



▶ Young Grins Plus

Benefit Period	Calendar Year	
	In-Network	Out-of-Network
Benefit	DOP	OON
Network utilized		
DEDUCTIBLE		
Individual (Preventive and Diagnostic/Basic and Major)	\$0/\$75	\$25/\$325
Family	\$0/\$150	\$50/\$650
Deductible does not apply to	Preventive and Diagnostic In-Network	
BENEFIT PERIOD MAXIMUM		
Individual	N/A	\$1,500
Family	N/A	\$3,000
Orthodontics	N/A	\$750
BENEFIT PERIOD MOOP		
Periodontics, TMJ and Orthodontics	\$700 (combined)	N/A
COINSURANCE		
Coincidence Plan Offered	N/A	
CLASS I: PREVENTIVE & DIAGNOSTIC		
Once every 6 Months (In & Out-of-Network)		
Periodic Oral Exam	100%	100%
Fluoride Treatment	100%	100%
Sealants Application	100%	100%
Prophylaxis	100%	100%
X-rays	100%	100%
CLASS II: BASIC		
Space Maintainers	80%	
Oral Surgery		
Surgical Extractions	80%	
Simple Extractions	80%	
Impacted Teeth	80%	
Amalgam Restorations	80%	
Composite Restorations	80%	
Periodontics		
Scaling & Root Planning	80% (once every 1 year)	
Gingivectomy	80% (once every 3 years)	

Benefit Period	Calendar Year	
	In-Network	Out-of-Network
Benefit	DOP	OON
Periodontics (continued)		
Periodontal Maintenance	80% (once every 6 months)	
Endodontics		
Root Canal Therapy – Anterior & Bicuspid	80%	
Root Canal Therapy – Molar	80%	
CLASS III: MAJOR		
Inlays/Onlays/Crowns	50% Once every 5 years (In & Out-of-Network)	
Prosthodontics		
Bridges	50% Once every 5 years (In & Out-of-Network)	
Dentures	50% Once every 7.5 years (In & Out-of-Network)	
Adjustments	50% Once every 6 months (In & Out-of-Network)	
Orthodontics	50% (Orthodontic coverage is based on Medical Necessity)	
ELIGIBILITY		
Member Age Eligibility	Pediatric dental essential health benefits covers members under age 19 years. Eligibility terminates at 12:01 a.m. on the date the member reaches age 19 years.	
Orthodontics Eligibility	Pediatric orthodontics benefits covers members under age 19 years. Eligibility terminates at 12:01 a.m. on the date the member reaches age 19 years.	

Horizon BCBSNJ standard Dental Policy and Claim Administration Policies apply and may be altered periodically. This summary highlights the major features of your dental benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2013 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.