

Dental Plan A (HK\$ 480 per member per year)

Basic Plan Schedule

Treatment 治療項目	Limitation 限制
Dental Examinations 口腔檢查	Unlimited 不限次數
Polishing & Scaling * 洗牙石及牙漬*	Once a year 每年一次
Preventive Dental Fluoride Treatment 防蛀牙氟素治療	Once a year 每年一次
Simple Composite (White) Fillings for Anterior Teeth and Amalgam (Silver) Fillings for Posterior Teeth (Cariou)** 普通白色補牙（前排牙齒）或銀粉補牙（後排牙齒）(蛀牙)**	Unlimited 不限次數
Simple Extraction *** 普通脫牙***	Unlimited 不限次數
Small Intra-Oral X-Rays**** 口腔內 X 光細片****	If necessary 如有需要
Medications (Pain Killer Only) 口服藥物 (包括止痛藥)	If necessary 如有需要
Emergency Treatment 緊急止痛治療	
a) Incision and Drainage of Abscesses Without Surgery 放膿（不須手術）	If necessary 如有需要
b) Tooth Dressings 牙齒止痛	
c) Root Dressings 牙根止痛	

Dental Plan B (HK\$ 580 per member per year)

Basic Plan Schedule

Treatment 治療項目	Limitation 限制
Dental Examinations 口腔檢查	Unlimited 不限次數
Polishing & Scaling * 洗牙石及牙漬*	Twice a year 每年兩次
Preventive Dental Fluoride Treatment 防蛀牙氟素治療	Once a year 每年一次
Simple Composite (White) Fillings for Anterior Teeth and Amalgam (Silver) Fillings for Posterior Teeth (Cariou)** 普通白色補牙（前排牙齒）或銀粉補牙（後排牙齒）(蛀牙)**	Unlimited 不限次數
Simple Extraction *** 普通脫牙***	Unlimited 不限次數
Small Intra-Oral X-Rays**** 口腔內 X 光細片****	If necessary 如有需要
Medications (Pain Killer Only) 口服藥物 (包括止痛藥)	If necessary 如有需要
Emergency Treatment 緊急止痛治療	
a) Incision and Drainage of Abscesses Without Surgery 放膿（不須手術）	If necessary 如有需要
b) Tooth Dressings 牙齒止痛	
c) Root Dressings 牙根止痛	



Supplementary Plan Schedule

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| <b>Treatment</b><br><b>治療項目</b>                    | <b>Corporate Membership Rate</b><br><b>團體會員收費 (HKD)</b> |
|----------------------------------------------------|---------------------------------------------------------|
| Further Scaling & Polishing<br>後加洗牙石 / 牙漬          | 280 - 380                                               |
| Further Dental Fluoride Treatment<br>後加防蛀牙氟素治療     | 250 - 350                                               |
| Periodontal Disease (Each Treatment)<br>牙周病治療 (每次) | 500 - 1200                                              |
| Complex Fillings*****<br>複雜補牙*****                 | 400 - 700                                               |
| White Fillings<br>白色補牙                             | 400 - 700                                               |
| Difficult Extractions<br>複雜脫牙                      | 400 - 1400                                              |
| Wisdom Tooth Extraction (Per Unit)<br>脫智慧齒 (每隻)    | 800 - 3000                                              |
| Root Canal Treatment<br>牙根管治療                      | 1000 - 3000                                             |
| Crown & Bridges (Per Unit)<br>牙套及固定牙橋 (每隻)         | 2000 - 4000                                             |
| Denture<br>假牙                                      | 1200 UP                                                 |
| Vital Bleaching<br>漂牙                              | 1200 - 3500                                             |
| OPG X-Ray<br>環迴牙骨構造 X 光                            | 380                                                     |

## Remarks:

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- (1) * Denture cleaning and sterilizing are not included.
不包括清洗或消毒牙托型假牙。
- ** (a) Re-condition of old fillings, evacuation of degenerated dentine and pre-treatment sterilization procedure are not included.
不包括清除舊有補牙、重新修補舊有補牙位置(番補)和壞死的象牙質及其後之消毒過程。
- (b) Coverage does not included treatment on any single tooth with decay more than one surface of a tooth.
以每一隻牙計算，如有超過一面之蛀牙，均不包括在計劃內。
- *** The definition of simple extraction means extraction of tooth which is clearly mobile and without Surgery.
Simple extraction excluded:
(i) Wisdom teeth
(ii) Extractions due to fracture.
(iii) Serial extractions or extractions related to orthodontic treatments.
普通脫牙之定義指脫除已搖動及不需要進行手術之牙齒。
普通脫牙不包括：
(i) 智慧牙
(ii) 因碰撞而引致碎裂之脫牙
(iii) 因牙齒矯正(箍牙)所需之脫牙
- **** Duplicate of X-ray is not included. If required, there will be a charge of \$100 each.
計劃不包括複製 x 光片。如有需要，需繳付複製 x 光片費用壹佰元正。
- **** The definition of complex filling is decay found on more than one surface of a single tooth.
複雜補牙之定義指以每隻牙計算，超過一面之蛀牙。
- (2) Treatment or operations to be performed in hospital will not be covered by this dental plan.
所有需要在醫院進行的治療項目及牙科手術的有關收費均不包括在這牙科保健計劃之內。
- (3) Cost of the supplementary treatment and treatment that is not covered by the scheme should be paid by cash prior treatment. Such amount charged will be agreed between the dentist and the patient prior treatment.
病人需即時以現金繳付附加計劃之治療項目以及不包括在計劃內之治療項目之費用。該筆治療費用之議定及繳納需於進行治療前經醫生與病人雙方同意底下進行。
- (4) Prices listed in the supplementary plan schedule are for reference only and subject to dentist's instruction at the clinic.
附加計劃表上之價目只供參考，正確價格以牙醫報價為準。