

Horizon Dental PPO Access 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 PPO Access 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>Pay</u>	<u>Charge*</u>	<u>Savings</u>	<u>Procedure</u>	<u>Pay</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	\$0	\$78	\$78	<i>Amalgam</i>			
D0120	\$0	\$45	\$45	D2140	\$0	\$125	\$125
				D2150	\$0	\$162	\$162
				D2160	\$0	\$196	\$196
				D2161	\$0	\$238	\$238
X-rays				<i>Composite Resin</i>			
D0210	\$0	\$116	\$116	D2330	\$62	\$133	\$71
D0220	\$0	\$22	\$22	D2331	\$75	\$170	\$95
D0230	\$0	\$17	\$17	D2332	\$95	\$208	\$113
D0240	\$0	\$33	\$33	D2391	\$75	\$156	\$81
D0272	\$0	\$37	\$37	D2392	\$79	\$205	\$126
D0274	\$0	\$52	\$52	D2393	\$105	\$254	\$149
D0330	\$0	\$99	\$99	Oral Surgery			
Preventive				D7140	\$51	\$164	\$113
D0460	\$0	\$62	\$62	<i>Extraction of impacted teeth</i>			
D1110	\$0	\$89	\$89	D7220	\$139	\$362	\$223
D1120	\$0	\$62	\$62	D7230	\$219	\$482	\$263
D1203	\$0	\$33	\$33	D7240	\$292	\$566	\$274
D1351	\$0	\$55	\$55	D7310	\$76	\$337	\$261
<i>Space maintainers</i>				D7510	\$47	\$322	\$275
D1510	\$0	\$350	\$350				
D1515	\$0	\$462	\$462				
D1520	\$0	\$434	\$434				
D1525	\$0	\$596	\$596				
D1550	\$0	\$76	\$76				

*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

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Procedure		<u>Pay</u>	<u>Charge*</u>	<u>Savings</u>
<u>Code</u>	<u>Description</u>			
Prosthodontics				
<i>Dentures</i>				
D5110	Complete upper	\$688	\$1,448	\$760
D5120	Complete lower	\$688	\$1,448	\$760
D5130	Immediate upper	\$625	\$1,579	\$954
D5140	Immediate lower	\$625	\$1,579	\$954
D5211	Upper - partial resin base (incl. any conventional clasps, rests & teeth)	\$461	\$1,222	\$761
D5212	Lower - partial resin base (incl. any conventional clasps, rests & teeth)	\$461	\$1,421	\$960
<i>Denture Repair</i>				
D5510	Repair broken complete denture base	\$67	\$159	\$92
D5520	Repair missing or broken teeth - each tooth	\$54	\$132	\$78
D5610	Repair resin denture base	\$64	\$172	\$108
D5620	Repair cast framework	\$69	\$185	\$116
D5630	Repair or replace broken clasp	\$58	\$225	\$167
<i>Fixed Bridgework</i>				
D6240	Pontic - porcelain fused to high noble metal	\$636	\$949	\$313
D6750	Abutment crowns, porcelain fused to high noble metal	\$636	\$1,084	\$448
D6930	Recement bridgework	\$46	\$127	\$81
Inlays and Crowns				
<i>Inlay</i>				
D2510	- Metallic, one surface	\$160	\$688	\$528
D2520	- Two surfaces	\$238	\$781	\$543
<i>Onlay</i>				
D2543	- Metallic, three surfaces	\$314	\$923	\$609
D2544	- Four or more surfaces	\$467	\$960	\$493
<i>Crowns</i>				
D2750	- Porcelain fused to high noble metal	\$636	\$1,025	\$389
D2790	- Full cast high noble metal	\$636	\$989	\$353
D2780	- 3/4 cast high noble metal	\$606	\$983	\$377
D2910	Recement inlays	\$27	\$93	\$66
D2920	Recement crowns	\$27	\$97	\$70

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<u>Code</u>	<u>Description</u>			
Endodontics				
D3110	Pulp cap - direct (excl. final restoration)	\$18	\$70	\$52
D3220	Therapeutic pulpotomy (excl. final restoration)	\$67	\$166	\$99
<i>Root Canal Therapy</i>				
D3310	- Anterior teeth, excludes final restoration	\$324	\$700	\$376
D3320	- Premolars, excludes final restoration	\$422	\$854	\$432
D3330	- Molars, excludes final restoration	\$550	\$1,103	\$553
D3410	Apicoectomy - anterior	\$227	\$801	\$574
D3430	Retrograde filling, per root	\$60	\$242	\$182
D3920	Hemisection (including any root removal)	\$113	\$384	\$271
Periodontics				
D4260	Osseous Surgery - per quadrant	\$534	\$1,204	\$670
D4270	Pedicle soft tissue grafts	\$226	\$890	\$664
D4271	Free soft tissue graft	\$226	\$916	\$690
D4341	Periodontal scaling and root planing (per quadrant)	\$69	\$232	\$163
General Services				
D9110	Palliative (emergency) treatment of dental pain minor procedures	\$0	\$95	\$95
D9220	General anesthesia (first 30 minutes)	\$64	\$384	\$320
<p>* Based on NJ charges submitted to Horizon Healthcare Dental Services for the period of January 1, 2002 through December 31, 2002. Typical charges are provided for illustration purposes only. Actual charges will vary. Consult your contract or benefits booklet detailed plan descriptions and limitations.</p> <p><i>We reserve the right to change fees once per contract year with 30 days notice.</i></p>				

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