

Horizon Dental Companion Plan Savings Schedule For New Jersey Dentists

When you receive treatment from one of the 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 Dental Companion Plan with typical charges* and illustrates the savings you might expect.

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

<u>Benefits</u>		<u>You</u>	<u>Typical</u>	<u>Typical</u>	<u>Benefits</u>		<u>You</u>	<u>Typical</u>	<u>Typical</u>
<u>Procedure</u>		<u>Pav</u>	<u>Charge*</u>	<u>Savings</u>	<u>Procedure</u>		<u>Pav</u>	<u>Charge*</u>	<u>Savings</u>
<u>Code</u>	<u>Description</u>				<u>Code</u>	<u>Description</u>			
Oral Exams					Treatment and Therapy				
D0150	Comprehensive oral evaluation	\$0	\$52	\$52	Amalgam				
D0120	◆Periodic oral evaluation	\$0	\$33	\$33	D2140	- One surface, permanent or primary tooth	\$0	\$94	\$94
X-rays					D2150	- Two surfaces, permanent or primary tooth	\$0	\$118	\$118
D0210	Intraoral - complete series (including bitewings)	\$0	\$87	\$87	D2160	- Three surfaces, permanent or primary tooth	\$0	\$129	\$129
D0220	Intraoral - single film	\$0	\$15	\$15	D2161	- Four or more surfaces, permanent or primary tooth	\$0	\$174	\$174
D0230	Intraoral - each additional film	\$0	\$12	\$12	Composite Resin				
D0240	Intraoral - occlusal, single film	\$0	\$26	\$26	D2330	- One surface, anterior tooth	\$56	\$98	\$42
D0272	◆Bitewing - two films	\$0	\$26	\$26	D2331	- Two surfaces, anterior tooth	\$68	\$126	\$58
D0274	◆Bitewing - four films	\$0	\$39	\$39	D2332	- Three surfaces, anterior tooth	\$86	\$156	\$70
D0330	Panoramic film	\$0	\$79	\$79	D2391	- One surface, posterior tooth	\$68	\$109	\$41
Preventive					D2392	- Two surfaces, posterior tooth	\$72	\$148	\$76
D0460	Pulp vitality tests	\$0	\$35	\$35	D2393	- Three surfaces, posterior tooth	\$95	\$182	\$87
D1110	◆Prophylaxis - adult	\$0	\$69	\$69	Oral Surgery				
D1120	◆Prophylaxis - child	\$0	\$47	\$47	D7140	Routine extractions	\$51	\$108	\$57
D1203	◆Topical applic. fluoride- child	\$0	\$25	\$25	Extraction of impacted teeth				
D1351	Sealants, per tooth	\$0	\$40	\$40	D7220	- Soft tissue	\$139	\$266	\$127
Space maintainers					D7230	- Partially bony	\$219	\$353	\$134
D1510	- Fixed, unilateral	\$0	\$242	\$242	D7240	- Completely bony	\$292	\$425	\$133
D1515	- Fixed, bilateral	\$0	\$371	\$371	D7310	Alveoloplasty (in conjunction with extractions, per quadrant)	\$76	\$184	\$108
D1520	- Removable, unilateral	\$0	\$158	\$158	D7510	Incision and drainage of abscess - intraoral	\$47	\$146	\$99
D1525	- Removable, bilateral	\$0	\$295	\$295					
D1550	- Recementation of space maintainer	\$0	\$48	\$48					

◆These services are limited to once every six months.

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 1-800-4-Dental. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association. Administrative services are provided by Horizon Healthcare Dental Services, Inc.

Note: "You Pay" amounts apply to services provided by General Dentists. Services provided by Specialists will generally be higher.

<u>Benefits</u>		<u>You</u>	<u>Typical</u>	<u>Typical</u>
<u>Procedure</u>		<u>Pay</u>	<u>Charge*</u>	<u>Savings</u>
<u>Code</u>	<u>Description</u>			
Prosthodontics				
<i>Dentures</i>				
D5110	Complete upper	\$688	\$962	\$274
D5120	Complete lower	\$688	\$941	\$253
D5130	Immediate upper	\$625	\$1,048	\$423
D5140	Immediate lower	\$625	\$1,051	\$426
D5211	Upper - partial resin base (incl. any conventional clasps, rests & teeth)	\$461	\$708	\$247
D5212	Lower - partial resin base (incl. any conventional clasps, rests & teeth)	\$461	\$778	\$317
<i>Denture Repair</i>				
D5510	Repair broken complete denture base			
	Repair missing or broken teeth	\$67	\$116	\$49
D5520	- each tooth			
	Repair resin denture base	\$54	\$100	\$46
D5610	Repair cast framework	\$64	\$113	\$49
D5620	Repair or replace broken clasp	\$69	\$152	\$83
D5630		\$58	\$135	\$77
<i>Fixed Bric</i>				
D6240	Pontic - porcelain fused to high noble metal			
	Crowns, porcelain fused to high noble metal	\$636	\$696	\$60
D6750	Recement bridgework	\$636	\$799	\$163
D6930		\$46	\$90	\$44
Inlays and Crowns				
<i>Inlay</i>				
D2510	- Metallic, one surface			
	- Two surfaces	\$160	\$375	\$215
D2520		\$238	\$685	\$447
<i>Onlay</i>				
D2543	- Metallic, three surfaces			
	- Four or more surfaces	\$314	\$807	\$493
D2544		\$467	\$839	\$372
<i>Crowns</i>				
D2750	- Porcelain fused to high noble metal			
	- Full cast high noble metal	\$636	\$800	\$164
D2790	- 3/4 cast high noble metal	\$636	\$834	\$198
D2780	Recement inlays	\$606	\$905	\$299
D2910	Recement crowns	\$27	\$63	\$36
D2920		\$27	\$63	\$36

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<u>Procedure</u>		<u>Pay</u>	<u>Charge*</u>	<u>Savings</u>
<u>Code</u>	<u>Description</u>			
Endodontics				
D3110	Pulp cap - direct (excl. final restoration)	\$18	\$49	\$31
D3220	Therapeutic pulpotomy (excl. final restoration)	\$67	\$124	\$57
<i>Root Canal Therapy</i>				
D3310	- Anterior teeth, excludes final restoration	\$324	\$503	\$179
D3320	- Bicusps, excludes final restoration	\$422	\$593	\$171
D3330	- Molars, excludes final restoration	\$550	\$748	\$198
D3410	Apicoectomy - anterior	\$227	\$524	\$297
D3430	Retrograde filling, per root	\$60	\$140	\$80
D3920	Hemisection (including any root removal)	\$113	\$299	\$186
Periodontics				
D4260	Osseous Surgery - per quadrant	\$534	\$770	\$236
D4270	Pedicle soft tissue grafts	\$226	\$447	\$221
D4271	Free soft tissue graft	\$226	\$618	\$392
D4341	Periodontal scaling and root planing (per quadrant)	\$69	\$163	\$94
General Services				
D9110	Palliative (emergency) treatment of dental pain minor procedures	\$0	\$68	\$68
D9220	General anesthesia (first 30 minutes)	\$64	\$251	\$187

* Typical charges are provided for illustration purposes only. Actual charges will vary. Consult your contract or benefits booklet detailed plan descriptions and limitations.

We reserve the right to change fees once per contract year with 30 days notice.

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