 12 only  
 Sealant per tooth (permanent teeth only) \$28  
 (once per tooth in a lifetime)

#### \* FLUORIDE TREATMENT

Benefit Available to Age 19 Only  
 Topical Application \$9  
 \*--Maximum of One In Any 6 Month Period

### III. RESTORATIVE

#### \* FILLINGS

Amalgam - Permanent One Surface \$36

Two Surfaces \$55  
 Three or More Surfaces \$69  
 \*--Maximum of \$105 Per Tooth In Any 12 Month Period

#### Amalgam - Primary

One Surface \$28  
 Two Surfaces \$38  
 Three Surfaces \$47  
 \*--Maximum of \$75 Per Tooth In Any 12 Month Period

#### Composite - Anterior (Including Acrylic) Adaptic, Blendant or Plastic)

One Surface \$38  
 Two Surfaces \$57  
 Three or More Surfaces \$70  
 \*--Maximum of \$108 Per Tooth In Any 12 Month Period

#### Composite - Posterior - Primary

One Surface \$36  
 Two Surfaces \$55  
 Three Surfaces \$69  
 \*--Maximum of \$75 Per Tooth In Any 12 Month Period

#### Composite - Posterior - Permanent

One Surface \$36  
 Two Surfaces \$55  
 Three Surfaces \$69  
 \*--Maximum of \$71 Per Tooth In Any 12 Month Period

#### Gold Inlay or Onlay Restorations

One Surface \$35  
 Two Surfaces \$54  
 Three or More Surfaces \$74

#### Other Restorative Services

Initial Retention Pin \$19  
 \* Sedative Fillings \$10  
 \*--Maximum Of One Per Tooth In Any 6 Month Period

### IV. ENDODONTIA

#### PULP THERAPY

Pulp Capping (Other Than Date Of Restoration) \$7  
 Pulpotomy \$57

#### ROOT THERAPY

One Canal \$163  
 Two Canals \$195  
 Three or More Canals \$264  
 Anterior Apicoectomy - 1<sup>st</sup> Root \$132  
 Bicuspid Apicoectomy - 1<sup>st</sup> Root \$141  
 Molar Apicoectomy - 1<sup>st</sup> Root \$151  
 Each additional root \$47

### V. PROSTHODONTIA - Removable

\*\*\* Requires Pre-Certification

\*\*\* No Benefit Available If Used As Temporary

#### PARTIAL DENTURES (Including Adjustments)

Upper or Lower, without clasps, acrylic base \$234

Upper or Lower, with two gold or chrome clasps with rests, acrylic base \$234

Lower with gold or chrome lingual bar and two clasps, cast or acrylic base \$345

Upper with gold or chrome palatal bar and two clasps, cast or acrylic base \$345

#### DENTURES - (RELINING, REPAIRS AND ADJUSTMENTS)

#### COMPLETE DENTURES

(Including Adjustments)  
 Upper or lower Denture Complete or Immediate \$390

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Relining - Partial	\$75
Relining Complete	\$94
Repairs	
Complete or Partial Denture	\$57
Adjustments	
Complete or Partial Denture	\$11

**VI. 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.

<b>ABUTMENTS AND SINGLE CROWNS</b>	
Plastic (Acrylic) or Porcelain	\$189
Plastic Veneer	\$320
Porcelain Veneer	\$377
Full Cast (Metal)	\$283
3/4 cast (Metal)	\$264
Stainless Steel	\$75
Dowel Post Core	\$94
<b>PONTICS</b>	
Porcelain Fused to Metal	\$283
All Other	\$189
<b>REPAIRS</b>	
Repair to Facing	\$11
Re-Cement Crown	\$28
Re-Cement Bridge	\$38

**VII. ORAL SURGERY**

*EXTRACTIONS*

--Includes Local Anesthesia and Routine

Postoperative Care	
Simple	\$39
Surgical (with Sutures)	\$59
Soft Tissue	\$59
Partial Bony Impaction	\$117
Complete Bony Impaction	\$195
Hemisection	\$38
Root Recovery	\$38

**VIII. ORTHODONTIA**

\*\*\* Requires Pre-Certification

\*\*\* Benefits Available to Age 23 Only

*SPACE MAINTAINERS*

Fixed, Band Type	\$75
Fixed, Cast Type	\$113
Recement Space Maintainer	\$14

*FULL BANDING*

Diagnostic and Initial Appliance	\$641
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Paid over period of 36 treatments at a maximum of \$57 per treatment                      \$2052/36 mo.

Full Course of Treatment	\$2693
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\*For the benefit of the Dentist, we will pay quarterly until the maximum of \$2052 is paid.

**IX. OTHER SERVICES**

*VARIOUS TREATMENTS*

General Anesthesia	\$103
Palliative (Emergency)	\$19



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

**Dental Program (Retired 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 Retired 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.