



# Dental Option Plan Summary of Benefits



Horizon Blue Cross Blue Shield of New Jersey

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

## Table of Contents

Horizon Dental Option Plan D161	3
Horizon Dental Option Plan D163	4
Horizon Dental Option Plan D165	5
Horizon Dental Option Plan D187	6
Horizon Dental Option Plan D586	7
Horizon Dental Option Plan D2171	8
Horizon Dental Option Plan D2172	9
Horizon Dental Option Plan D2173	10
Horizon Dental Option Plan D2190	11
Horizon Dental Option Plan D2191	12
Horizon Dental Option Plan D2198	13
Horizon Dental Option Plan D2207	14
Horizon Dental Option Plan D2208	15
Horizon Dental Option Plan D2209	16
Horizon Dental Option Plan D2312	17
Horizon Dental Option Plan D2313	18
Horizon Dental Option Plan D2314	19
Horizon Dental Option Plan D2548	20
Horizon Dental Option Plan D2644	21
Horizon Dental Option Plan D2645	22
Horizon Dental Option Plan D2646	23
Horizon Dental Option Plan D2849	24

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)**。

Horizon Blue Cross Blue Shield of New Jersey's standard dental policy and claim administration policies apply and may be altered periodically. This summary highlights the major features of your dental benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey, both of which are independent licensees of the Blue Cross and Blue Shield Association.

The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association.

The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2017 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

## Horizon Dental Option Plan \$50/\$1000 (100/80/50) D161

**A six-month waiting period applies to major services. Annual maximum benefit is \$1000.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) Ortho \$750 D163

A six-month waiting period applies to major services. Annual maximum benefit is \$1500.

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	\$750 lifetime maximum	\$750 lifetime maximum
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/100/50) D165

**A six-month waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	100%	100%
Oral surgery	100%	100%
Impacted teeth	100%	100%
Simple extractions	100%	100%
Surgical extractions	100%	100%
Anthesthesia	100%	100%
Amalgam Restorations	100%	100%
Composite Restorations	100%	100%
Gingivectomy	100%, once every 3 years	100%, once every 3 years
Osseous Surgery	100%, once every 2 years	100%, once every 2 years
Periodontal Maintenance	100%, once every 6 months	100%, once every 6 months
Root Canal Therapy: anterior and bicuspid	100%	100%
Root Canal Therapy: molar	100%	100%
Scaling & Root Planing	100%, once every 12 months	100%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$25/\$1500 (100/80/50) D187

A six-month waiting period applies to major services. Annual maximum benefit is \$1500.

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$25	\$25
Family	\$75	\$75
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) D586

**A six-month waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1000 (100/80/50) D2171

**No waiting period for major services. Annual maximum benefit is \$1000.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	n/a
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.



## Horizon Dental Option Plan \$50/\$1000 (100/80/50) D2172

**A six-month waiting period applies to major services. Annual maximum benefit is \$1000.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1000 (100/80/50) D2173

**No waiting period applies to major services. Annual maximum benefit is \$1000.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 Ortho \$750 D2190

**A six-month waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	\$750 lifetime maximum	\$750 lifetime maximum
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) Ortho \$750 D2191

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	\$750 lifetime maximum	\$750 lifetime maximum
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/75/50) with waiting period D2198

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	Not applicable
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	75%	75%
Oral surgery	75%	75%
Impacted teeth	75%	75%
Simple extractions	75%	75%
Surgical extractions	75%	75%
Anthesthesia	75%	75%
Amalgam Resotratations	75%	75%
Composite Restorations	75%	75%
Gingivectomy	75%, once every 3 years	75%, once every 3 years
Osseous Surgery	75%, once every 2 years	75%, once every 2 years
Periodontal Maintenance	75%, once every 6 months	75%, once every 6 months
Root Canal Therapy: anterior and bicuspid	75%	75%
Root Canal Therapy: molar	75%	75%
Scaling & Root Planing	75%, once every year	75%, once every year
<b>Class III: Major</b>		
Bridges	50%, once every 7.5 years	50%, once every 7.5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/100/50) D2207

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	100%	100%
Oral surgery	100%	100%
Impacted teeth	100%	100%
Simple extractions	100%	100%
Surgical extractions	100%	100%
Anthesthesia	100%	100%
Amalgam Restorations	100%	100%
Composite Restorations	100%	100%
Gingivectomy	100%, once every 3 years	100%, once every 3 years
Osseous Surgery	100%, once every 2 years	100%, once every 2 years
Periodontal Maintenance	100%, once every 6 months	100%, once every 6 months
Root Canal Therapy: anterior and bicuspid	100%	100%
Root Canal Therapy: molar	100%	100%
Scaling & Root Planing	100%, once every 12 months	100%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/100/50) D2208

A six-month waiting period applies to major services. Annual maximum benefit is \$1500.

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	100%	100%
Oral surgery	100%	100%
Impacted teeth	100%	100%
Simple extractions	100%	100%
Surgical extractions	100%	100%
Anthesthesia	100%	100%
Amalgam Restorations	100%	100%
Composite Restorations	100%	100%
Gingivectomy	100%, once every 3 years	100%, once every 3 years
Osseous Surgery	100%, once every 2 years	100%, once every 2 years
Periodontal Maintenance	100%, once every 6 months	100%, once every 6 months
Root Canal Therapy: anterior and bicuspid	100%	100%
Root Canal Therapy: molar	100%	100%
Scaling & Root Planing	100%, once every 12 months	100%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/100/50) D2209

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	100%	100%
Oral surgery	100%	100%
Impacted teeth	100%	100%
Simple extractions	100%	100%
Surgical extractions	100%	100%
Anesthesia	100%	100%
Amalgam Restorations	100%	100%
Composite Restorations	100%	100%
Gingivectomy	100%, once every 3 years	100%, once every 3 years
Osseous Surgery	100%, once every 2 years	100%, once every 2 years
Periodontal Maintenance	100%, once every 6 months	100%, once every 6 months
Root Canal Therapy: anterior and bicuspid	100%	100%
Root Canal Therapy: molar	100%	100%
Scaling & Root Planing	100%, once every 12 months	100%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.



## Horizon Dental Option Plan \$25/\$1500 (100/80/50) D2312

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$25	\$25
Family	\$75	\$75
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	n/a
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$25/\$1500 (100/80/50) D2313

**A six-month waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$25	\$25
Family	\$75	\$75
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$25/\$1500 (100/80/50) D2314

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$25	\$25
Family	\$75	\$75
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/60) D2548

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	60%, once every 5 years	60%, once every 5 years
Dentures	60%, once every 5 years	60%, once every 5 years
Adjustments	60%	60%
Inlays/Onlays/Crowns	60%, once every 5 years	60%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) D2644

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) D2645

**A six-month waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) D2646

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	Not covered	Not covered
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every 12 months
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.

## Horizon Dental Option Plan \$50/\$1500 (100/80/50) Ortho \$1000 D2849

**No waiting period applies to major services. Annual maximum benefit is \$1500.**

	In-Network Coverage	Out-of-Network Coverage
<b>Network</b>	Horizon Dental PPO, Horizon Traditional & National GRID Plus	—
<b>Deductible does not apply to in-network preventive/diagnostics services</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Orthodontia</b>	\$1000 lifetime maximum	\$1000 lifetime maximum
<b>Class I: Preventive &amp; Diagnostic</b>		
Adult prophylaxis	100%	100%
Fluoride treatment	100%	100%
Periodic oral exam	100%	100%
Sealants application	100%	100%
X-rays	100%	100%
<b>Class II: Basic</b>		
Space maintainers	80%	80%
Oral surgery	80%	80%
Impacted teeth	80%	80%
Simple extractions	80%	80%
Surgical extractions	80%	80%
Anthesthesia	80%	80%
Amalgam Restorations	80%	80%
Composite Restorations	80%	80%
Gingivectomy	80%, once every 3 years	80%, once every 3 years
Osseous Surgery	80%, once every 2 years	80%, once every 2 years
Periodontal Maintenance	80%, once every 6 months	80%, once every 6 months
Root Canal Therapy: anterior and bicuspid	80%	80%
Root Canal Therapy: molar	80%	80%
Scaling & Root Planing	80%, once every 12 months	80%, once every year
<b>Class III: Major</b>		
Bridges	50%, once every 5 years	50%, once every 5 years
Dentures	50%, once every 5 years	50%, once every 5 years
Adjustments	50%	50%
Inlays/Onlays/Crowns	50%, once every 5 years	50%, once every 5 years

Effective date varies based on contract.