## Summary of Benefits: Horizon Dental PPO $50/$1500 100/80/50 w/waiting period D587

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

<table>
<thead>
<tr>
<th>Network</th>
<th>In-Network Coverage</th>
<th>Out-of-Network Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible:</td>
<td>Horizon Dental PPO</td>
<td>Not applicable</td>
</tr>
<tr>
<td>does not apply to in-network preventive/diagnostics services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$750 lifetime benefit</td>
<td>$750 lifetime benefit</td>
</tr>
</tbody>
</table>

### Class I: Preventive & Diagnostic

- Adult prophylaxis: 100% in-network, 100% out-network
- Fluoride treatment: 100% in-network, 100% out-network
- Periodic oral exam: 100% in-network, 100% out-network
- Sealants application: 100% in-network, 100% out-network
- X-rays: 100% in-network, 100% out-network

### Class II: Basic

- Space maintainers: 80% in-network, 80% out-network
- Oral surgery: 80% in-network, 80% out-network
- Impacted Teeth: 80% in-network, 80% out-network
- Simple extractions: 80% in-network, 80% out-network
- Surgical extractions: 80% in-network, 80% out-network
- Anesthesia: 80% in-network, 80% out-network
- Amalgam Restorations: 80% in-network, 80% out-network
- Composite Restorations: 80% in-network, 80% out-network
- Gingivectomy: 80%, once every 3 years in-network, 80%, once every 3 years out-network
- Osseous Surgery: 80%, once every 2 years in-network, 80%, once every 3 years out-network
- Periodontal Maintenance: 80%, once every 6 months in-network, 80%, once every 6 months out-network
- Root Canal Therapy: anterior & bicuspid: 80% in-network, 80% out-network
- Root Canal Therapy: molar: 80% in-network, 80% out-network
- Scaling & Root Planing: 80%, once every year in-network, 80%, once every year out-network

### Class III: Major

- Bridges: 50%, once every 5 years in-network, 50%, once every 5 years out-network
- Dentures: 50%, once every 5 years in-network, 50%, once every 5 years out-network
- Adjustments: 50% in-network, 50% out-network
- Inlays/Onlays/Crowns: 50%, once every 5 years in-network, 50%, once every 5 years out-network

Effective date varies based on contract.

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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)。