Detectives' Endowment Association, Inc. Police Department City of New York

Employer Sponsored Dental- Retiree Base Plan and Retiree Buy-Up Plan Plan Summary

Summary of Benefits
Dental Insurance – Retiree Base Plan

Employer Sponsored Dental		
Class Description	Retiree Base Plan	
	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	80%	80%
Type B – Basic	50%	50%
Type C – Major	0%	0%
Calendar Year Deductible applies to Type B Only: ▪ Individual ▪ Family	Type B $250 $750 Aggregate	Type B $250 $750 Aggregate
Calendar Year Maximum	$500 *(applies to A & B services)*	$500 *(applies to A & B services)*
Orthodontia	0%	0%
Orthodontia Lifetime Maximum	N/A	N/A

Note: Effective January 1st, 2027, the Retiree Base Plan will cover 50% of the cost of Orthodontia services with a Lifetime Maximum of $1,500 for children up to the dependent age limit

Summary of Benefits
Dental Insurance – Retiree Buy-Up Plan

Employer Sponsored Dental		
Class Description	Retiree Buy-Up	
	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	70%
Type B – Basic	100%	70%
Type C – Major	50%	50%
Calendar Year Deductible applies to Type C Only: ▪ Individual ▪ Family	Type C $250 $750 Aggregate	Type C $250 $750 Aggregate
Calendar Year Maximum	$2,500 *(applies to A,B,C services)*	$2,500 *(applies to A,B,C services)*
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	$2,500	$2,500

Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: Retiree Base Plan	
TYPE A ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ 2 times in 1 calendar year
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 60 months for a child under age 14
▪ Space Maintainers	▪ 1 per lifetime for child under age 14
▪ Fluoride	▪ 2 times in 1 calendar year for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
• Labs & Other Tests	
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Scaling & Root Planing	▪ 1 per quadrant in any 36 month period
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Periodontics – Non-Surgical	

TYPE C (Not applicable) ***Benefits are payable immediately from the start date of an individual's benefits***
Orthodontics (Not applicable) ***Benefits are payable immediately from the start date of an individual's benefits***

Note: Effective January 1st, 2027, the Retiree Base Plan will cover 50% of the cost of Orthodontia services with a Lifetime Maximum of $1,500 for children up to the dependent age limit

Class Description: Retiree Buy-Up Plan	
TYPE A ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ 2 times in 1 calendar year
▪ Prophylaxis: Cleanings	▪ 1 time in 6 months
▪ Sealants	▪ 1 per molar in 60 months for a child under age 14
▪ Space Maintainers	▪ 1 per lifetime for a child under age 19
▪ Fluoride	▪ 1 time in 12 months for a dependent child under age 14
▪ Full Mouth X-Rays	▪ Once in 60 months
▪ Bitewing X-Rays	▪ For a child under 19: 1 time in 12 months ▪ Adult: 1 time in 12 months
▪ Labs & Other Tests	
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 36-month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 36-month period
▪ Repairs	▪ 1 in 12 months
▪ Recementations	▪ 1 in 12 months
▪ Dentures – Rebases / Relines	▪ 1 in 36 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Tissue Conditioning	▪ 1 in 36 months
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – non-surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
▪ General Services	

TYPE C ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years
▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 years
▪ Fixed Bridges	▪ 1 in 10 years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 10 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics ***Benefits are payable immediately from the start date of an individual's benefits***	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

For full information on covered services and frequencies please refer to your plan certificate via the DEA website or contact BlueLine Planning Inc.

BlueLine Planning Inc.

500 Express Drive South

Brentwood, NY 11717

Phone: 631-290-6234

Email: Partner@bluelineny.com

www.bluelineplanninginc.com

Exclusions
Retiree and Retiree Buy-Up Plan
▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. ▪ Adjustment of a denture made within 6 months after installation by the same dentist who installed it. ▪ Duplicate prosthetic devices or appliances. ▪ Replacement of a lost or stolen appliance, cast restoration or denture. ▪ Intra and extraoral photographic images. ▪ Fixed and removable appliances for correction of harmful habits. ▪ Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards. ▪ Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota. ▪ Consultations.

Metropolitan Life Insurance Company, New York, NY 10166