

**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"**



**A MERICAN DENTAL CENTERS**

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

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

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

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

**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