

Shamong Township Board of Education

Delta Dental of New Jersey Plan

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