

Horizon Dental

Combining dental with medical coverage makes great sense. By integrating dental and medical records, you give health care providers better insight to treat your employees. And it's less expensive and easier to administer your benefits program.



Horizon Young Grins

Pediatric essentials plan; ACA Compliant

Horizon Family Grins & Horizon Family Grins Plus

For parents & children; ACA Compliant

Horizon Dental Option Plan (DOP)

Provides access to the largest Horizon dental network and includes both in- and out-of-network benefits

Horizon Dental PPO Plan

Includes both in- and out-of-network benefits; lowest fees available through our Horizon Dental PPO network

Horizon Healthy Smiles & Horizon Healthy Smiles Plus

No out-of-network benefits; comprehensive coverage with access to our largest networks

Horizon Dental PPO Access Plan & Horizon Dental Companion Plan

Lowest fees available when choosing a dentist through our Horizon Dental PPO Network; plans cover preventive and diagnostic at 100%; all other services are at a discount



We offer affordable, comprehensive dental options designed to complement your overall health benefits strategy.

For more information, visit HorizonBlue.com/dental.

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2021 Dental Plan Small Group Guide

Plan Type	Horizon Young Grins	Horizon Family Grins	Horizon Family Grins Plus			
These plans meet the pediatric dental coverage requirements of the ACA.						
Network	In-network (under age 19)	Pediatric in-network (under age 19)	Adults in-network (age 19 and over)	Pediatric in-network (under age 19)	Adults in-network (age 19 and over)	Adults out-of-network (age 19 and over)*
	9,000 in NJ/329,000 nationwide	9,000 in NJ/329,000 nationwide	Over 10,000 within NJ, NY, DE and PA	9,000 in NJ/329,000 nationwide	9,000 in NJ/329,000 nationwide	n/a
Deductible (Preventive/Diagnostic)						
Individual	\$25	\$25	\$0	\$25	\$0	\$0
Family	n/a	n/a	\$0	n/a	\$0	\$0
Deductible (Basic & Major)						
Individual	\$100	\$100	\$0	\$100	\$50	\$50
Family	\$200	\$200	\$0	\$200	\$150	\$150
Annual Maximum	n/a	n/a	n/a	n/a	\$1,000	\$1,000 (combined with in-network)
Benefit Period Maximum Out-of-Pocket (Basic, Major & Medically Necessary Orthodontia)						
Individual	\$350	\$350	n/a	\$350	n/a	n/a
Family	\$700	\$700	n/a	\$700	n/a	n/a
Preventive						
Periodic Oral Evaluations	100% after deductible Once/6 months	100% after deductible Once/6 months	100% Once/6 months	100% after deductible Once/6 months	100% Once/6 months	100% Once/6 months
Prophylaxis	100% after deductible Once/6 months	100% after deductible Once/6 months	100% Once/6 months	100% after deductible Once/6 months	100% Once/6 months	100% Once/6 months
Periodontics						
Scaling & Root Planing	80% after deductible Once/year	80% after deductible Once/year	Discount for eligible services	80% after deductible Once/year	80% after deductible Once/year	80% Once/year
Endodontics						
Root Canal Therapy - Anterior & Bicuspid	80% after deductible	80% after deductible	Discount for eligible services	80% after deductible	80% after deductible	80% after deductible
Root Canal Therapy - Molar	80% after deductible	80% after deductible	Discount for eligible services	80% after deductible	80% after deductible	80% after deductible
Orthodontics						
Medically Necessary Orthodontia	50%	50%	n/a	50%	n/a	n/a
Cosmetic Orthodontia (\$1,000 lifetime max)	Not covered	50%	n/a	50%	n/a	n/a

*Payment is based upon the Horizon allowance and the provider may bill the member up to charges.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

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Plan Type	Horizon Dental Option Plan (DOP)	Horizon Dental PPO	Horizon Healthy Smiles Plans
Network	12,000 in NJ/376,000 nationwide	9,000 in NJ/329,000 nationwide	Healthy Smiles: 9,000 in NJ/329,000 nationwide Healthy Smiles Plus: 12,000 in NJ/376,000 nationwide
Underwriting Guidelines			
Participation: 2-9 Eligible Employees	100% ¹	100% ¹	100% ¹
Participation: 10-50 Eligible Employees	75% ¹	75% ¹	75% ¹
Minimum Employer Contribution	The single rate or 50% of total premium	The single rate or 50% of total premium	The single rate or 50% of total premium
New Business Effective Dates	1st and 15th of the month	1st and 15th of the month	1st and 15th of the month
Group Size Requirement	2 eligible/2 enrolled ²	2 eligible/2 enrolled ²	2 eligible/2 enrolled ²
Annual Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum Options	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000
Coinsurance Options Available: Preventive/Diagnostic/Basic/Major	100%/80%/50%, 100%/100%/50%	100%/80%/50%	80%/50%/50%, 100%/80%/50%
Orthodontics			
Cosmetic Orthodontia for Under 19 Only (50% coinsurance)	No ortho, or \$750 or \$1000 lifetime maximum	No ortho or \$750 lifetime maximum	No ortho or \$1000 lifetime maximum

1. Includes spousal waivers.

2. Will write down to one (1) when medical has one (1) enrolled. Participation requirement must still be met.

Number of participating office locations is approximate and may vary across plans.
Call Member Services at **1-800-4DENTAL (433-6825)** to verify dentists' continued participation.

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Plan Type	Horizon Dental Companion	Horizon Dental PPO Access
Network size	Over 10,000 participating dental offices within NJ, NY, DE and PA	Over 10,000 participating dental offices within NJ, NY, DE and PA
Underwriting Guidelines		
Participation: 2-9 Employees	Must match medical	100% ¹
Participation: 10-50 Employees	Must match medical	75% ¹
Benefit Waiting Periods	n/a	n/a
Minimum Employer Contribution	Must match medical	The single rate or 50% of total premium
New Business Effective Dates	1st and 15th of the month	1st and 15th of the month
Group Size Requirement	Must match medical	2 eligible/2 enrolled ²
Annual Deductible Options	None	None
Annual Maximum Options	No maximum	No maximum
Eligible Preventive Services (exams, X-rays, cleanings and sealants)	100%	100%
Eligible Basic Service Options (root canals, periodontal and extractions)	Silver fillings and space maintainers 100%; discounted fee for all other eligible basic services (in-network benefit only)	Silver fillings and space maintainers 100%; discounted fee for all other eligible basic services (in-network benefit only)
Eligible Major Service Options (crowns, bridges and dentures)	Discounted fee (in-network benefit only)	Discounted fee (in-network benefit only)

¹ Includes spousal waivers.

² Will write down to one (1) when medical has one (1) enrolled. Participation requirement must still be met.

Number of participating office locations is approximate and may vary across plans.
Call Member Services at **1-800-4DENTAL (433-6825)** to verify dentists' continued participation.

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2021 Dental Plan Small Group Rates

PREMIUMS ARE BASED ON THE AGE OF MEMBERS AND TERRITORY

Horizon Young Grins						
2021 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.18	\$22.02	\$22.82	\$22.18	\$22.08	\$26.48
15	\$21.19	\$23.12	\$23.96	\$23.29	\$23.19	\$27.80
16	\$21.41	\$23.36	\$24.21	\$23.54	\$23.43	\$28.10
17	\$20.71	\$22.59	\$23.41	\$22.76	\$22.66	\$27.17
18	\$19.05	\$20.78	\$21.54	\$20.94	\$20.85	\$25.00

Horizon Family Grins Plus						
2021 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.86	\$22.76	\$23.59	\$22.93	\$22.82	\$27.37
15	\$21.90	\$23.89	\$24.77	\$24.07	\$23.97	\$28.74
16	\$22.13	\$24.15	\$25.03	\$24.33	\$24.22	\$29.04
17	\$21.40	\$23.35	\$24.20	\$23.52	\$23.42	\$28.08
18	\$19.69	\$21.48	\$22.27	\$21.64	\$21.55	\$25.84

2021 Adult Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
19-22	\$24.93	\$26.34	\$26.62	\$26.08	\$24.89	\$26.77
23-24	\$22.59	\$23.88	\$24.13	\$23.64	\$22.56	\$24.27
25-29	\$28.15	\$29.75	\$30.07	\$29.45	\$28.11	\$30.24
30-34	\$29.56	\$31.24	\$31.58	\$30.93	\$29.52	\$31.75
35-39	\$30.16	\$31.87	\$32.21	\$31.55	\$30.12	\$32.39
40-44	\$31.67	\$33.47	\$33.83	\$33.14	\$31.63	\$34.02
45-49	\$33.90	\$35.83	\$36.21	\$35.47	\$33.85	\$36.41
50-54	\$38.47	\$40.65	\$41.09	\$40.24	\$38.41	\$41.31
55-59	\$41.53	\$43.89	\$44.36	\$43.45	\$41.47	\$44.60
60-63	\$45.83	\$48.44	\$48.96	\$47.95	\$45.77	\$49.23
64+	\$47.18	\$49.86	\$50.39	\$49.35	\$47.11	\$50.67

Horizon Family Grins						
2021 Child Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$20.86	\$22.76	\$23.59	\$22.93	\$22.82	\$27.37
15	\$21.90	\$23.89	\$24.77	\$24.07	\$23.97	\$28.74
16	\$22.13	\$24.15	\$25.03	\$24.33	\$24.22	\$29.04
17	\$21.40	\$23.35	\$24.20	\$23.52	\$23.42	\$28.08
18	\$19.69	\$21.48	\$22.27	\$21.64	\$21.55	\$25.84

2021 Adult Rate						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
19-22	\$12.94	\$13.68	\$13.83	\$13.54	\$12.93	\$13.90
23-24	\$12.64	\$13.36	\$13.50	\$13.22	\$12.62	\$13.58
25-29	\$13.08	\$13.83	\$13.98	\$13.69	\$13.07	\$14.05
30-34	\$13.31	\$14.06	\$14.22	\$13.92	\$13.29	\$14.29
35-39	\$13.44	\$14.20	\$14.36	\$14.06	\$13.42	\$14.44
40-44	\$13.49	\$14.26	\$14.41	\$14.11	\$13.47	\$14.49
45-49	\$13.57	\$14.34	\$14.50	\$14.20	\$13.55	\$14.58
50-54	\$13.73	\$14.51	\$14.67	\$14.37	\$13.71	\$14.75
55-59	\$13.93	\$14.72	\$14.88	\$14.57	\$13.91	\$14.96
60-63	\$14.17	\$14.98	\$15.14	\$14.83	\$14.15	\$15.22
64+	\$14.21	\$15.02	\$15.18	\$14.87	\$14.19	\$15.26

Territory	
Area	Counties
Territory A	Essex, Hudson, Union
Territory B	Bergen, Passaic
Territory C	Monmouth, Morris, Sussex, Warren
Territory D	Hunterdon, Middlesex, Somerset
Territory E	Burlington, Camden, Mercer
Territory F	Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester

Contact your Broker or Horizon Account Representative for specific rates for Horizon Dental Option Plan (DOP), Horizon Dental PPO, Horizon Healthy Smiles Plans, Horizon Dental Companion and Horizon Dental PPO Access.

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Voluntary Dental

Extend your dental offerings with no employer contribution required. Voluntary Dental gives your employees low-cost, self-paid access to Horizon BCBSNJ providers.

Voluntary Dental features include:

- A 100% employee-paid benefit through payroll deduction
- Easy administration
- Simple underwriting rules
- No minimum participation
- Six plan options

Underwriting and Product Information

- Voluntary dental plans are offered to groups with between 2-50 employees. Employers may choose to offer either voluntary plans or employer-funded plans but may not offer both at the same time. ***Exception:** Young Grins may be offered alongside the Voluntary PPO or DOP plans.
- There are no benefit waiting periods on the DOP or PPO plans.
- Only groups with 5+ eligible employees can offer the DOP or PPO plans with orthodontia.
- Employers may offer up to two plans: Family Grins or Family Grins Plus and one DOP or PPO plan.
- Dental Option Plan and Dental PPO are offered for dependent children to age 19 and full-time students to age 23.
- Family Grins and Family Grins Plus are offered for dependent children to age 26.
- Dental Option Plan and Dental PPO out-of-network allowance is set at Maximum Allowable Charge (MAC).



Voluntary Dental Plans:

Horizon Family Grins

Horizon Family Grins Plus

Horizon Dental PPO

No ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental PPO

\$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental Option

No ortho, \$50 ded, \$1,500 annual max, 100/80/50

Horizon Dental Option

\$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50

For additional details, please contact your Horizon EXPAND Account Manager.

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2021 Voluntary Dental Plans

Horizon Family Grins Voluntary						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$21.28	\$23.21	\$24.06	\$23.39	\$23.27	\$27.91
15-18	\$21.69	\$23.66	\$24.53	\$23.84	\$23.74	\$28.47
19+	\$13.81	\$14.60	\$14.76	\$14.46	\$13.80	\$14.84

Horizon Family Grins Plus Voluntary						
Age	Territory A	Territory B	Territory C	Territory D	Territory E	Territory F
0-14	\$21.28	\$23.21	\$24.06	\$23.39	\$23.27	\$27.91
15-18	\$21.69	\$23.66	\$24.53	\$23.84	\$23.74	\$28.47
19+	\$34.31	\$36.25	\$36.64	\$35.90	\$34.26	\$36.85

For Family Grins and Family Grins Plus, employer premiums are based on the member's age and the employer's county.

Dental Rate Example

Voluntary Dental Option and Dental PPO rates are based on group size and industry group. The rate example below is for an employer in Industry Group C.

Voluntary Dental Product								
Number of eligible employees	Group Size 2-9				Group Size 10-50			
	SING	H&W	Family	P&C	SING	H&W	Family	P&C
Dental PPO, no ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$37.15	\$67.46	\$102.96	\$75.90	\$33.77	\$61.32	\$93.59	\$68.99
Dental PPO, \$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$37.15	\$67.46	\$109.13	\$80.45	\$33.77	\$61.32	\$99.20	\$73.13
Dental Option Plan, no ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$51.43	\$93.38	\$142.52	\$105.04	\$46.75	\$84.88	\$129.55	\$95.48
Dental Option Plan, \$750 ortho, \$50 ded, \$1,500 annual max, 100/80/50	\$51.43	\$93.38	\$151.06	\$111.35	\$46.75	\$84.88	\$137.31	\$101.22

Industry Group** Description		Factor
A	Agricultural Products	0.95
A	Auto Repair/Garages	0.95
A	Logging/Sawmills	0.95
A	Quarries/Gravel Pits/ Mining	0.95
A	Sanitary Services/Waste Removal/Junk Yards	0.95
A	Trucking	0.95
B	Accounting/Engineering/ Research/Consulting Services	1.15
B	Advertising	1.15
B	Auto Dealerships	1.15
B	Embassies/Consulates	1.15
B	Law Offices/Legal Services	1.15
B	Professional Athletic Teams/Promoters	1.15
B	Teachers/Schools/School Districts	1.15
D	Dentistry Offices & Sports Teams	1.5
C	Other	1

**Certain SIC codes may fall into different industry groups

Territory Legend

Area	Counties
Territory A	Essex, Hudson, Union
Territory B	Bergen, Passaic
Territory C	Monmouth, Morris, Sussex, Warren
Territory D	Hunterdon, Middlesex, Somerset
Territory E	Burlington, Camden, Mercer
Territory F	Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester

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