

## Summary of Benefits: Horizon Young Grins

This plan uses the Horizon PPO Network and meets the pediatric dental coverage requirements of the Affordable Care Act. This plan cover members under the age of 19.

	In Network (under age 19 years)
<b>Deductible (Preventive/Diagnostic)</b>	
Individual	\$25
Family	\$0
<b>Deductible (Basic &amp; Major)</b>	
Individual	\$100
Family	\$200
<b>Benefit Period Maximum Out-of-Pocket (Basic, Major &amp; Orthodontia)</b>	
Individual	\$350
Family	\$700
<b>Class I - Preventive/Diagnostic</b>	
Periodic Oral Evaluations	100%
	Once/6 months
Prophylaxis	100%
	Once/6 months
Fluoride	100%
	Once/6 months
X-rays	100%
	Once/6 months
Application of Sealants	100%
Lab and Other Tests	100%
<b>Class II - Basic</b>	
Emergency Palliative	80%
Space Maintainers	80%
	When medically necessary
Oral Surgery	
Surgical Extractions	80%
Simple Extractions	80%
Impacted Teeth	80%
Anesthesia	When medically necessary
Amalgam Restorations	Frequency will only apply when the same TIN/office performs treatment. Once/6 months
Composite Restorations	80%
Periodontics	
Scaling & Root Planing	80%
	Once a year
Gingivectomy	80%
	Once/3 years
Periodontal Maintenance	80%
	Once/6 months
Osseous Surgery	80%
	Once/3 years

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Horizon Blue Cross Blue Shield of New Jersey

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	In Network (under age 19 years)
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
<b>Class III - Major</b>	
Inlays/Onlays/Crowns	50%
	Once/5 years
Prosthodontics	
Bridges	50%
	Once/5 years
Dentures	50%
	Once/5 years
Adjustments	50%
	Once/6 months
Other Prosthetics	50%
<b>Medically Necessary Orthodontia</b>	50%

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)**。