

# DENTAL PLAN OPTIONS: HORIZON BCBS OF NJ

## Dental Option Plan

## Dental TotalCare Plan

	Dental Option Plan	Dental TotalCare Plan
<b>Annual Plan Deductible</b> Individual Family	None / None	N/A
<b>Out-of-Network Benefits?</b>	Yes	No
<b>Annual Maximum</b>	\$1,000 per person	None
<b>Orthodontia Benefits (children age 19 and below)</b>	N/A	Plan pays 100% (treatment beyond 24 months subject to an office visit copay per visit)
<b>Exams &amp; Preventive Services</b> Eligible exams Fluoride treatment (child) Sealant application Prophylaxis	Plan Pays 100%	Plan Pays 100%
<b>X-rays<sup>^</sup></b> Panoramic Full-mouth X-rays	Plan Pays 100%	Plan Pays 100%
<b>Restorations and Repairs<sup>*^</sup></b>	Plan pays 70%	Plan pays 100%
<b>Endodontics<sup>*^</sup></b> Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid	Plan pays 70%	Plan pays 100%
<b>Periodontics<sup>*^</sup></b> Scaling and root planning Gingivectomy Soft tissues grafts Periodontal maintenance	Plan pays 70%	Plan pays 100%
<b>Oral Surgery <sup>*^</sup></b> Routine extractions Soft tissue surgical extractions Incision and drainage of abscess	Plan pays 70%	Plan pays 100%
<b>Major Restoration <sup>*^</sup></b> Crowns	Plan pays 70%	Plan pays 100%
<b>Dentures<sup>*^</sup></b> Complete and partial dentures	Plan pays 50%	Plan pays 100%
<b>Fixed Bridges<sup>*^</sup></b> Retainers and pontics	Plan pays 50%	Plan pays 100%

\* Deductible applies

^ Annual Maximum applies