



## Horizon Dental Option Plan (DOP) (D2646)

100/80/50, \$50 Deductible, \$1,500 Annual Max

| Coverage Type  | In Network   | Out of Network                  |
|--|--|---------------------------------|
| <b>Preventive</b><br>(cleanings, oral exams, bitewing X-rays)                  | 100%   | 100%                            |
| <b>Basic</b><br>(fillings, extractions)  | 80%  | 80%                             |
| <b>Major</b><br>(bridges, dentures, crowns)                                    | 50%  | 50%                             |
| <b>DEDUCTIBLE</b>  |  |                                 |
| <b>Basic &amp; Major Deductible</b><br>Does not apply to preventive/diagnostic | \$50/\$150<br>Individual/Family                          | \$50/\$150<br>Individual/Family |
| <b>Annual Maximum per Calendar Year</b><br>Combined in- and out-of-network     | \$1,500  | \$1,500                         |
| <b>Orthodontia</b><br>Combined in- and out-of-network                          | Not covered  | Not covered                     |
| <b>Benefit Waiting Period</b>  | None   | None                            |
| <b>COVERED PREVENTIVE SERVICES</b>   |  |                                 |
| <b>Cleanings/Oral Exams</b>  | 3x per calendar year                                     |                                 |
| <b>Bitewing X-Rays</b><br>(set of 4)   | 3x per calendar year                                     |                                 |
| <b>Fluoride</b>  | Up to age 19<br>1x in 6 months                           |                                 |
| <b>Sealants</b>  | Up to age 14<br>1st and 2nd molars only; 1x in 36 months |                                 |

# DENTAL PLANS



| Coverage Type                     | In Network  | Out of Network |
|-----------------------------------|---|----------------|
| COVERED BASIC SERVICES            |   |                |
| Fillings<br>Composite and Amalgam | Replacement once per 6 months per tooth   |                |
| Space Maintainers                 | Up to age 19  |                |
| Oral Surgery                      | As required except for simple extractions   |                |
| Deep Cleaning for Gum Disease     | 1x per calendar year  |                |
| X-Rays                            | 1x in 36 months   |                |
| COVERED MAJOR SERVICES            |   |                |
| Crowns/Inlays/Onlays              | Replacement once per 60 months  |                |
| Bridges/Dentures                  | Replacement once per 60 months  |                |
| General Anesthesia                | When dentally necessary in connection with oral surgery, extractions or other covered dental services |                |

## FAQs

### Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members.

### Can I find out what my out-of-pocket expenses will be before receiving a service?

**Yes.** You can ask your dentist to get a pretreatment estimate from Horizon. Your participating general dentist or specialist will send Horizon a plan for your care and will request an estimate of benefits. The estimate helps you prepare for the cost of dental services.

### Do I need an ID card?

**No.** You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the Horizon Dental Option plan.

### May I choose a non-participating dentist?

The Horizon Dental Option plan offers coverage for both in- and out-of-network dentists. Out-of-network providers are paid on a maximum allowable charge fee schedule.

### How do I find a participating dentist?

To locate a participating provider, please utilize the doctor finder at [horizonblue.com/doctorfinder](https://horizonblue.com/doctorfinder) or by calling **1-800-4-Dental**. Simply log in or continue as a guest, select dental, select the Horizon Dental Option plan, input any location nationwide, select the dentist, specialty or group practice and the results will automatically generate based on the network(s) your plan belongs to.

## EXCLUSIONS

**Please review contract for full list of exclusions.**

Implants | Services relating to TMJ | Replacement of lost, stolen or broken space maintainers

\*Payment is based upon the Horizon allowance and the provider may bill the member up to charges.

Plan ID Code: D2646

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**Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.**

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