

Stafford Township  
Horizon Dental Option Plan with ortho  
96012

Benefit	Calendar Year
<b>Benefit Period</b>	
<b>DEDUCTIBLE</b>	
Individual	\$50
Family	\$150
<b>BENEFIT PERIOD MAXIMUM</b>	
Benefit Period Maximum Applies To	\$2,000 (per person)
<b>Preventive &amp; Diagnostic, Treatment &amp; Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays</b>	
<b>Orthodontics Maximum</b>	\$2,000
Orthodontics	Lifetime
<b>COINSURANCE</b>	
<b>Preventive Diagnostic</b>	
Exam and Preventive Services Exams	100%
Fluoride Treatment	100%
Sealants Application	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
<b>Treatment and Therapy</b>	
Space Maintainers	80%
Amalgam Restorations	80%
Composite Restorations - Anterior & Bicuspid	80%
Denture Adjustments	80%
Denture Repairs	80%
Simple Extractions	80%
<b>Endodontics</b>	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
<b>Periodontics</b>	
Scaling & Root Planing	80%
Gingivectomy	80%
Periodontal Maintenance	80%
Osseous Surgery	80%
<b>Oral Surgery</b>	
Surgical Extractions	80%
Partial Bony Extractions	80%
Complete Bony Extractions	80%
<b>Prosthodontics</b>	
Bridgework	50%
Partial Dentures	50%
<b>Crowns and Onlays</b>	
Crown – porcelain fused to high noble metal	50%
<b>Orthodontics</b>	50%
<b>Orthodontics Eligibility</b>	Adult & Child
<b>Eligibility</b>	Dependent Children of enrolled employees are covered to the end of the year age 19, Full time student end of the month age 23.
<b>Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.</b>	

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