



City of Elizabeth	
Group #87206-00	
Benefit	Traditional Plan
Benefit Period	Calendar Year
DEDUCTIBLE	
Individual	\$25
Family	\$75
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays and Orthodontics
BENEFIT PERIOD MAXIMUM	\$2,500 (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	
Strong Smile Rider	Excluded
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	80%
Amalgam Restorations	80%
Composite Restorations - Anterior & Bicuspid	80%
Denture Adjustments	80%
Denture Repairs	80%
Simple Extractions	80%
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
Periodontics	
Scaling & Root Planing	80%
Gingivectomy	80%
Periodontal Maintenance	80%
Osseous Surgery	80%
Oral Surgery	
Surgical Extractions	80%
Partial Bony Extractions	80%
Complete Bony Extractions	80%
Prosthodontics	
Bridgework	60%
Partial Dentures	60%
Crowns and Onlays	
Crown – porcelain fused to high noble metal	60%
Orthodontics	50%
Orthodontics Eligibility	Child only
Eligibility	Dependent Children of enrolled employees are covered to age 23, full-time students are covered to age 23.
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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