



Mercer County Community College
Current Horizon Dental Plans*
2026



Benefits	Horizon Dental Choice Plan (HDC) 1/1/2026-12/31/2026	Horizon TotalCare Plan 1/1/2026-12/31/2026	Dental Option Plan (DOP) High Plan Option 1/1/2026-12/31/2026	Dental Option Plan (DOP) Low Plan Option 1/1/2026-12/31/2026
Deductible				
Individual	\$0	\$0	\$25 per person	\$25 per person
Family	\$0	\$0		
Benefit Maximum				
Annual Benefit Maximum	None	None	\$2,000	\$2,000
Out-of-Network				
Out-of-Network Coverage	None	None	Yes**	Yes**
PCP Designation				
Dental Primary Care Physician Designation	Required	Required	Not Required	Not Required
Preventive Services	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>
Oral Examinations	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%
Fluoride	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Bitewing X-ray mages	100%	100%	100%	100%
Basic Services	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>
Root Canal Therapy (Anterior/Bicuspid)	100%	100%	80%	50%
Amalgam	100%	100%	80%	50%
Scaling	100%	100%	80%	50%
Gingivectomy	100%	100%	80%	50%
Space Maintainers	50%	100%	80%	50%
Root Canal Therapy (Molars)	50%	100%	80%	50%
Major Services	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>
Crowns	50%	100%	50%	50%
Full and Partial Dentures	50%	100%	50%	50%
Osseous Surgery	50%	100%	80%	50%
Denture Repairs	50%	100%	80%	50%
Orthodontia	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>	<u>In Network</u>
Orthodontic Services	50%	100%	50%	50%
	No coverage for dependents over age 19	No coverage for dependents over age 19	No coverage for dependents over age 19	No coverage for dependents over age 19
Lifetime Orthodontia maximum	None	None	\$1,000	\$1,000
Employee Cost Per Pay	<i>No employee contribution</i>	\$5.58	\$7.81	<i>No employee contribution</i>

*This document is for illustrative purposes only. If there is any discrepancy between the benefits in this summary and the official plan documents, the language of the official plan documents shall prevail as accurate.

**The Plan will reimburse for an Out-of-Network Provider based on the lesser of the provider's normal charges or the Plan's Maximum Allowable Charges. A Covered Person would be responsible for not only the Plan's deductible and coinsurance amounts, if any, but any balance the Out-of-Network Provider may bill for their normal charges that are in excess of the Plan's Maximum Allowable Charges.