

Summary of Benefits: Horizon Family Grins

This plan uses the Horizon PPO Network and meets the pediatric dental coverage requirements of the Affordable Care Act.

	Pediatric In Network (<19 years)	Adults In Network (≥19 years)
Deductible (Preventive/Diagnostic)		
Individual	\$25	\$0
Family	\$0	\$0
Deductible (Basic & Major)		
Individual	\$100	None
Family	\$200	None
Out-of-Network Reimbursement	n/a	n/a
Benefit Period Maximum Out-of-Pocket (Basic, Major & Orthodontia)		
Individual	\$350	n/a
Family	\$700	n/a
Preventive/Diagnostic		
Periodic Oral Evaluations	100%	100%
	Once/6 months	Once/6 months
Prophylaxis	100%	100%
	Once/6 months	Once/6 months
Fluoride	100%	Discount for eligible services
	Once/6 months	
Bitewing X-rays	100%	100%
	Once/6 months	Once/6 months
Application of Sealants	100%	Not covered
Basic		
Emergency Palliative	80%	Discount for eligible services
Space Maintainers	80%	Discount for eligible services
	When medically necessary	Discount for eligible services
Oral Surgery		
Surgical Extractions	80%	Discount for eligible services
Simple Extractions	80%	Discount for eligible services
Impacted Teeth	80%	Discount for eligible services
Amalgam Restorations	80%	Discount for eligible services
Periodontics		
Scaling & Root Planing	80%	Discount for eligible services
	Once a year	
Gingivectomy	80%	Discount for eligible services
	Once/3 years	
Periodontal Maintenance	80%	Discount for eligible services
	Once/6 months	
Osseous Surgery	80%	Discount for eligible services
	Once/3 years	
Endodontics		
Root Canal Therapy	80%	Discount for eligible services

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	Pediatric In Network (<19 years)	Adults In Network (≥19 years)
Major		
Inlays/Onlays/Crowns	50%	Discount for eligible services
	Once/5 years	
Prosthodontics		
Bridges	50%	Discount for eligible services
	Once/5 years	
Dentures	50%	Discount for eligible services
	Once/5 years	
Adjustments	50%	Discount for eligible services
	Once/6 months	
Other Prosthetics	50%	Discount for eligible services
Medically Necessary Orthodontia	50%	n/a
Cosmetic Orthodontia	\$1,000 lifetime maximum	n/a

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para recibir ayuda en español, llame al **1-800-4DENTAL (433-6825)**. Chinese: 如需中文協助，請致電 **1-800-4DENTAL (433-6825)**。