

DENTAL BENEFITS

Mercer County Community College offers you and your eligible family members a comprehensive and valuable dental program. We encourage you to take the time to educate yourself about your dental benefit options to you and your family.

IMPORTANT NOTE: Dependent coverage extends to the end of the year in which they turn 26.

If you have any questions please contact Member Advocacy at 800.563.9929.



NEED HELP FINDING A DENTIST?

Use the *Online Doctor & Hospital Finder* to search for dentists who participate with your plan. Here's how it works:

- Visit HorizonBlue.com/doctorfinder
- Select *Dentists* or *Dentists Outside of NJ* in *What Are you Looking For?*
- Choose your plan so the correct list of dentists appears (i.e., Dental Option, Dental Choice, Total Care Plan)
- Add your ZIP code and dental specialty, if needed
- Select *Search*

BENEFITS	Horizon Dental Choice Plan (HDC)	Horizon TotalCare Plan	Dental Option Plan (DOP) High Plan	Dental Option Plan (DOP) LowPlan
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible	\$0 Individual / \$0 Family	\$0 Individual / \$0 Family	\$25 per person	\$25 per person
Calendar Year Maximum (per patient)	None	None	\$2,000	\$2,000
Out-of-Network Coverage	None	None	Yes ³	Yes ³
PCP Designation Required?	Yes	Yes	No	No
Diagnostic & Preventive Services¹ Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100%	100%	100%	100%
Basic Services^{1,2} Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	100%	100%	80%	50%
Major Services^{1,2} Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	100%	50%	50%
Orthodontics (Children age 19 and below)	50%	100%	50%	50%
Orthodontia Lifetime Maximum (per patient)	None	None	\$1,000	\$1,000
Employee Cost Per Pay	\$0.00	\$5.58	\$7.81	\$0.00

¹ Annual Maximum Applies

² Deductible applies

³ 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.

⁴ This document is for illustrative purposes only. If there is a discrepancy between the benefits in the summary and the official plan documents, the language of the official plan documents shall prevail as accurate.