

## Summary of Benefits: Horizon Family Grins Plus

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)	Adults Out of Network (≥19 years)
<b>Deductible (Preventive/Diagnostic)</b>			
Individual	\$25	\$50	\$50
Family	\$0	\$150	\$150
<b>Deductible (Basic &amp; Major)</b>			
Individual	\$100	Combined with P/D	Combined with P/D
Family	\$200	Combined with P/D	Combined with P/D
Annual Maximum	n/a	\$1,000	\$1,000 (combined with INN)
Out-of-Network Reimbursement	n/a	n/a	PPO fee schedule
<b>Benefit Period Maximum Out-of-Pocket (Basic, Major, &amp; Orthodontia)</b>			
Individual	\$350	n/a	n/a
Family	\$700	n/a	n/a
<b>Preventive/Diagnostic</b>			
Periodic Oral Evaluations	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Prophylaxis	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Fluoride	100%	Not covered	Not covered
	Once/6 months		
Bitewing X-rays	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Application of Sealants	100%	Not covered	Not covered
<b>Basic</b>			
Emergency Palliative	80%	80%	80%
Space Maintainers	80%	Not covered	Not covered
	When medically necessary		
<b>Oral Surgery</b>			
Surgical Extractions	80%	80%	80%
Simple Extractions	80%	80%	80%
Impacted Teeth	80%	80%	80%
Amalgam Restorations	80%	80%	80%
<b>Periodontics</b>			
Scaling & Root Planing	80%	80%	80%
	Once a year	Once a year	Once a year
Gingivectomy	80%	80%	80%
	Once/3 years	Once/3 years	Once/3 years
Periodontal Maintenance	80%	80%	80%
	Once/6 months	Once/6 months	Once/6 months
<b>Endodontics</b>			
Root Canal Therapy	80%	80%	80%

(continues)



Horizon Blue Cross Blue Shield of New Jersey

[HorizonBlue.com/dental](http://HorizonBlue.com/dental)

	Pediatric In Network (<19 years)	Adults In Network (≥19 years)	Adults Out of Network (≥19 years)
<b>Major</b>			
Inlays/Onlays/Crowns	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Prosthodontics			
Bridges	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Dentures	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Other Prosthetics	50%	50%	50%
<b>Medically Necessary Orthodontia</b>	50%	n/a	n/a
<b>Cosmetic Orthodontia</b>	\$1,000 lifetime maximum	n/a	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)**。