

Making Healthcare Work.

Barnegat Township BOE Horizon Dental Option Plan with ortho

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
DEDUCTIBLE		
Individual	\$0	
Family	\$0	
BENEFIT PERIOD MAXIMUM	\$2,000 (per person)	
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery	
	Prosthodontics, Crowns and Onlays	
Orthodontics Maximum	\$1,000	
Orthodontics	Lifetime	
COINSURANCE		nounie
Preventive Diagnostic		
Exam and Preventive Services Exams	100%	100%
Fluoride Treatment	100%	100%
Sealants Application	100%	100%
Adult Prophylaxis	100%	100%
X-rays (Bitewing & Full Mouth)	100%	100%
Treatment and Therapy	10070	10070
Space Maintainers	100%	100%
Amalgam Restorations	100%	100%
Composite Restorations - Anterior & Bicuspid	100%	100%
Denture Adjustments	100%	100%
Denture Repairs	100%	100%
Simple Extractions	100%	100%
Endodontics	10070	100%
	100%	100%
Root Canal Therapy - Anterior & Bicuspid Root Canal Therapy - Molar	100%	100%
	100%	100%
Periodontics	1000/	1000/
Scaling & Root Planing	100%	100%
Gingivectomy Periodontal Maintenance	100%	100%
Osseous Surgery	100%	100%
	100%	100%
Oral Surgery	1000/	1000/
Surgical Extractions	100%	100%
Partial Bony Extractions	100%	100%
Complete Bony Extractions	100%	100%
Prosthodontics		
Bridgework	50%	50%
Partial Dentures	50%	50%
Crowns and Onlays		
Crown – porcelain fused to high noble metal	100%	100%
Orthodontics	50%	50%
Orthodontics Eligibility	Adult & Child	
Eligibility	Dependent Children of enrolled employees are	covered to the end of the year age 25.
Services are for illustrative purposes only. For c benefit booklet.	•	

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