



Horizon Dental PPO Access

\$0 Deductible, No Annual Maximum

Coverage Type	In Network	Out of Network
Preventive (cleanings, oral exams, X-rays, child: fluoride treatment, sealant application)	100%	100%
Treatment and Therapy (amalgam restorations, child: space maintainers)	100%	100%
Basic (composite restorations, extractions)	Discount	Not Covered
Major (bridges, dentures, crowns)	Discount	Not covered

FAQs

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask your dentist to get a pretreatment estimate from Horizon. Your participating general dentist or specialist will send Horizon a plan for your care and will request an estimate of benefits. The estimate helps you prepare for the cost of dental services.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the Horizon PPO Access Plan.

How do I find a participating dentist?

To locate a participating provider, please utilize the doctor finder at horizonblue.com/doctorfinder or by calling **1-800-4-DENTAL**. Simply log in or continue as a guest, select dental, select the Horizon PPO Access Plan, input any location nationwide, select the dentist, specialty or group practice and the results will automatically generate based on the network(s) your plan belongs to.

EXCLUSIONS

Please review contract for full list of exclusions

Implants | Services relating to TMJ | Replacement of lost, stolen or broken space maintainers | Missing teeth

*Payment is based upon the Horizon allowance and the provider may bill the member up to charges.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

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Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.

ECNXXXXXX (XXXX)

PATIENT SAVINGS SCHEDULE for New Jersey Dentists



When you receive treatment from dentists in the Horizon Dental PPO Network, your costs are reduced significantly. This *Patient Savings Schedule* compares the charges you will pay for eligible services under the Horizon Dental PPO Access Plan with typical charges* and illustrates the savings you might expect.

The fees listed below represent charges when using Horizon Dental PPO Network general dentists. **Fees charged by specialists (also reduced) will generally be higher.** Call **1-800-4-DENTAL (1-800-433-6825)** for information on specialists' fees.

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			
ORAL EXAMS				
D0150	Comprehensive oral evaluation	\$0	\$117	\$117
D0120	Periodic oral evaluation†	\$0	\$74	\$74
X-RAYS				
D0210	Intraoral – complete series (including bitewings)	\$0	\$175	\$175
D0220	Intraoral – single film	\$0	\$35	\$9
D0230	Intraoral – each additional film	\$0	\$30	\$5
D0240	Intraoral – occlusal, single film	\$0	\$44	\$44
D0272	Bitewing – two films†	\$0	\$58	\$13
D0274	Bitewing – four films†	\$0	\$84	\$84
D0330	Panoramic film	\$0	\$151	\$151
PREVENTIVE				
D0460	Pulp vitality tests	\$0	\$45	\$45
D1110	Prophylaxis – adult†	\$0	\$125	\$125
D1120	Prophylaxis – child†	\$0	\$90	\$90
D1351	Sealants, per tooth	\$0	\$76	\$76
SPACE MAINTAINERS				
D1510	Fixed, unilateral	\$0	\$365	\$365
D1520	Removable, unilateral	\$0	\$402	\$402

† These services are limited to once every six months.

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			
TREATMENT AND THERAPY				
AMALGAM				
D2140	One surface, permanent or primary tooth	\$0	\$180	\$50
D2150	Two surfaces, permanent or primary tooth	\$0	\$128	\$74
D2160	Three surfaces, permanent or primary tooth	\$0	\$275	\$91
D2161	Four or more surfaces, permanent or primary tooth	\$0	\$285	\$115
COMPOSITE RESIN				
D2330	One surface, anterior tooth	\$70	\$215	\$145
D2331	Two surfaces, anterior tooth	\$87	\$215	\$128
D2332	Three surfaces, anterior tooth	\$108	\$329	\$221
D2391	One surface, posterior tooth	\$82	\$230	\$148
D2392	Two surfaces, posterior tooth	\$86	\$290	\$204
D2393	Three surfaces, posterior tooth	\$123	\$356	\$233
ORAL SURGERY				
D7140	Routine extractions	\$65	\$267	\$202
EXTRACTION OF IMPACTED TEETH				
D7220	Soft tissue	\$142	\$490	\$348
D7230	Partially bony	\$224	\$450	\$226
D7240	Completely bony	\$229	\$500	\$201
D7310	Alveoloplasty (in conjunction with extractions, per quadrant)	\$78	\$390	\$314
D7510	Incision and drainage of abscess – intraoral	\$48	\$419	\$372

PATIENT SAVINGS SCHEDULE for New Jersey Dentists



Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			
PROSTHODONTICS				
DENTURES				
D5110	Complete upper	\$829	\$2,250	\$1,421
D5120	Complete lower	\$829	\$2,257	\$1,428
D5130	Immediate upper	\$829	\$2,200	\$1,371
D5140	Immediate lower	\$829	\$2,250	\$1,421
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	\$496	\$1,229	\$768
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$496	\$1,428	\$967
D5410	Denture Adjustment, Full Upper	\$0	\$79	\$79
D5411	Denture Adjustment, Full Lower	\$0	\$79	\$79
D5421	Denture Adjustment, Partial Upper	\$0	\$79	\$79
D5422	Denture Adjustment, Partial Lower	\$0	\$79	\$79
DENTURE REPAIR				
D5520	Repair missing or broken teeth – each tooth	\$55	\$133	\$79
D5630	Repair or replace broken clasp	\$59	\$226	\$168
FIXED BRIDGEWORK				
D6240	Pontic – porcelain fused to high noble metal	\$733	\$1,429	\$696
D6750	Abutment crowns, porcelain fused to high noble metal	\$733	\$1,500	\$767
D6930	Recement bridgework	\$47	\$176	\$130
ONLAYS				
D2543	Metallic, three surfaces	\$322	\$1,479	\$1,165
D2544	Four or more surfaces	\$479	\$1,538	\$1,071

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			
CROWNS				
D2750	Porcelain fused to high noble metal	\$733	\$1,462	\$728
D2790	Full cast high noble metal	\$698	\$1,160	\$479
D2780	3/4 cast high noble metal	\$633	\$1,113	\$495
D2910	Recement inlays	\$28	\$111	\$84
D2920	Recement crowns	\$28	\$140	\$112
ENDODONTICS				
D3110	Pulp cap – direct (excluding final restoration)	\$18	\$99	\$81
D3220	Therapeutic pulpotomy (excluding final restoration)	\$70	\$203	\$135
ROOT CANAL THERAPY				
D3310	Anterior teeth, excludes final restoration	\$387	\$1,160	\$773
D3320	Premolars, excludes final restoration	\$482	\$1,345	\$863
D3330	Molars, excludes final restoration	\$587	\$1,650	\$1,063
D3410	Apicoectomy – anterior	\$255	\$931	\$704
D3430	Retrograde filling, per root	\$62	\$291	\$231
D3920	Hemisection (including any root removal)	\$116	\$461	\$348
PERIODONTICS				
D4260	Osseous surgery – per quadrant	\$547	\$1,421	\$887
D4270	Pedicle soft tissue grafts	\$232	\$1,003	\$777
D4341	Periodontal scaling and root planing (per quadrant)	\$100	\$254	\$156
GENERAL SERVICES				
D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$0	\$121	\$121

PATIENT SAVINGS SCHEDULE for New Jersey Dentists



When you receive treatment for the eligible services listed below **from dentists who do not participate in the Horizon Dental PPO Network**, you may have to pay dentists their usual fees in advance, then file a claim for reimbursement. Horizon Blue Cross Blue Shield of New Jersey payments are based on our PPO allowances. You are responsible for any charges in excess of these amounts. There is no out-of-network benefit for major or specialty services.

Benefits		PPO Allowance
Procedure Code	Description	
ORAL EXAMS		
D0150	Comprehensive oral evaluation	\$40
D0120	Periodic oral evaluation†	\$24
X-RAYS		
D0210	Intraoral – complete series (including bitewings)	\$64
D0220	Intraoral – single film	\$9
D0230	Intraoral – each additional film	\$5
D0240	Intraoral – occlusal, single film	\$14
D0272	Bitewing – two films†	\$13
D0274	Bitewing – four films†	\$18
D0330	Panoramic film	\$48
PREVENTIVE		
D0460	Pulp vitality tests	\$14
D1110	Prophylaxis – adult†	\$64
D1120	Prophylaxis – child†	\$39
D1208	Topical fluoride – child†	\$15
D1351	Sealants, per tooth	\$27
SPACE MAINTAINERS		
D1510	Fixed, unilateral	\$109
D1520	Removable, unilateral	\$116

Benefits		PPO Allowance
Procedure Code	Description	
TREATMENT AND THERAPY		
AMALGAM		
D2140	One surface, permanent or primary tooth	\$50
D2150	Two surfaces, permanent or primary tooth	\$74
D2160	Three surfaces, permanent or primary tooth	\$91
D2161	Four or more surfaces, permanent or primary tooth	\$115
GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$43

[†] These services are limited to once every six months.

*Based on the 75th percentile of 2021 Fair Health Relative Value Benchmarks (FHRVB). Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call **1-800-4-DENTAL (1-800-433-6825)**.

These rates are effective January 1, 2021, and are subject to change at any time.