

Horizon Dental Option

Plan	DEP Tier 1		DEP Tier 2		DEP Tier 3	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays					
Benefit Period Maximum (per person)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Period Maximum Applies To	Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays					
Orthodontics Eligibility	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontics	n/a	n/a	n/a	n/a	n/a	n/a
Orthodontics Maximum (Lifetime)	n/a	n/a	n/a	n/a	n/a	n/a
Preventative/Diagnostic Services						
Exam (2x per cal yr)	80%	70%	90%	80%	100%	90%
Cleanings	80%	70%	90%	80%	100%	90%
Fluoride Treatment	80%	70%	90%	80%	100%	90%
Sealant Application	80%	70%	90%	80%	100%	90%
X-rays	80%	70%	90%	80%	100%	90%
Space Maintainers	50%	50%	60%	50%	70%	50%
Treatment and Therapy						
Amalgam Restorations	50%	50%	60%	50%	70%	50%
Composite Restorations	50%	50%	60%	50%	70%	50%
Simple Extractions	50%	50%	60%	50%	70%	50%
Surgical Extractions	50%	50%	60%	50%	70%	50%
Partial Bony Extractions	50%	50%	60%	50%	70%	50%
Endodontics						
Root Canal Therapy – Anterior & Bicuspid	50%	50%	60%	50%	70%	50%
Root Canal Therapy – Molar	50%	50%	60%	50%	70%	50%
Periodontics						
Scaling & Root Planing	30%	20%	40%	30%	50%	40%
Gingivectomy	30%	20%	40%	30%	50%	40%
Periodontal Maintenance	30%	20%	40%	30%	50%	40%
Osseous Surgery	30%	20%	40%	30%	50%	40%
Prosthodontics (5 year frequency limitation)						
Bridgework	30%	20%	40%	30%	50%	40%
Full & Partial Dentures	30%	20%	40%	30%	50%	40%
Denture Adjustments	30%	20%	40%	30%	50%	40%
Denture Repairs	50%	50%	60%	50%	70%	50%
Crowns and Onlays						
Crowns	30%	20%	40%	30%	50%	40%
Implants	n/a	n/a	n/a	n/a	n/a	n/a
Eligibility	Dependent children of enrolled employees are covered to age 26.					