



**Health and Welfare Fund
Retiree Health and Welfare Fund
Police Benevolent Association
Of the City of New York, Inc.**

**PBA DENTAL PLAN OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
ACTIVE AND RETIRED MEMBERS**

This schedule displays the maximum reimbursement amounts for the most commonly utilized dental services when an out-of-network provider is used. Members are responsible for any difference in cost between the out-of-network provider's billed charges and the reimbursement amounts on this schedule. Please be aware that these are not the same fees paid to participating providers in the PBA Dental Plan Network. The use of participating providers is encouraged whenever possible.

Diagnostic		
Oral Evaluations (Limit of 1 evaluation every 6 months)		
D0120	Periodic oral evaluation - established patient	23.00
D0140	Limited oral evaluation - problem focused	23.00
D0150	Comprehensive oral evaluation - new or established patient	23.00
X-rays/Radiographic Images (Maximum reimbursement of \$69.00 in a 12-month period)		
D0210	Intraoral - complete series of radiographic images (Once every 12 months)	46.00
D0220	Intraoral - periapical first radiographic image	11.00
D0230	Intraoral - periapical each additional radiographic image	6.00
D0240	Intraoral - occlusal radiographic image (Twice every 12 months)	14.00
D0270	Bitewing - single radiographic image	11.00
D0272	Bitewings - two radiographic images	14.00
D0274	Bitewings - four radiographic images	23.00
D0330	Panoramic radiographic image (Once every 12 months)	32.00
Preventive		
Routine Cleanings (Limit of 1 cleaning every 6 months)		
D1110	Prophylaxis - adult	46.00
D1120	Prophylaxis - child	34.00
Other Preventive Services		
D1208	Topical application of fluoride - excluding varnish (Once every 6 months, limited to under age 19)	11.00
D1351	Sealant - per tooth (Permanent teeth only, limited to under age 13)	34.00
Restorative		
Fillings – Amalgam (Maximum reimbursement of \$136 per tooth in a 12-month period)		
D2140	Amalgam - one surface, primary or permanent	44.00
D2150	Amalgam - two surfaces, primary or permanent	67.00
D2160	Amalgam - three surfaces, primary or permanent	85.00
Fillings – Resin (Maximum reimbursement of \$140 per anterior tooth/ \$136 per posterior tooth in a 12-month period)		
D2330	Resin-based composite - one surface, anterior	46.00
D2331	Resin-based composite - two surfaces, anterior	70.00
D2332	Resin-based composite - three surfaces, anterior	86.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	116.00
D2391	Resin-based composite - one surface, posterior	44.00
D2392	Resin-based composite - two surfaces, posterior	67.00
D2393	Resin-based composite - three surfaces, posterior	85.00
D2394	Resin-based composite - four or more surfaces, posterior	85.00

Crowns (All crowns require prior authorization and are limited to 1 per tooth in a 5-year period)		
D2740	Crown - porcelain/ceramic	394.00
D2750	Crown - porcelain fused to high noble metal	464.00
D2751	Crown - porcelain fused to predominantly base metal	464.00
D2752	Crown - porcelain fused to noble metal	464.00
Other Restorative Services		
D2920	Re-cement or re-bond crown (Limit of once per 6-month period)	34.00
D2952	Post and core in addition to crown, indirectly fabricated (Limit of once per 5-year period, prior authorization required)	116.00
D2954	Prefabricated post and core in addition to crown (Limit of once per 5-year period, prior authorization required)	116.00
Endodontics		
Endodontic Therapy (Root Canals) (Limited to once per tooth in a lifetime)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	200.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	240.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	325.00
Periodontics		
Osseous Surgery (Limited to once per quadrant every 5 years, prior authorization required)		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	175.00
Periodontal Scaling and Root Planing (Limited to once per quadrant every 2 years, prior authorization required)		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	46.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	23.00
Other Periodontic Services		
D4910	Periodontal maintenance (Limit to once in a 12-month period, evidence of prior osseous surgery required)	46.00
Oral and Maxillofacial Surgery		
Tooth Extraction/Removal (Limit of once per tooth in a lifetime)		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	52.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	80.00
D7230	Removal of impacted tooth - partially bony	144.00
D7240	Removal of impacted tooth - completely bony	240.00
Misc. Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	23.00
D9222	Deep sedation/general anesthesia - first 15 minutes	81.00
D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	46.00

Orthodontics		
Covered only for dependent children under the age of 23, subject to prior authorization		
Initial Visit - Placement of Orthodontic Appliance		850.00
Interim Visits – Maximum of 22 monthly visits		60.00/Visit
Final Visit – Orthodontic Retention (removal of appliances, construction and placement of retainer(s))		500.00

Dental Implants		
Subject to prior authorization, limit of 1 implant per arch in a 12-month period, limited to oral/maxillofacial surgeons or periodontists		
Surgical Placement of Dental Implant		600.00

Please Address Claims to: PBA Funds Office Claims Department 125 Broad Street – 11 th Floor New York, NY 10004	Note to Out-of-Network Providers: This schedule displays reimbursements for commonly utilized services on an out-of-network basis only. If you are interested in applying to become a participating provider in our Dental Plan Network, please contact the PBA Funds Office at (212) 349-7560 for information regarding participation terms and in-network reimbursement rates.
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