

Dental Plan

Horizon Blue Cross Blue Shield of NJ

The Dental plan is a PPO that offers coverage in- and out-of- network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding Horizon Blue Cross Blue Shield's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Horizon BCBS Dental Plan

Benefit	In-Network & Out-of-Network
Deductible (Individual/Family)	\$50 / \$150
Annual Maximum	\$2,000
Diagnostics/Preventive Services	Plan pays 100%, no deductible
Basic Services	Plan pays 80%
Major Services	Plan pays 50%
Orthodontia Services (Dependent children to age 19)	Plan pays 50% (up to \$1,500 lifetime maximum)

About In- and Out-of-Network Providers

- In-Network Providers: Provider is reimbursed based on contracted fees and cannot balance bill you.
- Out-of-Network Providers: Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

Finding a Dentist:

To find a participating dentist in your area, visit horizonblue.com/doctorfinder.