Carrier Name: Horizon

Plan Name: D2933

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible:

Out-of-Network Family Deductible:

In-Network Annual Maximum: $1,000

Out-of-Network Annual Maximum:

Frequencies Cleaning: 2x per calendar year

Frequencies Exam: 2x per calendar year

In-Network Cleanings: 100%

Out-of-Network Cleanings:

In-Network Exams: 100%

Out-of-Network Exams:

In-Network X-Rays: 100%

Out-of-Network X-Rays:

In-Network Sealants: 100%

Out-of-Network Sealants:

In-Network Fillings: 50%

Out-of-Network Fillings:

In-Network Simple Extractions: 50%

Out-of-Network Simple Extractions:

In-Network Root Canal:

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery:

In-Network Crowns: 50%

Out-of-Network Crowns:

In-Network Dentures: 50%

Out-of-Network Dentures:

In-Network Bridges: 50%

Out-of-Network Bridges:

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: $1,000

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum: $1,000

Orthodontia Maximum Age: Up to age 19

Out of Network Explanation: The Horizon Healthy Smiles Plus plan offers coverage for in-network benefits only and choosing a non-participating dentist will result in full out of pocket responsibility.

Waiting Period for Major Services: None

Plan Year:

Network Type:

Network Name:

Member Website: horizonblue.com

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