

MILLVILLE BOARD OF EDUCATION

Horizon Dental Option Plan

		<u>HDOP</u>
ANNUAL DEDUCTIBLE		\$25 per person \$75 per family
ANNUAL MAXIMUM		\$1,000
ORTHODONTIA		\$1,500
BENEITS PERCENTAGES FOR COVERED DENTAL SERVICES		
Visits & Exams	Visit for oral examination	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	80%*+
	Root Canal therapy with X-rays & Cultures	80%*+
	Pulpectomy	80%*+
	Apioectomy	80%*+
	Molar and/or complex root canal therapy	80%*+
Restorations	Amalgam (silver-fillings)	80%*+
	Composite Fillings	80%*+
	Stainless steel crowns	80%*+
Periodontics	Scaling and root planing	80%*+
	Gingivectomy	80%*+
	Correction of occlusion	80%*+
	Subgingival curettage	80%*+
	Osseous surgery	80%*+
Oral Surgery & Extractions	Uncomplicated extractions	80%*+
	Incisions and drainage of assess	80%*+
	Surgical removal of erupted teeth	80%*+
	Removal of soft tissue impaction	80%*+
	Full or partial bony impaction	80%*+
Prostodontics & Repairs	Inlay/Onlays	80%*+
	Crowns (Freestanding)	80%*+
	Full and partial dentures	50%*+
	Denture repairs	50%*+
	Crowns (abutments to bridgework)	50%*+
	Pontics (false teeth)	50%*+
	Space Maintainers	80%*+
Orthodontia	Orthodontic fee for normal 24 month	50%*
	Banded case - children	

+Annual Deductible and *Annual Maximum apply. These services are also subject to Maximum Allowable Charge (MAC) limitations.

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

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 and Horizon Healthcare Dental.