

Colts Neck Township Board of Education Horizon Dental Option Plan with ortho

Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
DEDUCTIBLE	Cuch	our Tour
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	\$500	
Orthodontics	Lifetime	
COINSURANCE		
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		
Space Maintainers	85%	85%
Amalgam Restorations	85%	85%
Composite Restorations - Anterior & Bicuspid	85%	85%
Denture Adjustments	85%	85%
Denture Repairs	85%	85%
Simple Extractions	85%	85%
Endodontics		
Root Canal Therapy - Anterior & Bicuspid	85%	85%
Root Canal Therapy - Molar	85%	85%
Periodontics		
Scaling & Root Planing	85%	85%
Gingivectomy	85%	85%
Periodontal Maintenance	85%	85%
Osseous Surgery	85%	85%
Oral Surgery		
Surgical Extractions	85%	85%
Partial Bony Extractions	85%	85%
Complete Bony Extractions	85%	85%
Prosthodontics		
Bridgework	50%	50%
Partial Dentures	50%	50%
Crowns and Onlays		
Crown – porcelain fused to high noble metal	85%	85%
Orthodontics	50%	50%
Orthodontics Eligibility	Adult & Child	
Eligibility	Dependent Children of enrolled employees are	covered to the end of the year age 23.
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