Carrier Name: Horizon

Plan Name: D2171

In-Network Single Deductible: 50

In-Network Family Deductible: 150

Out-of-Network Single Deductible: 50

Out-of-Network Family Deductible: 150

In-Network Annual Maximum: $1,000

Out-of-Network Annual Maximum: $1,000

Frequencies Cleaning: 3x per calendar year

Frequencies Exam: 3x per calendar year

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal:

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 80%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: Not Covered

Out-of-Network Orthodontia: Not Covered

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: 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.

Waiting Period for Major Services: None

Plan Year:

Network Type:

Network Name:

Member Website: horizonblue.com

Customer Service Phone Number: 1-800-4-Dental