

PLAN B
THE DENTAL SHOP
1-888-683-3682

NYC TRANSIT EMPLOYEE BENEFITS PLAN
EXAMPLES OF THE MOST FREQUENTLY UTILIZED SERVICES

SERVICES	IN-NETWORK	OUT -OF-NETWORK MAXIMUM ALLOWANCE *
DIAGNOSTIC & PREVENTATIVE		
Oral examination & diagnosis	Covered in full - Two per year	\$10.00 - Two per year
X-rays - complete series	Covered in full - One series per 3 years	\$20.00 - One series per 3 years
Prophylaxis (cleaning & scaling of teeth)	Covered in full - Two per year	\$10.00 - Two per year
Fluoride Treatment	Covered in full - One per year	\$10.00 - One per year
Emergency visits	Covered in full - One visit per year	\$10.00 - One visit per year
Specialist Consultant	One consultation per specialty per year	One consultation per specialty per year
RESTORATIVE		
Amalgam filling	Covered in full	\$10.00/\$20.00/\$25.00
Composite filling	Covered in full	\$15.00/\$25.00/\$30.00
ORAL SURGERY		
All extractions (including impactions)	Covered in full	\$10.00 to \$90.00
Alveolectomy	Covered in full	\$50.00 Maximum per arch
ENDODONTICS (Root Canal Therapy)		
Anterior	Covered in full	\$75.00
Bicuspid	Covered in full	\$100.00
Molar	Covered in full	\$150.00
SPACE MAINTAINER		
Acrylic or Metal	Covered in full	\$40.00/\$50.00
PERIODONTICS (Per Quadrant)		
Scaling	Covered in full	\$20.00
Gingivectomy	Covered in full	\$65.00
Osseous surgery	Covered in full	\$65.00
CROWNS AND BRIDGES		
Acrylic veneer crown retainer	Covered in full	\$140.00
Porcelain fused to metal retainer	Covered in full	\$175.00
Porcelain fused to metal pontic	Covered in full	\$100.00
DENTURES		
Full Dentures	Replacement once in 36 months Covered in full	\$200.00
Partial Dentures	Replacement once in 36 months Covered in full	\$225.00
PROSTHETIC REPAIRS		
Repairs to Complete Dentures	Up to \$80.00 per year allowance, all repairs	Up to \$50.00 per year allowance, all repairs
ORTHODONTICS		
(for dependent children under 19 years of age) includes diagnosis, models & insertion of appliance	Up to 20 months of active treatment, covered in full, \$1,500 lifetime maximum benefit	\$1,500 lifetime maximum benefit

*Patient may have to pay additional out of pocket fees.

As always, there is NO PAYROLL DEDUCTION