

# Shamong Township Board of Education

## Delta Dental of New Jersey Plan

<b>Annual Deductible</b> (Does Not Apply to Preventive & Diagnostic)	<b>\$25 Individual, \$75 Family</b>
<b>Annual Maximum</b>	<b>\$1,250</b>
<b>Exams &amp; Preventive Services Exams*</b> All exams Fluoride treatment (child) Sealant application Prophylaxis	<b>100%</b> <b>2-Cleanings Per Year</b>
<b>X-rays*</b> Panoramic Full-mouth X-rays	<b>100%</b>
<b>Space Maintainers</b> fixed unilateral/bilateral	<b>100%</b>
<b>Restorations and Repairs</b> Amalgam restorations Composite restorations (other than for molars) Denture adjustments and repairs	<b>80%</b>
<b>Endodontics</b> Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	<b>80%</b>
<b>Periodontics</b> Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	<b>80%</b>
<b>Oral Surgery</b> Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	<b>80%</b>
<b>Major Restoration</b> Crowns	<b>80%</b>
<b>Dentures</b> Complete and partial dentures	<b>60%</b>
<b>Fixed Bridges</b> Retainers	<b>60%</b>
<b>Orthodontic Procedures</b> Adult and Children - Limited to one complete orthodontic treatment per lifetime	<b>50%</b> <b>\$1,000 lifetime max.</b>
<b>Rates July 1, 2015</b> 2 year rate guarantee	<b>One Party - \$42.43</b>
	<b>Two Party - \$73.41</b>
	<b>Three Party + - \$122.20</b>