Plan Provisions	Horizon Dental Option Plan (Dental PPO)	Horizon Dental Choice Plan E (Dental HMO)	Dental Services Organization, DSO (Dental HMO)
Do I need to use a network dentist in order to receive benefits?	No, however you will receive the best value when you utilize a network dentist	Yes, you must utilize a network dentist (no out of network benefit)	Yes, you must utilize a network dentist (no out of network benefit)
Your Annual Deductible • For basic and major care only	\$100/person \$200/family	No deductible	No deductible
Maximum Benefit Payable  • Basic Services  • Major Services	\$1,500 per person/year	No annual maximum	No annual maximum
<ul><li>Preventive Care</li><li>Checkups per tooth</li><li>Cleanings</li><li>X-rays</li></ul>	100% (no deductible)	100% (no deductible)	100% (no deductible) Some payments are required for Sealants
<ul><li>Basic Services</li><li>Root canals</li><li>Amalgam and composite fillings</li><li>Extractions</li><li>Periodontal care</li></ul>	80% of the Horizon BCBSNJ allowable charge (after deductible)	100% (no deductible)	100% (no deductible)
Major Services  • Crowns  • Bridges  • Dentures	50% of the Horizon BCBSNJ allowable charge (after deductible)  • Implants covered	<ul> <li>\$150 copay for crowns</li> <li>Up to \$170 copay for dentures</li> <li>Implants are NOT covered</li> </ul>	100% • Implants are NOT covered
Orthodontic Care (includes adults)  Note: Individual must remain in plan through the length of an orthodontic treatment to receive full benefit	50% copay (no deductible) \$1,000 per person lifetime maximum	\$1,000 copay regardless of age	<ul><li>Up to age 19: \$500 copay</li><li>19 years and over: \$1,250 copay</li></ul>
Provider Information	<ul> <li>Pays benefits no matter where you receive care</li> <li>Using a Horizon Dental Option provider can cost you less because the rate the Network provider charges is lower than the rate charged by a Non-Network dentist</li> <li>With care from a Horizon Network provider, no claim forms are required</li> <li>For a current list of providers go to www.horizonblue.com/hackensackmeridianhealth/toolsservices/find-doctor/doctor-hospital-finder and select "Horizon Dental Option for HMH Team Members"</li> </ul>	<ul> <li>Must use Horizon Dental Choice network providers</li> <li>For a current list of providers go to: www.horizonblue.com/hackensackmeridianhealth/toolsservices/find-doctor/doctor-hospital-finder and select "Horizon Dental Choice for HMH Team Members"</li> <li>Horizon will assign new participants a dentist. Members have the ability to change dentists by calling Member Services at 1-844-383-2327.</li> </ul>	<ul> <li>Must use Eastern Dental network providers</li> <li>You select one primary dental provider who will provide or coordinate all of your dental care within the network</li> <li>For a current list of providers go to: https://www.easterndental.com/</li> </ul>