



Horizon Dental Choice (HDC) Plan H – COPAYMENT PLAN WITH ORTHODONTICS \$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	\$12 out-of-pocket copayment
Pulpotomy	\$30-\$55 out-of-pocket copayment
Root canal therapy — anterior and premolar	\$125-\$150 out-of-pocket copayment
Root canal therapy — molar	\$200 out-of-pocket copayment
ORAL SURGERY	
Incision and drainage of abscess	\$15-\$20 out-of-pocket copayment
Routine extractions	\$0-\$25 out-of-pocket copayment
Soft tissue surgical extractions	\$25-\$65 out-of-pocket copayment
Surgical extractions — impacted	\$60-\$65 out-of-pocket copayment
PERIODONTICS	
Gingivectomy	\$30-\$90 out-of-pocket copayment
Periodontal maintenance	\$30 out-of-pocket copayment
Scaling and root planing	\$35 out-of-pocket copayment
Soft tissue grafts	\$115-\$120 out-of-pocket copayment
Osseous surgery	\$100-\$210 out-of-pocket copayment

DENTAL PLANS



Coverage Type	In Network
RESTORATIONS AND REPAIRS	
Amalgam restorations	\$12 out-of-pocket copayment
Composite restorations (other than for molars)	\$12 out-of-pocket copayment
Crowns	\$75-\$240 out-of-pocket copayment
DENTURES	
Complete and partial dentures	\$250-\$270 out-of-pocket copayment
Denture adjustments and repairs	\$0-\$30 out-of-pocket copayment
FIXED BRIDGES	
Retainers and pontics	\$230-\$240 out-of-pocket copayment
SPACE MAINTAINERS (up to age 19)	
Fixed unilateral bilateral	100%
Removable unilateral bilateral	100%
ORTHODONTICS	
Calendar year coverage for child dependents age 19 and under	\$1000 out-of-pocket copayment
Benefit waiting period	None

FAQs

Can I go to any dentist?

No. You must choose one of the dentists in the HDC Network as your Primary Care Dentist (PCD) 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 you select as your PCD. There is no out-of-network benefit for the HDC plan.

Do I need to choose a PCD?

Yes. You must choose a PCD from the HDC Network.

Can my family members choose different dentists?

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

Can I change my primary care dentist?

Your choice of a primary care dentist may change effective the first day of any month by giving Horizon Blue Cross Blue Shield of New Jersey 15 days' notice.

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 | Implants | Missing Teeth Coverage

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ECNA006336