



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Parsippany Troy Hills BOE  
Horizon Dental Option Plan with ortho  
86968

Benefit	
<b>Benefit Period</b>	Calendar Year
<b>DEDUCTIBLE</b>	
Individual	\$25
Family	\$75
<b>BENEFIT PERIOD MAXIMUM</b>	\$2,500 ( per person)
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
<b>Orthodontics Maximum</b>	\$2,000
Orthodontics	Lifetime
<b>COINSURANCE</b>	
<b>Preventive Diagnostic</b>	
Exam and Preventive Services Exams	100%
Fluoride Treatment	100%
Sealants Application	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
<b>Treatment and Therapy</b>	
Space Maintainers	100%
Amalgam Restorations	80%
Composite Restorations - Anterior & Bicuspid	80%
Denture Adjustments	80%
Denture Repairs	80%
Simple Extractions	80%
<b>Endodontics</b>	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
<b>Periodontics</b>	
Scaling & Root Planing	80%
Gingivectomy	80%
Periodontal Maintenance	80%
Osscous Surgery	80%
<b>Oral Surgery</b>	
Surgical Extractions	80%
Partial Bony Extractions	80%
Complete Bony Extractions	80%
<b>Prosthodontics</b>	
Bridgework	50%
Partial Dentures	50%
<b>Crowns and Onlays</b>	
Crown – porcelain fused to high noble metal	50%
<b>Orthodontics</b>	50%
<b>Orthodontics Eligibility</b>	Adult & Child
<b>Eligibility</b>	Dependent Children of enrolled employees are covered to the end of the Month 19. Full time Student covered until the end of the Month age 23.
Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.	

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