Horizon

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Jersey City BOE
Horizon Dental Option Plan with ortho
96701

Benefit	
Benefit Period	Calendar Year
DEDUCTIBLE	
Individual	$0
Family	$0
BENEFIT PERIOD MAXIMUM	$3,000 (per person)
Benefit Period Maximum Applies To	**Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays**
Orthodontics Maximum	$1,500
Orthodontics	Lifetime
COINSURANCE	
Preventive Diagnostic	
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	70%
Amalgam Restorations	70%
Composite Restorations - Anterior & Bicuspid	70%
Denture Adjustments	70%
Denture Repairs	70%
Simple Extractions	70%
Endodontics	
Root Canal Therapy - Anterior & Bicuspid	70%
Root Canal Therapy - Molar	70%
Periodontics	
Scaling & Root Planing	70%
Gingivectomy	70%
Periodontal Maintenance	70%
Osseous Surgery	70%
Oral Surgery	
Surgical Extractions	70%
Partial Bony Extractions	70%
Complete Bony Extractions	70%
Prosthodontics	
Bridgework	50%
Partial Dentures	50%
Crowns and Onlays	
Crown – porcelain fused to high noble metal	70%
Orthodontics	50%
Orthodontics Eligibility	Child
Eligibility	Dependent Children of enrolled employees are covered to the end of the year age **23.**

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

Horizon

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Making Healthcare Work.

Jersey City BOE
Horizon PPO Plan with ortho
96701

Benefit	
Benefit Period	Calendar Year
DEDUCTIBLE	
Individual	$0
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BENEFIT PERIOD MAXIMUM	$3,000 (per person)
Benefit Period Maximum Applies To	**Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays**
Orthodontics Maximum	$1,500
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Crown – porcelain fused to high noble metal	70%
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Orthodontics Eligibility	Child
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Horizon

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Horizon Dental Choice Plan K

COVERED SERVICES with no out-of-pocket costs		OUT-OF-POCKET COSTS
Exams and Preventive Services*	All exams Fluoride treatment (child) Sealant application Space maintainers - fixed unilateral and bilateral Prophylaxis	$0
X-rays*	Panoramic Full-mouth X-rays	$0
Restorations and Repairs	Amalgam restorations Composite restorations (other than for molars)	$0
Endodontics	Pulp cap Pulpotomy Root canal therapy - anterior, bicuspid Root canal therapy - molar	$0
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	$0
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions - impacted	$0
COVERED SERVICES with out-of-pocket costs		**OUT-OF-POCKET COSTS**
Major Restorations	Crowns	$50 – $240
Dentures	Denture adjustments and repairs Complete and partial dentures	$20 $250 – $270
Fixed Bridges	Retainers and pontics	$230 – $240
Orthodontic Procedures (per optional rider)*	Children only Limited to one complete orthodontic treatment per lifetime	See benefit booklet

$25 fee for appointments broken with less than 24 hours notice.

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your Horizon Dental Choice benefit booklet.
* See your benefit booklet for specific plan limitations.

3219 (W0307)

Horizon

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Horizon TotalCare Dental

COVERED SERVICES		OUT-OF-POCKET COSTS
Exams and Preventive Services*	All exams Fluoride treatment (child) Sealant application Space maintainer - fixed unilateral and bilateral Prophylaxis	$0
X-rays*	Panoramic Full-mouth X-rays	$0
Restorations and Repairs	Amalgam restorations Composite restorations (other than for molars) Denture adjustments and repairs	$0
Endodontics	Pulp cap Pulpotomy Root canal therapy - anterior, bicuspid Root canal therapy - molar	$0
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	$0
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions - impacted	$0
Major Restorations	Crowns	$0
Dentures	Complete and partial dentures	$0
Fixed Bridges	Retainers and pontics	$0
Orthodontic Procedures (per optional rider)*	Children only Limited to one complete orthodontic treatment per lifetime	$0

$25 fee for appointments broken with less than 24 hours notice.

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your Horizon TotalCare Dental benefit book.
* See your benefit booklet for specific plan limitations.

0922 (W0607)