

2018 Dental Plan Guide

Individual and Family Plans



2018 Dental Plan Guides

Combine dental with health coverage to feel better and smile more.

Horizon Dental

Proper dental care can help with more than having clean teeth. It can also help detect serious health risks, like diabetes, heart disease and some cancers. With more than 1.4 million members, Horizon Dental is New Jersey's largest dental insurer and has a robust network of credentialed dentists to support our members' dental needs.

With Horizon Dental, you have access to:

- ✓ A large network of qualified general dentists and specialists across the country.
- ✓ Tools to choose a local dentist, print an ID card and view your dental claims online.
- ✓ An experienced team of representatives to guide consumers to the right plan for their needs and budgets.

Combining dental with medical coverage makes great sense. By integrating dental and medical records, you give providers better insights to treat you. Horizon BCBSNJ offers a range of affordable, comprehensive coverage programs. Review our Dental Programs to find the one that's right for you and your family. For medical, dental, vision and prescription drug coverage, visit HorizonBlue.com/Dental.

Reap the rewards of our deep discounts and take advantage of our complete coverage and support.

Plans for You and Your Family

Horizon Young Grins

This is our stand-alone pediatric dental (SAPD) plan. It meets the Affordable Care Act (ACA) requirements for pediatric essential health benefits.

Horizon Family Grins and Horizon Family Grins Plus

These plans provide ACA-compliant essential benefits for children, as well as comprehensive coverage for their parents or guardians. Both Horizon Family Grins and Horizon Family Grins Plus offer varying levels of benefits and access to the extensive Horizon PPO Network.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

These plans offer comprehensive coverage at an affordable price. Both plans provide access to our Horizon PPO Network. With Horizon Healthy Smiles Plus, members can also access the Horizon Traditional Network but there are no out-of-network benefits. The Horizon Healthy Smiles plans provide a \$1,000 benefit to help pay for those services outside of preventive and diagnostic services. In addition, there are varying levels of benefits available, along with coverage for orthodontia. Please note that these are not ACA-compliant plans.

Horizon Centurion Dental

Horizon Centurion Dental, our lowest-cost dental program, offers individuals and families an affordable dental program. Simply visit a participating Horizon PPO Network dentist for eligible services to receive dental care at reduced fees.

Horizon Individual Dental

Horizon Individual Dental covers most eligible preventive dental services with no deductible, copayment or benefit maximum. This plan provides access to the Horizon Dental Choice Network. Your selected primary care dentist coordinates all your dental needs. If there is a service or procedure your dentist is unable to complete, you will be referred to a participating specialist. In your first year, you'll save 30 percent on covered major services. When you stay with the same primary care dentist, your savings for eligible major services increases to 40 percent in the second year and to 50 percent in the third year and thereafter.

2018 Dental Plan Guide & Rates

Individual and Family Plan Coverage

Plan Name	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
DESCRIPTION						
Coverage for	Under 19 only	Under 19	Over 19	Under 19	Over 19 INN ¹	Over 19 OON ²
Premium	\$\$	\$\$		\$\$\$		
ACA Compliant	yes	yes		yes		
Waiting periods apply	no	no		no		
Network	PPO/GRID	PPO/GRID		PPO/GRID		none
Annual Maximum	none	none		none	\$1,000	
Deductible	*\$25/\$100/\$200	*\$25/\$100/\$200	none	*\$25/\$100/\$200	\$50/\$150	
COVERED SERVICES						
Preventive/Diagnostic						
Prophylaxis - Cleaning	100%	100%	100%	100%	100%	100%
Sealant	100%	100%	not covered	100%	not covered	not covered
Fluoride	100%	100%	not covered	100%	not covered	not covered
Diagnostic						
Oral Exam	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	100%	100%	100%	100%
Restorative						
Amalgam Fillings	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Composite Fillings	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	discount	50% after deductible	50% after deductible	50% after deductible
Endodontics						
Root Canal	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Periodontics						
Periodontal Scaling & Root Planing	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Prosthetics						
Bridges	50% after deductible	50% after deductible	discount	50% after deductible	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible	discount	50% after deductible	50% after deductible	50% after deductible
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	80% after deductible	80% after deductible	discount	80% after deductible	80% after deductible	80% after deductible
Orthodontics						
Orthodontic Lifetime Maximum	none	\$1,000	not covered	\$1,000	not covered	not covered
Orthodontic Medical Necessity	covered 50%	covered 50%	not covered	covered 50%	not covered	not covered
Cosmetic Orthodontics	not covered	covered for those under age 19	not covered	covered for those under age 19	not covered	not covered

*\$25/\$100/\$200 - \$25 applies to preventive/diagnostic; \$100/\$200 applies to Basic and Major.

1. In-Network
2. Out-of-Network

Individual and Family Plans continued

Plan Name	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
DESCRIPTION						
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
Premium	\$		\$		annual	annual
ACA Compliant	no		no		no	no
Waiting periods apply	yes		yes		no	no
Network	PPO/GRID		PPO/Traditional/Grid Plus		PPO	Horizon Dental Choice
Annual Maximum	\$1,000		\$1,000		none	none
Deductible	\$50/\$150		\$50/\$150		none	none
COVERED SERVICES						
Preventive/Diagnostic						
Prophylaxis - Cleaning	100%	80%	100%	80%	discount	100%
Sealant	100%	80%	100%	80%	discount	100%
Fluoride	100%	80%	100%	80%	discount	100%
Diagnostic						
Oral Exam	100%	80%	100%	80%	discount	100%
X-rays	100%	80%	100%	80%	discount	100%
Restorative						
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	discount	100%
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	discount	100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	discount	70%/60%/50%
Endodontics						
Root Canal	50% after deductible		50% after deductible		discount	70%/60%/50%
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		discount	70%/60%/50%
Periodontal Maintenance	50% after deductible		50% after deductible		discount	70%/60%/50%
Prosthodontics						
Bridges	50% after deductible		50% after deductible		discount	70%/60%/50%
Dentures	50% after deductible		50% after deductible		discount	70%/60%/50%
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		discount	70%/60%/50%
Orthodontics						
Orthodontic Lifetime Maximum	\$1,000		\$1,000		not covered	not covered
Orthodontic Medical Necessity	not covered		not covered		not covered	not covered
Cosmetic Orthodontics	covered for those under age 19		covered for those under age 19		not covered	not covered

PREMIUMS ARE BASED ON THE AGE OF MEMBERS; SEE CHARTS BELOW.

Horizon Family Grins Plus	
Age	Rate
0-14	\$31.80
15	\$33.39
16	\$33.74
17	\$32.62
18	\$30.02
19-22	\$31.26
23-24	\$28.34
25-29	\$35.31
30-34	\$37.08
35-39	\$37.83
40-44	\$39.73
45-49	\$42.52
50-54	\$48.25
55-59	\$52.09
60-63	\$57.49
64+	\$59.17

Horizon Family Grins	
Age	Rate
0-14	\$31.80
15	\$33.39
16	\$33.74
17	\$32.62
18	\$30.02
19+	\$15.33

Horizon Young Grins	
Age	Rate
0-14	\$30.76
15	\$32.30
16	\$32.64
17	\$31.56
18	\$29.04

Horizon Healthy Smiles				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$19.57	\$16.11	\$17.03	\$14.02
23-24	\$18.96	\$15.60	\$16.50	\$13.58
25-29	\$21.54	\$17.73	\$18.74	\$15.42
30-34	\$21.86	\$17.98	\$19.01	\$15.65
35-39	\$22.84	\$18.80	\$19.87	\$16.36
40-44	\$24.83	\$20.45	\$21.61	\$17.79
45-49	\$27.51	\$22.64	\$23.94	\$19.69
50-54	\$29.68	\$24.43	\$25.82	\$21.26
55-59	\$30.90	\$25.43	\$26.88	\$22.12
60-64	\$32.27	\$26.55	\$28.08	\$23.10
65+	\$31.89	\$26.25	\$27.75	\$22.85

Horizon Healthy Smiles Plus				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$22.63	\$18.62	\$19.68	\$16.21
23-24	\$21.92	\$18.04	\$19.08	\$15.69
25-29	\$24.90	\$20.49	\$21.66	\$17.82
30-34	\$25.26	\$20.79	\$21.98	\$18.09
35-39	\$26.39	\$21.72	\$22.97	\$18.90
40-44	\$28.71	\$23.64	\$24.97	\$20.57
45-49	\$31.80	\$26.18	\$27.67	\$22.77
50-54	\$34.32	\$28.23	\$29.86	\$24.57
55-59	\$35.73	\$29.40	\$31.07	\$25.57
60-64	\$37.30	\$30.70	\$32.45	\$26.71
65+	\$36.87	\$30.35	\$32.06	\$26.40

Horizon Centurion	
	Total Amount Due
1 Individual	\$60.00 per year
1 Family	\$84.00 per year
2 Adults or Adult(s) & Dependent Child(ren)	See Terms & Limitations

Horizon Individual	
Annual Adult Rate	\$180.00
Annual Child Rate	\$68.40

* Waiting period applies.

Products are provided by Horizon Healthcare Dental, Inc., and Horizon Blue Cross Blue Shield of New Jersey.

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.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon BCBSNJ for the most current rates.

ACA Regulations for Children

Pediatric dental coverage is one of the 10 essential healthy benefits that the ACA has required for all individuals purchasing medical coverage from the health insurance exchange. Horizon BCBSNJ offers pediatric essential benefits as a stand-alone plan (Horizon Young Grins) or as part of a comprehensive family plan (Horizon Family Grins and Horizon Family Grins Plus).

Plan Eligibility

All Horizon Dental plans can be purchased with a health plan or by themselves, if there is health plan coverage with another company. Your clients must be New Jersey residents to purchase a Horizon Dental plan, which means they must have a primary residence in New Jersey.

Enrollment Effective Dates

The effective date – when coverage officially begins – can be different, depending on the plan. For example, the Horizon Individual and Centurion plans can have an effective date on any day of the month. However, the Horizon Young Grins, Horizon Family Grins and Horizon Healthy Smiles Dental plans are effective on either the 1st or the 15th of the month.

Waiting Periods

Horizon Dental plans do not have waiting periods for diagnostic or preventive coverage. However, some dental plans have waiting periods for certain coverage and procedures. For example, with Horizon Healthy Smiles, there is a six-month waiting period before amalgam (silver) fillings would be covered. See the dental plan guide for details.

Call **1-844-277-8218** to learn more or
enroll online at
HorizonBlue.com/ShopDental



Horizon Blue Cross Blue Shield of New Jersey

Services and products are provided by Horizon Blue Cross Blue Shield of New Jersey, Horizon Healthcare Dental, Inc., or Horizon Insurance Company, all of which are independent licensees of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. 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. All other trademarks are the property of their respective owners. ©2017 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Spanish (Español): Para ayuda en español, llame al 1-866-660-6528. Chinese (中文): 如需中文協助, 請致電 1-866-660-65281



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-355-BLUE (2583) (TTY/TDD 711) or the phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues, including:**

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)**

OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-866-660-6528** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-866-660-6528** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-866-660-6528**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-866-660-6528**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-866-660-6528** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-866-660-6528** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-866-660-6528** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-866-660-6528** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-866-660-6528** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-866-660-6528** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-866-660-6528** pandan lè nòminal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-866-660-6528** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-866-660-6528** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-866-660-6528** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitííh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo búááh ílíní da. Ata' halne'é ła' bich'í' hadeesdzih nínízingo t'áá shóqdí **1-866-660-6528**ji' nida'anishgo oolkiíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-866-660-6528**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-866-660-6528** پر کال کریں۔