

NYC TRANSIT EMPLOYEE BENEFITS PLAN FOR TWU LOCAL 100, MTA BUS, SSSA, TSO Op & TSO QSA MEMBERS

AS ALWAYS, THERE IS NO PAYROLL DEDUCTION WHEN YOU ENROLL IN PLAN "A"



AMERICAN DENTAL CENTERS

MANHATTAN 241 WEST 30th STREET Between 7th and 8th Avenue (917) 351-0200	BRONX 2535 GRAND CONCOURSE Off Fordham Road (718) 365-4900	BROOKLYN 434 ALBEE SQUARE WEST Opposite Albee Square Mall (718) 858-9211	BROOKLYN 1212 KINGS HIGHWAY Bet. E. 12th & E. 13th Sts. (718) 376-6700
QUEENS (Elmhurst) 87-10 GRAND AVENUE At Queens Boulevard (718) 429-8300	STATEN ISLAND 1659 RICHMOND AVENUE Corner of Victory Blvd. (718) 983-6300	NASSAU (Hicksville) 35 BROADWAY 1 Block North of L.I.R.R. (516) 433-1800	NASSAU (Hempstead) 760 FULTON AVENUE 2 Blocks W. of Hofstra Univ. (516) 481-9700
WESTCHESTER (White Plains) 200 HAMILTON AVENUE White Plains Mall (914) 949-6800		SUFFOLK (Commack) 6180 JERICHO TURNPIKE Between Commack & Larkfield Roads (631) 499-0040	

REFER TO YOUR SUMMARY PLAN DESCRIPTION (SPD) FOR LIMITATIONS & EXCLUSIONS

SERVICES	PATIENT FEE
DIAGNOSTIC & PREVENTIVE	
Oral examination & diagnosis	COVERED IN FULL
All x-rays	COVERED IN FULL
Prophylaxis (cleaning & scaling of teeth)	COVERED IN FULL
Fluoride treatment	COVERED IN FULL
Study models	COVERED IN FULL
Emergency visits	COVERED IN FULL
Specialist Consultation	COVERED IN FULL
RESTORATIVE	
Amalgam filling	COVERED IN FULL
Composite filling	COVERED IN FULL
ORAL SURGERY	
All covered extractions (including impactions). We do not provide general anesthesia.	COVERED IN FULL
Alveolectomy	COVERED IN FULL
ENDODONTICS (ROOT CANAL THERAPY)	
Anterior	COVERED IN FULL
Bicuspid	COVERED IN FULL
Molar	COVERED IN FULL
PROSTHETIC REPAIRS	
Repair broken complete denture	COVERED IN FULL
Replace missing or broken teeth-full denture	COVERED IN FULL
Add new tooth or clasp to existing partial denture	COVERED IN FULL

SERVICES	PATIENT FEE
PERIODONTICS	
Scaling	COVERED IN FULL
Gingivectomy	COVERED IN FULL
Osseous surgery	COVERED IN FULL
SPACE MAINTAINER	
Acrylic or Metal	COVERED IN FULL
CROWNS & BRIDGES	
Acrylic veneer crown abutment	COVERED IN FULL
Porcelain fused to metal abutment	COVERED IN FULL
Porcelain fused to metal pontic	COVERED IN FULL
DENTURES	
Full Dentures	COVERED IN FULL
Partial Dentures	COVERED IN FULL
ORTHODONTICS	
(for dependent children under 19 years of age) Includes diagnosis, models and insertion of appliance	UP TO 20 MONTHS OF ACTIVE TREATMENT COVERED IN FULL <small>(If additional treatment is needed \$75.00 per visit co-payment up to \$1,000 maximum)</small>

WITH PLAN "A" THERE ARE

- ★ NO DEDUCTIBLES
- ★ NO MAXIMUMS
- ★ NO CLAIM FORMS

AMERICAN DENTAL CENTERS OFFERS

- ★ EXTENDED OFFICE HOURS
- ★ LABORATORY ON PREMISES
- ★ SPECIALTY SERVICES UNDER ONE ROOF