



Horizon Dental Choice (HDC) Plan A—COINSURANCE PLAN

50% Coinsurance, \$0 Deductible, No Annual Max

Coverage Type	In Network
EXAMS AND PREVENTIVE SERVICES	
Oral exams	100%
Fluoride treatment (up to age 19)	100%
Prophylaxis	100%
Sealant application (up to age 14)	100%
X-RAYS	
Full-mouth	100%
Panoramic	100%
ENDODONTICS	
Pulp cap	100%
Pulpotomy	100%
Root canal therapy — anterior and premolar	100%
Root canal therapy — molar	50% out-of-pocket coinsurance
ORAL SURGERY	
Incision and drainage of abscess	100%
Routine extractions	100%
Soft tissue surgical extractions	100%
Surgical extractions — impacted	50% out-of-pocket coinsurance
PERIODONTICS	
Gingivectomy	100%
Periodontal maintenance	100%
Scaling and root planing	100%
Soft tissue grafts	100%
Osseous surgery	50% out-of-pocket coinsurance

DENTAL PLANS



Coverage Type	In Network
RESTORATIONS AND REPAIRS	
Amalgam restorations	100%
Composite restorations (other than for molars)	100%
Crowns	50% out-of-pocket coinsurance
DENTURES	
Complete and partial dentures	50% out-of-pocket coinsurance
Denture adjustments and repairs	50% out-of-pocket coinsurance
FIXED BRIDGES	
Retainers and pontics	50% out-of-pocket coinsurance
SPACE MAINTAINERS (up to age 19)	
Fixed unilateral bilateral	50% out-of-pocket coinsurance
Removable unilateral bilateral	50% out-of-pocket coinsurance
Benefit waiting period	None

FAQs

Can I go to any dentist?

No. You must go to your Primary Care Dentist (PCD) from the HDC Network and receive care, or be referred for care, from that PCD.

How does my plan work?

The HDC plan covers 100 percent of all eligible preventive and basic services with no maximums or deductibles. The HDC plan also covers a significant amount of charges for all eligible major and specialty dental services. Care must be coordinated through the participating HDC dentist known as your PCD. There is no out-of-network benefit for the HDC plan.

Do I need to choose a PCD?

A PCD will be auto-assigned for you based on your home address. It will be the closest participating office to you and can be changed when you receive your ID card.

Can my family members choose different dentists?

Yes. Your eligible dependents may have a different PCD from the HDC Network.

Can I change my primary care dentist?

Yes. The auto-assigned PCD may be changed effective the first day of any month by giving Horizon BCBSNJ 15 days' notice. This can be done by calling the customer service phone number on your ID card.

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 Dental Choice plan, input any location in NJ, 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.

Services relating to TMJ | Orthodontics | Implants | Missing Teeth Coverage

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ECNA006069



**Monmouth County
DOP PLAN**

Benefit	
Benefit Period	Benefit Year
DEDUCTIBLE	
Individual	\$25
Family	\$75
Deductible Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
BENEFIT PERIOD MAXIMUM	\$2,000 (per person)
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
COINSURANCE	
Preventive Diagnostic	
Strong Smile Rider	Excluded
Exam and Preventive Services Exams	100%
Fluoride Treatment	100%
Sealants Application	100%
Adult Prophylaxis	100%
X-rays (Bitewing & Full Mouth)	100%
Treatment and Therapy	
Space Maintainers	80%
Amalgam Restorations	80%
Composite Restorations - Anterior & Bicuspid	80%
Denture Adjustments	80%
Denture Repairs	80%
Simple Extractions	80%
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	80%
Root Canal Therapy - Molar	80%
Periodontics	
Scaling & Root Planing	80%
Gingivectomy	80%
Periodontal Maintenance	80%
Osseous Surgery	80%
Oral Surgery	
Surgical Extractions	80%
Partial Bony Extractions	80%
Complete Bony Extractions	80%
Prosthodontics	
Bridgework	50%
Partial Dentures	50%
Crowns and Onlays	
Crown – porcelain fused to high noble metal	50%
Orthodontics	NOT COVERED
Eligibility	Dependent Children of enrolled employees are covered to the end of the month age 26, full-time students are covered to end of the month age 26.
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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Dental Plan Comparison

Feature	Dental Choice	Dental Option	DSO
Deductible	None	\$25/person \$75/family	None
Choice of Dentists	Their Network	Any Dentist	Eastern Dental
Annual Benefit Maximum	Unlimited	\$2,000	Unlimited
Coverage			
Preventive	100%	100% of Maximum Allowable Charge (MAC)	No Cost
Basic	100%	80% of MAC	No Cost
Major	50%	50% of MAC	\$175.00*
Orthodontic	None	None	\$1300 stainless steel (child)/\$2500 adult