

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

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

	In-Network Coverage
Deductible	
Individual	\$50
Family	\$150
Annual maximum per member	\$1,000 per calendar year
Preventive/diagnostic (D0000 — D1999)	
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
Basic restorative (D2140 — D2394); six-month waiting period applies	
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
Crowns (D2510 — D2999); 12-month waiting period applies	
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
Endodontics (D3110 — D3999); 12-month waiting period applies	
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
Periodontics (D4210 — D4999); 12-month waiting period applies	
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

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	In-Network Coverage
Prosthodontics (D5000 — D5899; D6200 — D6999); 12-month waiting period applies	
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
Oral surgery (D7000 — D7999)	
Nonsurgical and surgical extraction of teeth	50%
Brush biopsy, alveoloplasty	50%
Adjunctive general services (D9110 — D9248; D9410 — D9999)	
Palliative treatment	50%
General anesthesia	50%, when medically necessary
Orthodontia coverage is available. Call your sales representative for information.	

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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

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