



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work.*

# Horizon Dental PPO Access 1050 Plan

The Horizon Dental PPO Access Plan 1050 covers frequently needed, eligible preventive and diagnostic services, and simple amalgam (silver) fillings at 100 percent when members use a dentist participating in the Horizon Dental PPO Plan Network. There is no annual deductible or annual maximum.

- **In Network:** The plan covers frequently needed, eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers, at 100 percent. For eligible remaining basic services and all major or specialty services, such as root canals, crowns and bridges, members pay only a reduced Horizon Dental PPO Plan/Horizon Dental PPO Plan 1050 allowance to participating dentists. There is no annual deductible, no annual maximum and no wait period for major services.
- **Out of Network:** The plan allows members to use nonparticipating dentists for certain eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers. However, they may have to pay for any charges above the Horizon Dental PPO Plan/Horizon Dental PPO Plan 1050 allowance, pay dentists at the time of service and submit claims for reimbursement. There is no out-of-network benefit for remaining basic services and all major or specialty services.

If members choose a dentist who participates with the Horizon Blue Cross Blue Shield of New Jersey dental networks, they can maximize their benefits while reducing out-of-pocket costs. Visit [www.HorizonBlue.com/Directory](http://www.HorizonBlue.com/Directory) to find a dentist.

Sealants		Optional
COVERED SERVICES		
Exams and Preventive Services Exams	All exams Fluoride treatment (child) Prophylaxis	100% of allowed charges
X-rays	Panoramic Full-mouth X-rays	100% of allowed charges
Restorations and Repairs	Amalgam restorations Sedative filling Denture adjustments	100% of allowed charges
Space Maintainers	Fixed unilateral and bilateral space maintainers	100% of allowed charges
Restorations and Repairs	Composite restorations (other than for molars) Denture repairs	PPO fee schedule*
Endodontics	Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	PPO fee schedule*
Periodontics	Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	PPO fee schedule*
Oral Surgery	Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	PPO fee schedule*
Major Restorations	Crowns	PPO fee schedule*

COVERED SERVICES		
Dentures	Complete and partial dentures	PPO fee schedule*
Fixed Bridges	Retainers and pontics	PPO fee schedule*
Orthodontic Procedures	Children only Limited to one complete orthodontic treatment per lifetime	25% of participating dentist's fee

Please note that the benefit highlights are provided for informational purposes and represent in-network coverage only. See your benefit booklet for a complete listing of covered services, plan limitations, deductibles and maximums. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to state and federal requirements.

\* Members pay only a reduced Horizon Dental PPO Plan allowance to participating dentists.