



Horizon Blue Cross Blue Shield of New Jersey

## Summary of Benefits: Horizon Family Grins Plus

This plan, effective January 1, 2017, uses the Horizon PPO Network and meets the pediatric dental coverage requirements of the Affordable Care Act.

	Pediatric In Network (<19 years)	Adults In-Network (≥19 years)	Adults Out-of-Network (≥19 years)
<b>Deductible (Preventive/Diagnostic)</b>			
Individual	\$25	\$50	\$50
Family	\$0	\$150	\$150
<b>Deductible (Basic &amp; Major)</b>			
Individual	\$100	Combined with P/D	Combined with P/D
Family	\$200	Combined with P/D	Combined with P/D
Annual Maximum	n/a	\$1,000	\$1,000 (combined with INN)
Out-of-Network Reimbursement	n/a	n/a	PPO fee schedule
<b>Benefit Period Maximum Out-of-Pocket (Basic, Major, &amp; Orthodontia)</b>			
Individual	\$350	n/a	n/a
Family	\$700	n/a	n/a
<b>Preventive/Diagnostic</b>			
Periodic Oral Evaluations	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Prophylaxis	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Fluoride	100%	Not covered	Not covered
	Once/6 months		
Bitewing X-Rays	100%	100%	100%
	Once/6 months	Once/6 months	Once/6 months
Application of Sealants	100%	Not covered	Not covered
<b>Basic</b>			
Emergency Palliative	80%	80%	80%
Space Maintainers	80%	Not covered	Not covered
	When medically necessary		
<b>Oral Surgery</b>			
Surgical Extractions	80%	80%	80%
Simple Extractions	80%	80%	80%
Impacted Teeth	80%	80%	80%
Amalgam Restorations	80%	80%	80%
<b>Periodontics</b>			
Scaling & Root Planing	80%	80%	80%
	Once a year	Once a year	Once a year
Gingivectomy	80%	80%	80%
	Once/3 years	Once/3 years	Once/3 years
Periodontal Maintenance	80%	80%	80%
	Once/6 months	Once/6 months	Once/6 months
<b>Endodontics</b>			
Root Canal Therapy	80%	80%	80%

(continues)

	Pediatric In Network (<19 years)	Adults In-Network (≥19 years)	Adults Out-of-Network (≥19 years)
<b>Major</b>			
Inlays/Onlays/Crowns	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Prosthodontics			
Bridges	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Dentures	50%	50%	50%
	Once/5 years	Once/5 years	Once/5 years
Other Prosthetics	50%	50%	50%
<b>Medically Necessary Orthodontia</b>	50%	n/a	n/a
<b>Cosmetic Orthodontia</b>	\$1,000 lifetime maximum	n/a	n/a

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Spanish (Español): Para recibir ayuda en español, llame al **1-800-4DENTAL (433-6825)**.

Chinese: 如需中文協助，請致電 **1-800-4DENTAL (433-6825)**。

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