

PPO Access

Horizon Dental wants you to get the most from your dental benefits.

You can save money when you receive care from a dentist who participates in your dental plan's network. When you use in-network dentists, you generally only pay your copayment and any applicable in-network coinsurance or deductible. If you have out-of-network benefits and use an out-of-network dentist, your out-of-pocket costs will likely be higher. If you do not have out-of-network benefits, you are responsible for the entire cost of treatment.

BENEFIT PERIOD	Calendar Year
NETWORK	PPO
DEDUCTIBLE	
Individual	\$0
Family	\$0
Deductible Applies To	
BENEFIT PERIOD MAXIMUM	
Benefit Period Maximum Applies To	
Orthodontics Eligibility	
Orthodontics	Discount
COINSURANCE	
Preventive Diagnostic	
Exam and Preventive Services Exams	100%
Fluoride Treatment -Child	100%
Sealant Application-Child	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
Treatment and Therapy	
Space Maintainers	100%
Amalgam Restorations	100%
Composite Restorations – Anterior & Bicuspid	Discount
Denture Repairs	Discount
Simple Extractions	Discount
Endodontics	
Root Canal Therapy – Anterior & Bicuspid	Discount
Root Canal Therapy – Molar	Discount
Periodontics	
Scaling & Root Planing	Discount
Gingivectomy	Discount
Periodontal Maintenance	Discount
Osseous Surgery	Discount
Oral Surgery	
Surgical Extractions	Discount
Partial Bony Extractions	Discount
Complete Bony Extractions	Discount
Prosthodontics	
Bridgework	Discount
Partial Dentures	Discount
Crowns and Onlays	
Crown – porcelain fused to high noble metal	Discount

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)**

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

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