

Horizon Basic Dental Companion Plan Patient Savings Schedule For New Jersey Dentists

When you receive treatment from dentists in the Horizon Dental PPO Network, your costs are reduced significantly. This *Patient Savings Schedule* compares the charges you will pay for eligible services under the Horizon Basic Dental Companion Plan with typical charges* and illustrates the savings you might expect.

The fees listed below represent charges when using Horizon Dental PPO Network general dentists. **Fees charged by specialists (also reduced) will generally be higher.** Call **1-800-4DENTAL (433-6825)** for information on specialists' fees.

Benefits		You Pay	Typical Charge*	Typical Savings	Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code¹	Description				Procedure Code¹	Description			
ORAL EXAMS					TREATMENT AND THERAPY				
D0150	Comprehensive oral evaluation	\$0	\$88	\$88	AMALGAM				
D0120	Periodic oral evaluation [†]	\$0	\$50	\$50	D2140	One surface, permanent or primary tooth	\$49	\$131	\$82
X-RAYS					D2150	Two surfaces, permanent or primary tooth	\$72	\$169	\$97
D0210	Intraoral – complete series (including bitewings)	\$62	\$128	\$66	D2160	Three surfaces, permanent or primary tooth	\$89	\$204	\$115
D0220	Intraoral – single film	\$9	\$26	\$17	D2161	Four or more surfaces, permanent or primary tooth	\$112	\$239	\$127
D0230	Intraoral – each additional film	\$5	\$20	\$15	COMPOSITE RESIN				
D0240	Intraoral – occlusal, single film	\$14	\$37	\$23	D2330	One surface, anterior tooth	\$68	\$142	\$74
D0272	Bitewing – two films [†]	\$13	\$42	\$29	D2331	Two surfaces, anterior tooth	\$85	\$181	\$96
D0274	Bitewing – four films [†]	\$18	\$59	\$41	D2332	Three surfaces, anterior tooth	\$105	\$221	\$116
D0330	Panoramic film	\$47	\$113	\$66	D2391	One surface, posterior tooth	\$80	\$167	\$87
PREVENTIVE					D2392	Two surfaces, posterior tooth	\$84	\$219	\$135
D0460	Pulp vitality tests	\$14	\$59	\$45	D2393	Three surfaces, posterior tooth	\$120	\$270	\$150
D1110	Prophylaxis – adult [†]	\$0	\$96	\$96	ORAL SURGERY				
D1120	Prophylaxis – child [†]	\$0	\$66	\$66	D7140	Routine extractions	\$56	\$178	\$122
D1203	Topical fluoride – child [†]	\$0	\$38	\$38	EXTRACTION OF IMPACTED TEETH				
D1351	Sealants, per tooth	\$26	\$57	\$31	D7220	Soft tissue	\$139	\$379	\$240
SPACE MAINTAINERS					D7230	Partially bony	\$219	\$505	\$286
D1510	Fixed, unilateral	\$106	\$363	\$257	D7240	Completely bony	\$292	\$592	\$300
D1515	Fixed, bilateral	\$147	\$479	\$332	D7310	Alveoloplasty (in conjunction with extractions, per quadrant)	\$76	\$353	\$277
D1520	Removable, unilateral	\$113	\$436	\$323	D7510	Incision and drainage of abscess – intraoral	\$47	\$337	\$290
D1525	Removable, bilateral	\$147	\$617	\$470					
D1550	Recementation of space maintainer	\$23	\$78	\$55					

[†] These services are limited to once every six months.

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code ¹	Description			

PROSTHODONTICS

DENTURES

D5110	Complete upper	\$770	\$1,384	\$614
D5120	Complete lower	\$770	\$1,384	\$614
D5130	Immediate upper	\$770	\$1,509	\$739
D5140	Immediate lower	\$770	\$1,509	\$739
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,263	\$802
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,468	\$1,007

DENTURE REPAIR

D5510	Repair broken complete denture base	\$67	\$164	\$97
D5520	Repair missing or broken teeth – each tooth	\$54	\$137	\$83
D5610	Repair resin denture base	\$64	\$177	\$113
D5620	Repair cast framework	\$69	\$191	\$122
D5630	Repair or replace broken clasp	\$58	\$232	\$174

FIXED BRIDGEWORK

D6240	Pontic – porcelain fused to high noble metal	\$681	\$1,020	\$339
D6750	Abutment crowns, porcelain fused to high noble metal	\$681	\$1,164	\$483
D6930	Recement bridgework	\$46	\$136	\$90

INLAYS AND CROWNS

INLAY

D2510	Metallic, one surface	\$160	\$746	\$586
D2520	Two surfaces	\$238	\$846	\$608

ONLAY

D2543	Metallic, three surfaces	\$314	\$1000	\$686
D2544	Four or more surfaces	\$467	\$1041	\$574

CROWNS

D2750	Porcelain fused to high noble metal	\$681	\$1,111	\$430
D2790	Full cast high noble metal	\$681	\$1,072	\$391
D2780	3/4 cast high noble metal	\$618	\$1,066	\$448
D2910	Recement inlays	\$27	\$101	\$74
D2920	Recement crowns	\$27	\$103	\$76

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code ¹	Description			

ENDODONTICS

D3110	Pulp cap – direct (excluding final restoration)	\$18	\$73	\$55
D3220	Therapeutic pulpotomy (excluding final restoration)	\$68	\$174	\$106

ROOT CANAL THERAPY

D3310	Anterior teeth, excludes final restoration	\$378	\$735	\$357
D3320	Premolars, excludes final restoration	\$470	\$898	\$428
D3330	Molars, excludes final restoration	\$573	\$1,159	\$586
D3410	Apicoectomy – anterior	\$227	\$841	\$614
D3430	Retrograde filling, per root	\$60	\$254	\$194
D3920	Hemisection (including any root removal)	\$113	\$403	\$290

PERIODONTICS

D4260	Osseous surgery – per quadrant	\$534	\$1,278	\$744
D4270	Pedicle soft tissue grafts	\$226	\$915	\$689
D4271	Free soft tissue graft	\$226	\$955	\$729
D4341	Periodontal scaling and root planing (per quadrant)	\$98	\$233	\$135

GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain minor procedures	\$0	\$104	\$104
D9220	General anesthesia (first 30 minutes)	\$64	\$417	\$353

When you receive treatment for the eligible services listed below **from dentists who do not participate in the Horizon Dental PPO Network**, you may have to pay dentists their usual fees in advance, then file a claim for reimbursement. Horizon BCBSNJ payments are based on our PPO allowances. You are responsible for any charges in excess of these amounts. There is no out-of-network benefit for major or specialty services.

Benefits
 Procedure
 Code¹ Description
PPO Allowance

ORAL EXAMS

D0150 Comprehensive oral evaluation **\$39**
 D0120 Periodic oral evaluation[†] **\$23**

X-RAYS

D0210 Intraoral – complete series (including bitewings) **\$62**
 D0220 Intraoral – single film **\$9**
 D0230 Intraoral – each additional film **\$4**
 D0240 Intraoral – occlusal, single film **\$14**
 D0272 Bitewing – two films[†] **\$13**
 D0274 Bitewing – four films[†] **\$18**
 D0330 Panoramic film **\$47**

PREVENTIVE

D0460 Pulp vitality tests **\$14**
 D1110 Prophylaxis – adult[†] **\$63**
 D1120 Prophylaxis – child[†] **\$39**
 D1203 Topical fluoride – child[†] **\$16**
 D1351 Sealants, per tooth **\$26**

SPACE MAINTAINERS

D1510 Fixed, unilateral **\$106**
 D1515 Fixed, bilateral **\$147**
 D1520 Removable, unilateral **\$113**
 D1525 Removable, bilateral **\$147**
 D1550 Recementation of space maintainer **\$23**

[†] These services are limited to once every six months.

Benefits
 Procedure
 Code¹ Description
PPO Allowance

TREATMENT AND THERAPY

AMALGAM

D2140 One surface, permanent or primary tooth **\$50**
 D2150 Two surfaces, permanent or primary tooth **\$75**
 D2160 Three surfaces, permanent or primary tooth **\$92**
 D2161 Four or more surfaces, permanent or primary tooth **\$109**

GENERAL SERVICES

D9110 Palliative (emergency) treatment of dental pain minor procedures **\$42**

** Based on the 75th percentile of MDR data averaged for the city of Newark, New Jersey as of October 2009. Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations*

¹ Current dental terminology is copyrighted by the American Dental Association.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call 1-800-4DENTAL.

These rates are effective January 1, 2010 and are subject to change at any time.



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