



Horizon Blue Cross Blue Shield of New Jersey

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Horizon Dental PPO Access 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 Dental PPO Access 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 (1-800-433-6825)** for information on specialists' fees.

Benefits Procedure Code	Description	You Pay	Typical Charge*	Typical Savings
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ORAL EXAMS

D0150	Comprehensive oral evaluation	\$0	\$98	\$98
D0120	Periodic oral evaluation [†]	\$0	\$56	\$56

X-RAYS

D0210	Intraoral – complete series (including bitewings)	\$0	\$140	\$140
D0220	Intraoral – single film	\$0	\$28	\$28
D0230	Intraoral – each additional film	\$0	\$25	\$25
D0240	Intraoral – occlusal, single film	\$0	\$44	\$44
D0272	Bitewing – two films [†]	\$0	\$50	\$50
D0274	Bitewing – four films [†]	\$0	\$70	\$70
D0330	Panoramic film	\$0	\$123	\$123

PREVENTIVE

D0460	Pulp vitality tests	\$0	\$45	\$45
D1110	Prophylaxis – adult [†]	\$0	\$106	\$106
D1120	Prophylaxis – child [†]	\$0	\$73	\$73
D1203	Topical fluoride – child [†]	\$0	\$45	\$45
D1351	Sealants, per tooth	\$0	\$53	\$53

SPACE MAINTAINERS

D1510	Fixed, unilateral	\$0	\$365	\$365
D1515	Fixed, bilateral	\$0	\$511	\$511
D1520	Removable, unilateral	\$0	\$402	\$402
D1525	Removable, bilateral	\$0	\$621	\$621
D1550	Recementation of space maintainer	\$0	\$79	\$79

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

Benefits Procedure Code	Description	You Pay	Typical Charge*	Typical Savings
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TREATMENT AND THERAPY

AMALGAM

D2140	One surface, permanent or primary tooth	\$0	\$140	\$140
D2150	Two surfaces, permanent or primary tooth	\$0	\$181	\$181
D2160	Three surfaces, permanent or primary tooth	\$0	\$218	\$218
D2161	Four or more surfaces, permanent or primary tooth	\$0	\$266	\$266

COMPOSITE RESIN

D2330	One surface, anterior tooth	\$68	\$152	\$84
D2331	Two surfaces, anterior tooth	\$85	\$194	\$109
D2332	Three surfaces, anterior tooth	\$105	\$237	\$132
D2391	One surface, posterior tooth	\$80	\$178	\$98
D2392	Two surfaces, posterior tooth	\$84	\$233	\$149
D2393	Three surfaces, posterior tooth	\$120	\$289	\$169

ORAL SURGERY

D7140	Routine extractions	\$63	\$201	\$138
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EXTRACTION OF IMPACTED TEETH

D7220	Soft tissue	\$139	\$399	\$260
D7230	Partially bony	\$219	\$531	\$312
D7240	Completely bony	\$292	\$624	\$332
D7310	Alveoloplasty (in conjunction with extractions, per quadrant)	\$76	\$390	\$314
D7510	Incision and drainage of abscess – intraoral	\$47	\$419	\$372

Benefits		You	Typical	Typical
Procedure		Pay	Charge*	Savings
Code	Description			

PROSTHODONTICS

DENTURES

D5110	Complete upper	\$770	\$1,456	\$686
D5120	Complete lower	\$770	\$1,456	\$686
D5130	Immediate upper	\$770	\$1,587	\$817
D5140	Immediate lower	\$770	\$1,587	\$817
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,229	\$768
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,428	\$967
D5410	Denture Adjustment, Full Upper	\$0	\$79	\$79
D5411	Denture Adjustment, Full Lower	\$0	\$79	\$79
D5421	Denture Adjustment, Partial Upper	\$0	\$79	\$79
D5422	Denture Adjustment, Partial Lower	\$0	\$79	\$79

DENTURE REPAIR

D5510	Repair broken complete denture base	\$67	\$159	\$92
D5520	Repair missing or broken teeth – each tooth	\$54	\$133	\$79
D5610	Repair resin denture base	\$64	\$173	\$109
D5620	Repair cast framework	\$69	\$186	\$117
D5630	Repair or replace broken clasp	\$58	\$226	\$168

FIXED BRIDGEWORK

D6240	Pontic – porcelain fused to high noble metal	\$681	\$1,112	\$431
D6750	Abutment crowns, porcelain fused to high noble metal	\$681	\$1,162	\$481
D6930	Recement bridgework	\$46	\$176	\$130

ONLAYS AND CROWNS

ONLAY

D2543	Metallic, three surfaces	\$314	\$1,479	\$1,165
D2544	Four or more surfaces	\$467	\$1,538	\$1,071

CROWNS

D2750	Porcelain fused to high noble metal	\$681	\$1,202	\$521
D2790	Full cast high noble metal	\$681	\$1,160	\$479
D2780	3/4 cast high noble metal	\$618	\$1,113	\$495
D2910	Recement inlays	\$27	\$111	\$84
D2920	Recement crowns	\$27	\$113	\$86

Benefits		You	Typical	Typical
Procedure		Pay	Charge*	Savings
Code	Description			

ENDODONTICS

D3110	Pulp cap – direct (excluding final restoration)	\$18	\$99	\$81
D3220	Therapeutic pulpotomy (excluding final restoration)	\$68	\$203	\$135

ROOT CANAL THERAPY

D3310	Anterior teeth, excludes final restoration	\$378	\$810	\$432
D3320	Premolars, excludes final restoration	\$470	\$992	\$522
D3330	Molars, excludes final restoration	\$573	\$1,230	\$657
D3410	Apicoectomy – anterior	\$227	\$931	\$704
D3430	Retrograde filling, per root	\$60	\$291	\$231
D3920	Hemisection (including any root removal)	\$113	\$461	\$348

PERIODONTICS

D4260	Osseous surgery – per quadrant	\$534	\$1,421	\$887
D4270	Pedicle soft tissue grafts	\$226	\$1,003	\$777
D4271	Free soft tissue graft	\$226	\$1,040	\$814
D4341	Periodontal scaling and root planing (per quadrant)	\$98	\$254	\$156

GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain minor procedures	\$0	\$121	\$121
D9220	General anesthesia (first 30 minutes)	\$64	\$380	\$316

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 Blue Cross Blue Shield of New Jersey 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		PPO
Procedure Code	Description	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	\$5
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 [†]	\$59
D1120	Prophylaxis – child [†]	\$36
D1208	Topical fluoride – child [†]	\$15
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		PPO
Procedure Code	Description	Allowance

TREATMENT AND THERAPY

AMALGAM

D2140	One surface, permanent or primary tooth	\$49
D2150	Two surfaces, permanent or primary tooth	\$72
D2160	Three surfaces, permanent or primary tooth	\$89
D2161	Four or more surfaces, permanent or primary tooth	\$112

GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$42
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* Based on the 75th percentile of 2013 Fair Health Relative Value Benchmarks (FHRVB). Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

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 (1-800-433-6825)**.

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



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