

Air Group Dental Option Plan		
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 the Horizon BCBSNJ networks. When you use in-network dentists, you generally only pay your copayment and any applicable in-network coinsurance or deductible. If you use an out-of-network dentist, your out-of-network benefits apply and 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	Benefit Year	
NETWORK	Horizon PPO/Traditional + National Grid Plus	
DEDUCTIBLE		
Individual	\$50	
Family	\$150	
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	
BENEFIT PERIOD MAXIMUM	\$1,500 (per person)	
Benefit Period Maximum Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	
Orthodontics Eligibility	Child	Lifetime
Orthodontics	50%	
Orthodontics Maximum	\$1,500	
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	80%	
Amalgam Restorations	80%	
Composite Restorations	80%	
Denture Adjustments	80%	
Denture Repairs	80%	
Simple Extractions	80%	
Endodontics		
Root Canal Therapy – Anterior & Bicuspid	80%	
Root Canal Therapy – Molar	80%	
Periodontics		
Scaling & Root Planing	80%	
Gingivectomy	80%	
Periodontal Maintenance	80%	
Osseous Surgery	80%	
Oral Surgery		
Surgical Extractions	80%	
Partial Bony Extractions	80%	
Complete Bony Extractions	80%	
Prosthodontics		
Bridgework	50%	
Partial Dentures	50%	
Crowns and Onlays		
Crown – porcelain fused to high noble metal	50%	
Eligibility	Dependent children of enrolled employees 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)		

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