

**MILLVILLE BOARD OF EDUCATION
HORIZON BLUE CROSS/BLUE SHIELD DENTAL PROGRAM
GROUP #096006**

<p style="text-align: center;">Preventive & Diagnostic Services 100% UCR</p> <p>The BCBSNJ Dental Program covers the following services which diagnose and help prevent dental problems:</p> <ul style="list-style-type: none"> ➤ Initial and periodic oral examinations; ➤ Bite wing x-rays and full-mouth x-rays; ➤ Prophylaxis, including cleaning and polishing; ➤ Topical application of fluoride for covered persons under age 19; ➤ Sealants; and ➤ Space Maintainers (for children). <p>Payment for these services is provided once every 8 months, except for full mouth x-rays, which are provided once every 36 months.</p> <p style="text-align: center;">Treatment & Therapy Services 80% UCR**</p> <p>The BCBSNJ Dental Program also covers the following basic dental services to treat minor problems before they become major problems:</p> <ul style="list-style-type: none"> ➤ Repair of dentures; ➤ Fillings (silver amalgam and synthetic restorations); ➤ Palliative emergency dental services; ➤ General anesthesia; ➤ Biopsy of oral tissue; ➤ Pulp capping and pulpectomy; ➤ Simple extractions; and ➤ Endodontics, root canal treatment*. <p>* Pre-operative x-rays and a treatment plan are required for this procedure. Simple extractions require pre-operative x-rays and a treatment plan when 3 or more extractions are performed. Endodontics and root canal therapy also require post-operative x-rays.</p>	<p style="text-align: center;">Periodontics 80% UCR**</p> <p>Rarely painful in its early stages, gum disease is easily overlooked without regular dental checkups. Our Dental Program includes the following periodontic coverage;</p> <ul style="list-style-type: none"> ➤ Periodontic Examinations; ➤ Gingival Curettage; ➤ Periodontic prophylaxis; ➤ Gingivectomy and gingivoplasty (gum surgery and rebuilding of the gums)*; ➤ Osseous Surgery (bone surgery)*; ➤ Mucogingivoplasty (cutting gums and mucous membranes)*; ➤ Management of acute infections and oral lesions*; and ➤ Other periodontic procedures, with plan approval*. <p>*A treatment Plan and pre-operative x-rays are required before these services are performed. No x-rays are required for treatment of acute infection and oral lesions.</p> <p style="text-align: center;">Prostodontics 50% UCR**</p> <p>An extracted tooth is the end of an old problem and the beginning of a new one. Unless an artificial tooth takes its place, other teeth begin to shift toward the gap. For lack of one early treatment, many more may be needed.</p> <p>The following procedures are covered:</p> <ul style="list-style-type: none"> ➤ Partial or complete dentures; ➤ Fixed bridges; and ➤ Splinted crowns <p>A treatment plan and pre-operative x-rays are required before these services are performed.</p> <hr/> <p><i>Dependent children covered until the end of the calendar year in which they turn 23.</i></p>	<p style="text-align: center;">Inlays & Crowns 80% UCR**</p> <p>The BCBSNJ Dental Program also covers Inlays & Crowns for restorative purposes that are not part of a bridge or splinted crown. Pre-operative x-rays and a treatment plan are required before these are performed.</p> <p style="text-align: center;">Oral Surgery 80% UCR**</p> <p>The following oral surgical services are also covered:</p> <ul style="list-style-type: none"> ➤ Alveoectomy; ➤ Apicoectomy*; ➤ Treatment of fractures*; ➤ Removal of lesions*; ➤ Surgical extractions*; and ➤ Appliances for minor tooth movement*. <p>Pre-operative x-rays must be sent with the claim for these procedures, except removal of soft tissue tumors.</p> <p style="text-align: center;">Orthodontics 50%UCR \$1,500 Lifetime Maximum</p> <p>The following orthodontic services are available for employee and the employees eligible dependents;</p> <ul style="list-style-type: none"> ➤ Diagnosis, including study models and x-rays; ➤ Initial installation of appliances; ➤ Subsequent active monthly treatment; ➤ Subsequent retention treatment. <p>After an eligible dependent receives orthodontic services under this coverage, further benefits are provided to that dependent only if 5 years have elapsed since completion of treatment. A treatment plan is required before these services are performed.</p>
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MEA, MAA, & MSSA: \$50 / \$100 deductible with \$2000/yr coverage limit

BMW, COEA, & Cafeteria Managers: \$25 / \$75 deductible with \$1000/yr coverage limit