



Park Ridge BOE Grp 98166 (15-17; 20-22; 25-27)
Horizon Dental Option Plan with ortho

Horizon Dental wants you to get the most from your dental benefits.

You can save money when you receive care from a dentist who participates in your dental plan's network. When you use in-network dentists, you generally only pay your copayment and any applicable in-network coinsurance or deductible. If you have out-of-network benefits and use an out-of-network dentist, your out-of-pocket costs will likely be higher. If you do not have out-of-network benefits, you are responsible for the entire cost of treatment.

BENEFIT PERIOD	Calendar Year	
NETWORK	PPO, Traditional & National Dental Grid Plus (non-NJ dentists)	
DEDUCTIBLE		
Individual		\$0
Family		\$0
BENEFIT PERIOD MAXIMUM	\$3,500 (per person)	
Benefit Period Maximum Applies To	Preventive & Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	
ORTHODONTICS ELIGIBILITY	Child (age 19)	Lifetime
Orthodontics		50%
Orthodontics Maximum		\$3,000
COINSURANCE		
Preventive Diagnostic		
Exam and Preventive Services Exams		100%
Fluoride Treatment		100%
Sealant Application		100%
Adult Prophylaxis		100%
X-rays (Bitewing & Full Mouth)		100%
Treatment and Therapy		
Space Maintainers		100%
Amalgam Restorations		100%
Composite Restorations		100%
Denture Adjustments		100%
Denture Repairs		100%
Simple Extractions		100%
Endodontics		
Root Canal Therapy – Anterior & Bicuspid		100%
Root Canal Therapy – Molar		100%
Periodontics		
Scaling & Root Planing		100%
Gingivectomy		100%
Periodontal Maintenance		100%
Osseous Surgery		100%
Oral Surgery		
Surgical Extractions		100%
Partial Bony Extractions		100%
Complete Bony Extractions		100%
Prosthodontics		
Bridgework		50%
Partial Dentures		50%
Crowns and Onlays		
Crown – porcelain fused to high noble metal		100%
Eligibility	Dependent children of enrolled employees are covered to age 26 , full-time students are covered to age 26 .	

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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)**

Out-of-network providers are paid on an 80th Fair Health Value basis.

Services are for illustrative purposes only. For complete listing of covered services, plan limitations, deductibles and maximums, consult your benefit booklet.

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