



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

**Delran Township
Horizon Dental Option Plan # 96545**

Benefit	
Benefit Period	Calendar Year
DEDUCTIBLE	
Individual	\$0
Family	\$0
BENEFIT PERIOD MAXIMUM	\$1,000 (per person)
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
Orthodontics Maximum	N/A
Orthodontics	Not covered
COINSURANCE	
Preventive Diagnostic	
Exam and Preventive Services Exams	100%
Fluoride Treatment	100%
Sealants Application	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
Treatment and Therapy	
Space Maintainers	80%
Amalgam Restorations	80%
Composite Restorations - Anterior & Bicuspid	80%
Denture Adjustments	80%
Denture Repairs	80%
Simple Extractions	80%
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
Periodontics	
Scaling & Root Planing	80%
Gingivectomy	80%
Periodontal Maintenance	80%
Osseous Surgery	80%
Oral Surgery	
Surgical Extractions	80%
Partial Bony Extractions	80%
Complete Bony Extractions	80%
Prosthodontics	
Bridgework	50%
Partial Dentures	50%
Crowns and Onlays	
Crown – porcelain fused to high noble metal	80%
Orthodontics	Not covered
Orthodontics Eligibility	N/A
Eligibility	Dependent Children of enrolled employees are covered to the end of the year age 26.
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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