

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) (once per tooth in a lifetime)	\$28
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* 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 st Root	\$132
Bicuspid Apicoectomy - 1 st Root	\$141
Molar Apicoectomy - 1 st 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
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Upper or Lower, with two gold or chrome clasps with rests, acrylic base	\$234
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Lower with gold or chrome lingual bar and two clasps, cast or acrylic base	\$345
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Upper with gold or chrome palatal bar and two clasps, cast or acrylic base	\$345
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DENTURES -(RELINING, REPAIRS AND ADJUSTMENTS)

COMPLETE DENTURES

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

Dental Plan Summary

- Retired Members

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.

ABUTMENTS AND SINGLE CROWNS

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

PONTICS

Porcelain Fused to Metal	\$283
All Other	\$189

REPAIRS

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.