



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

**Horizon Dental Choice Plan A (with Orthodontic)** 

The Horizon Dental Choice (HDC) plan covers 100 percent of all eligible preventive and basic services with no copayments, maximums or deductibles when receiving those services from a primary Horizon Dental Choice dentist. The HDC plan also covers a significant percent of charges for all eligible major and specialty services. The key to HDC is that care must be coordinated through the participating HDC dentist whom the member selects as his/her primary care dentist. Visit www.HorizonBlue.com/Directory to find a HDC dentist.

COVERED SERVICES		
Exams and Preventive Services*	All exams Fluoride treatment (child) Sealant application Prophylaxis	100%
X-rays*	Panoramic Full-mouth X-rays	100%
Restorations and Repairs	Amalgam restorations Composite restorations (other than for molars)	100%
Endodontics	Pulp cap Pulpotomy Root canal therapy – anterior, bicuspid	100%
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance	100%
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess	100%
COVERED SERVICES		
Major Restorations	Crowns	50% of charges
Periodontics	Osseous surgery	50% of PPO fee schedule**
Endodontics	Root canal therapy – molar	50% of PPO fee schedule**
Oral Surgery	Surgical extractions – impacted	50% of PPO fee schedule**
Dentures	Complete and partial dentures Denture adjustments and repairs	50% of charges
Fixed Bridges	Retainers and pontics	50% of charges
Space Maintainers	Fixed unilateral and bilateral space maintainers	50% of PPO fee schedule**
Orthodontic Procedures (per optional rider)*	Children only Limited to one complete 24-month orthodontic treatment per lifetime	50% of negotiated allowance.***

#### There is a \$25 fee for appointments broken with less than 24 hours notice.

Services are for illustrative purposes only. For a 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.

<sup>\*\*\*</sup> PPO fee schedule is a negotiated fee our PPO providers agreed to accept for specialty services. \*\*\* Negotiated allowance is the amount the PPO Orthodontist agreed with Horizon Blue Cross Blue Shield of New Jersey to accept for a 24-month treatment.

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# **Dental Vocabulary**

## **Dentures**

**Complete Dentures** – A dental prosthesis that replaces all the natural teeth of a single dental arch.

**Partial Dentures** – A dental prosthesis that replaces one or more, but less than all, of the natural teeth and associated structures in an arch.

# **Endodontics**

**Endodontics** – The dental specialty that deals with injuries to or diseases of the pulp or nerve of the tooth.

**Pulp Cap** – A procedure used to cover pulp with a dressing or cement.

Pulpotomy - A procedure to remove a portion of pulp.

**Root Canal Therapy** – The process of treating disease or inflammation of the pulp or root canal; this involves removing the pulp and tooth's nerves and filling the canal(s) with an appropriate material for a permanent seal.

# **Fixed Bridges**

**Anterior** – Refers to the teeth and tissues toward the front of the mouth.

**Bicuspid** – A two-cusped tooth found between the molar and the cuspid.

**Molars** – The broad, multicusped back teeth used for grinding food.

**Pontic** – An artificial tooth used in a fixed bridge to replace a missing tooth.

**Retainer** – The part of a fixed bridge that attaches a false tooth to a natural tooth or implant.

## **Major Restoration**

**Crowns** – The portions of the teeth that are covered by enamel; also dental restorations that cover the area of the tooth and restore it to its original shape.

# **Oral Surgery**

**Incision and Drainage of Abscess** – Making an incision so the trapped liquids in the infected tissue can escape.

**Surgical Extractions** – Extraction of an unerupted tooth by making a surgical incision.

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#### **Periodontics**

**Gingivectomy** – The surgical removal of gingival tissue (gum).

**Osseous Surgery** – Surgery performed to correct damage to gingival tissue (gum) and supporting structures as a result of periodontal disease.

**Periodontics** – The dental specialty that deals with injuries or diseases of the gums and supporting tissues.

**Root Planing** – The process of scaling and planing root surfaces to remove all calculus, plaque and infected tissue.

**Scaling** – A procedure used to remove plaque, calculus and stains from the teeth.

#### **Restorations and Repairs**

Amalgam – An alloy used to restore teeth.

**Composite Restoration** – A tooth-colored material used to restore teeth.

**Restoration** – Any material or device used to replace tooth structure lost because of decay or fracture.

## **Visits and Exams**

**Fluoride Treatment** – A prescription-strength fluoride product that helps strengthen the tooth surface and prevent cavities.

**Prophylaxis** – The scaling and polishing procedure performed to remove calculus, plaque and stains from teeth.

**Sealant Application** – A composite material used to seal the decay-prone pits, fissures and grooves of children's teeth to prevent tooth decay.

**Space Maintainer** – A dental appliance that fills the space of a lost tooth or teeth and prevents other teeth from moving into the space; used especially in orthodontic and pediatric treatment.

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