

## Summary of Benefits: Horizon Healthy Smiles 80/50/50/50

This plan, effective January 1 of the current plan year, uses the PPO and GRID networks.  
There are no out-of-network benefits. A waiting period may apply.

|  | In-Network Coverage                     |
|--|---|
| <b>Deductible</b>  |   |
| Individual   | \$50                                    |
| Family   | \$150                                   |
| Annual maximum per member  | \$1,000 per calendar year               |
| <b>Preventive/diagnostic (D0000 — D1999)</b>                               |   |
| Periodic oral evaluations  | 80%                                     |
|  | 2 per calendar year                     |
| Prophylaxis (cleaning)   | 80%                                     |
|  | 2 per calendar year                     |
| X-rays (bitewing)  | 80%                                     |
|  | 2 sets every 24 months                  |
| Fluoride (up to age 19 years)  | 80%                                     |
|  | 1 every 12 months                       |
| Sealant application  | 80%                                     |
|  | 1 per lifetime per tooth                |
| Consultation (D9310)   | 80%                                     |
|  | 2 per calendar year                     |
| <b>Basic restorative (D2140 — D2394); six-month waiting period applies</b> |   |
| Amalgam (silver) fillings  | 50%                                     |
|  | 1 per tooth/per surface every 24 months |
| Composite (tooth colored) fillings anterior only                           | 50%                                     |
|  | 1 per tooth/per surface every 24 months |
| <b>Crowns (D2510 — D2999); 12-month waiting period applies</b>             |   |
| Indirectly fabricated single crowns, onlays, posts and cores               | 50%                                     |
|  | Every 7 years                           |
| Repairs and re-cementation of crowns, onlays, posts and cores              | 50%                                     |
|  | 1 every year                            |
| <b>Endodontics (D3110 — D3999); 12-month waiting period applies</b>        |   |
| Root canal therapy   | 50%                                     |
|  | 1 per lifetime per tooth                |
| Pulpotomy, pulpal debridement, partial pulpotomy                           | 50%                                     |
|  | 1 per lifetime                          |
| Retreatment of root canal therapy  | 50%                                     |
|  | 1 per lifetime per tooth                |
| <b>Periodontics (D4210 — D4999); 12-month waiting period applies</b>       |   |
| Periodontal scaling and root planing                                       | 50%                                     |
|  | 1 every 24 months                       |
| Period maintenance   | 50%                                     |
|  | 2 every 12 months                       |
| Surgical periodontal treatment   | 50%                                     |
|  | 1 every 3 years                         |

(continues)



Horizon Blue Cross Blue Shield of New Jersey

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

|   | In-Network Coverage           |
|---|-------------------------------|
| <b>Prosthodontics (D5000 — D5899; D6200 — D6999); 12-month waiting period applies</b>     |                               |
| Removable complete and partial dentures   | 50%                           |
|   | 1 every 7 years               |
| Fixed partial dentures (bridges)  | 50%                           |
|   | 1 every 7 years               |
| Adjustments, repairs, relines   | 50%                           |
|   | 2 every 12 months             |
| <b>Oral surgery (D7000 — D7999)</b>   |                               |
| Nonsurgical and surgical extraction of teeth  | 50%                           |
| Brush biopsy, alveoloplasty   | 50%                           |
| <b>Adjunctive general services (D9110 — D9248; D9410 — D9999)</b>                         |                               |
| Palliative treatment  | 50%                           |
| General anesthesia  | 50%, when medically necessary |
| <b>Orthodontia coverage is available. Call your sales representative for information.</b> |                               |

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. Services and products are provided by Horizon Blue Cross Blue Shield of New Jersey or Horizon Healthcare Dental, Inc., 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 Blue Cross Blue Shield of New Jersey

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

31628 C (0917)