

Barnegat Township BOE Horizon Dental Option Plan with ortho

Benefit Period		
	Cales	ndar Year
DEDUCTIBLE	Calci	ida Tea
Individual		\$0
Family	\$0	
BENEFIT PERIOD MAXIMUM	\$3,500 (per person)	
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surge	
Beliefit I effod Waximum Applies 10		
O.41 - 1 - 44 - M - 44 M	Prosthodontics, Crowns and Onlays \$1,000	
Orthodontics Maximum Orthodontics	Lifetime	
	Litetime	
COINSURANCE		
Preventive Diagnostic	1001	1000
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		
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		
Root Canal Therapy - Anterior & Bicuspid	100%	100%
Root Canal Therapy - Molar	100%	100%
Periodontics		
Scaling & Root Planing	100%	100%
Gingivectomy	100%	100%
Periodontal Maintenance	100%	100%
Osseous Surgery	100%	100%
Oral Surgery		
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%
	Adult & Child	
Orthodontics Eligibility	Addit & Cillid	
Eligibility	Dependent Children of enrolled employees are	covered to the end of the year age 25.

benefit booklet.

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