

Medford Township Board of Education

Horizon Dental Option Plan

July 1, 2008

DENTAL OPTION PLAN

ANNUAL DEDUCTIBLE

NONE

ANNUAL MAXIMUM

\$1500 per person

ORTHODONTIA MAXIMUM

\$1500 LIFETIME
Employees and
Dependents

Visits & Exams	Visit for oral examination (three per calendar year)	100%*
	Prophylaxis including scaling & polishing	100%*
	Fluoride	100%*
X-rays	Periapical X-rays	100%*
	Bite-wing X-rays	100%*
	Full mouth Series	100%*
Endodontics	Pulp Capping	70%*
	Root Canal therapy with X-rays & Cultures	70%*
	Pulpectomy	70%*
	Apicoectomy	70%*
	Molar and/or complex root canal therapy	70%*
	Sealants	100%*
Restorations	Amalgam (silver-fillings)	70%*
	Composite Fillings (Anterior teeth only)	70%*
	Stainless steel crowns	70%*
Periodontics	Scaling and root planing	70%*
	Gingivectomy	70%*
	Correction of occlusion	70%*
	Subgingival curettage	70%*
	Osseous surgery	70%*
Oral Surgery & Extractions	Uncomplicated extractions	70%*
	Incisions and drainage of abscess	70%*
	Surgical removal of erupted teeth	70%*
	Removal of soft tissue impaction	70%*
	Full or partial bony impaction	70%*
Prosthodontics & Repairs	Inlay/Onlays	70%*
	Crowns (Freestanding)	70%*
	Full and partial dentures	50%*
	Denture repairs	70%*
	Crowns (abutments to bridgework)	70%*
	Pontic (false tooth)	50%*
	Space Maintaners	100%*
Orthodontia	Orthodontic fee for normal 24 month banded case- employees and dependents	50%

ANY QUESTIONS?

If you have any questions, please feel free to contact our **Customer Service Department** at **1-800-4-DENTAL (1-800-433-6825)** from **Monday through Friday from 8AM to 6PM**. For more information on our networks and downloadable forms and a QuickSearch for dentists in your area visit us at www.horizonblue.com.

* Annual Maximums apply. These services are also subject to plan allowed amounts. The above information is provided for illustrative purposes only. Specific benefit levels and dental services are described more completely in the employee benefit books. The extent of insurance for each individual is governed at all times by the complete terms of the master group insurance contract issued by Horizon Blue Cross Blue Shield of New Jersey, Horizon Healthcare Dental Services and Horizon Healthcare Dental.

Coinsurance rates under the Horizon Dental Option Plan are based upon a percentage of Usual, Customary and Reasonable charges

** Dependent coverage until the end of the Year when age 23 is attained.

Nonmanaged products are issued by Horizon Blue Cross blue Shield of New Jersey. Managed products are issued by Horizon Healthcare Dental, Inc., a subsidiary of Horizon Blue Cross Blue Shield of New Jersey. Each is an independent licensee of the Blue Cross and Blue Shield Association.