

Dental Plan Summary
- Active Members

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
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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

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

All participating general practitioners, oral surgeons, orthodontists, endodontists, and periodontists are acting as independent contractors. Consequently, the Health and Welfare Fund does not exercise any determinative control over the care provided by the panel member.

Members of the Health and Welfare Fund are responsible for selecting their own dental provider and should investigate the participants to determine who can best and most competently satisfy his or her families' needs.

If a member of the Health and Welfare Fund is dissatisfied with the treatment they are receiving, he or she may contact the Funds Office at (212) 349-7560



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.

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 One Surface \$44

Two Surfaces \$67
Three Surfaces \$85
*--Maximum of \$129 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 - 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 fixed Denture \$46
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

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

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