



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Township of Piscataway DOP PLAN - Subgroup 31	
Benefit	
Benefit Period	Benefit Year
DEDUCTIBLE	
Individual	\$75
Family	\$225
Deductible Applies To	Preventive & Diagnostic, Treatment & Therapy, and Endodontics
BENEFIT PERIOD MAXIMUM	\$3,000 (per person)
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, and Crowns and Onlays
Orthodontics Maximum	\$2,000
Orthodontics	Lifetime
COINSURANCE	
Preventive Diagnostic	
Exam and Preventive Services Exams	100%
Fluoride Treatment	100%
Sealants Application	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
Treatment and Therapy	
Space Maintainers	100%
Amalgam Restorations	100%
Composite Restorations - Anterior & Bicuspid	100%
Denture Adjustments	100%
Denture Repairs	100%
Simple Extractions	100%
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	100%
Root Canal Therapy - Molar	100%
Periodontics	
Scaling & Root Planing	85%
Gingivectomy	85%
Periodontal Maintenance	85%
Osseous Surgery	85%
Oral Surgery	
Surgical Extractions	85%
Partial Bony Extractions	85%
Complete Bony Extractions	85%
Prosthodontics	
Bridgework	85%
Partial Dentures	85%
Crowns and Onlays	
Crown – porcelain fused to high noble metal	85%
Orthodontics	50%
Orthodontics Eligibility	Child
Eligibility	Dependent Children of enrolled employees are covered to the end of the month in which they turn 26, full-time students are covered to the end of the month in which they turn 26.
Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.	
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