**Horizon Blue Cross Blue Shield of New Jersey Dental Programs**

New Jersey Dental Plans at a Glance for Small Group Employers (two to 50 lives)

<table>
<thead>
<tr>
<th>Plan type:</th>
<th>Horizon Dental Option</th>
<th>Horizon Dental PPO</th>
<th>Horizon Dental PPO Access</th>
<th>Horizon Dental PPO Access 1050</th>
<th>Horizon Dental Companion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network type</strong></td>
<td>DOP (Traditional/PPO)</td>
<td>PPO</td>
<td>PPO</td>
<td>PPO</td>
<td>PPO</td>
</tr>
<tr>
<td><strong>Out-of-network reimbursements</strong></td>
<td>MAC</td>
<td>PPO Allowance</td>
<td>PPO Allowance</td>
<td>PPO Allowance</td>
<td>PPO Allowance</td>
</tr>
<tr>
<td><strong>Underwriting Guidelines:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-9 employees</td>
<td>100%*</td>
<td>100%*</td>
<td>100%*</td>
<td>N/A</td>
<td>Must match medical.</td>
</tr>
<tr>
<td>10-50 employees</td>
<td>75%*</td>
<td>75%*</td>
<td>75%*</td>
<td>50%*</td>
<td>Must match medical.</td>
</tr>
<tr>
<td>Minimum employer contribution</td>
<td>The Single rate or 50% of total premium.</td>
<td>The Single rate or 50% of total premium.</td>
<td>The Single rate or 50% of total premium.</td>
<td>None.</td>
<td>Must match medical.</td>
</tr>
<tr>
<td>New business effective dates</td>
<td>1st and 15th of the month.</td>
<td>1st and 15th of the month.</td>
<td>1st and 15th of the month.</td>
<td>1st and 15th of the month.</td>
<td>1st and 15th of the month.</td>
</tr>
<tr>
<td><strong>Group size requirement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 eligible/2 enrolled**</td>
<td>2 eligible/2 enrolled**</td>
<td>2 eligible/2 enrolled**</td>
<td>10 eligible/2 enrolled</td>
<td>Must match medical.</td>
<td></td>
</tr>
<tr>
<td><strong>Annual deductible options (individual)</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizon Dental Option</td>
<td>$0/$25/$50/$100</td>
<td>$0/$25/$50/$100</td>
<td>None.</td>
<td>None.</td>
<td>None.</td>
</tr>
<tr>
<td><strong>Annual maximum options</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizon Dental PPO</td>
<td>$1,000/$1,500</td>
<td>$1,000/$1,500</td>
<td>No maximum.</td>
<td>No maximum.</td>
<td>No maximum.</td>
</tr>
<tr>
<td><strong>Orthodontics (if applicable)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum of five employees</td>
<td>$750 or $1,000 maximum</td>
<td>$750 or $1,000 maximum</td>
<td>25% discount off participating dentist's fee.</td>
<td>25% discount off participating dentist's fee.</td>
<td>25% discount off participating dentist's fee.</td>
</tr>
<tr>
<td>Eligible preventive services</td>
<td>100%†</td>
<td>100%†</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Eligible basic service options</td>
<td>80% after deductible†</td>
<td>80% after deductible†</td>
<td>Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services (in-network benefit only).</td>
<td>Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services (in-network benefit only).</td>
<td>Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services (in-network benefit only).</td>
</tr>
<tr>
<td>Eligible major service options</td>
<td>50% after deductible†****</td>
<td>50% after deductible†****</td>
<td>Discounted fee. Not subject to waiting period (in-network benefit only).</td>
<td>Discounted fee. Not subject to waiting period (in-network benefit only).</td>
<td>Discounted fee. Not subject to waiting period (in-network benefit only).</td>
</tr>
<tr>
<td><strong>Options:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizon Dental Option</td>
<td>Horizon Dental PPO</td>
<td>Horizon Dental PPO Access</td>
<td>Horizon Dental PPO Access 1050</td>
<td>Horizon Dental Companion</td>
<td></td>
</tr>
<tr>
<td>Annual maximum options (for groups with 10+ eligible)</td>
<td>$2,000</td>
<td>$2,000</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Out-of-network reimbursement options</td>
<td>80th for groups with 10+ eligible 90th for groups with 25+ eligible</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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* Includes spouse waivers.
** Will write down to one (1) when medical loss one (1) enrolled. Participation requirement must still be met.
† Other options available. Always contact Member Services at 1-800-4DENTAL to verify dentists’ continued participation. This is a brief description of covered services available. Actual services may vary by contract.

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**Network type**

- **DOP (Traditional/PPO):**
  - MAC
  - PPO Allowance
  - PPO Allowance
  - PPO Allowance
  - PPO Allowance

**Out-of-network reimbursements**

- **MAC:**
  - PPO Allowance
  - PPO Allowance
  - PPO Allowance
  - PPO Allowance

**Underwriting Guidelines:**

- **Participation:**
  - 100%*(2-9 employees)
  - 75%*(10-50 employees)
- **Minimum employer contribution:**
  - The Single rate or 50% of total premium.
- **New business effective dates:**
  - 1st and 15th of the month.
- **Group size requirement:**
  - 2 eligible/2 enrolled**
- **Annual deductible options (individual)***
  - Horizon Dental Option: $0/$25/$50/$100
  - Horizon Dental PPO: $0/$25/$50/$100
  - Horizon Dental PPO Access: None.
  - Horizon Dental PPO Access 1050: None.

**Annual maximum options**

- Horizon Dental PPO: $1,000/$1,500
- Horizon Dental PPO Access: No maximum.
- Horizon Dental PPO Access 1050: No maximum.

**Orthodontics (if applicable):**

- Minimum of five employees: $750 or $1,000 maximum
- 25% discount off participating dentist's fee.

**Eligible preventive services**

- 100%†
- 100%†
- 100%

**Eligible basic service options**

- 80% after deductible†
- 80% after deductible†
- Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services (in-network benefit only).

**Eligible major service options**

- 50% after deductible†****
- 50% after deductible†****
- Discounted fee. Not subject to waiting period (in-network benefit only).

**Options:**

- Horizon Dental Option: $2,000
- Horizon Dental PPO: $2,000
- Horizon Dental PPO Access: N/A
- Horizon Dental PPO Access 1050: N/A
- Horizon Dental Companion: N/A

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**Making Healthcare Work.**

[Horizon Logo]
Horizon Dental Option Plan (DOP)

One of our most popular products, the Horizon Dental Option Plan offers:

- **Ways to save money without reducing employee benefits.**
- **The freedom to receive dental services from any dentist.** By choosing dentists who participate with the Horizon Dental Option Plan, your employees can maximize their benefits while reducing out-of-pocket costs. Discounts off participating dentists' charges range between 10 and 30 percent.
- **The option of selecting from over 115,000 participating dental offices nationwide.** With any choice they make, there's always a dental benefit and they are always covered for eligible services because of the plan's out-of-network benefit. Members may go to a nonparticipating dentist and may have to pay the dentist his/her usual fees in advance. Members must then file claims for reimbursement, which is based on our reduced allowances. Members are responsible for any charges in excess of these amounts.
- **Access to a national network, coverage for out-of-network Major Services, higher network reimbursement and much more.**

Horizon Dental PPO Plan

- **In Network:** The Horizon Dental PPO Plan, a Preferred Provider Organization Plan, offers the lowest fees available to our customers through our Horizon Dental PPO Network of participating dentists. These dentists accept our reduced allowances as payment-in-full, less any applicable deductibles and/or coinsurance.
- **Out of Network:** Members may go to a nonparticipating dentist and may have to pay the dentist his/her usual fees in advance. Members must then file claims for reimbursement, which is based on our reduced allowances. Members are responsible for any charges in excess of these amounts.

Horizon Dental PPO Access Plan/Horizon Dental PPO Access Plan 1050

The Horizon Dental PPO Access Plan and the Horizon Dental PPO Access Plan 1050 cover frequently needed, eligible preventive and diagnostic services, and simple amalgam (silver) fillings at 100 percent when members use a dentist participating in the Horizon Dental PPO Access Plan Network. There is no annual deductible or annual maximum.

- **In Network:** The plan covers frequently needed, eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers, at 100 percent. For eligible remaining basic services and all major or specialty services, such as root canals, crowns and bridges, members pay only a reduced Horizon Dental PPO Plan/Horizon Dental PPO Plan 1050 allowance to participating dentists. There is no annual deductible, no annual maximum and no wait period for major services.
- **Out of Network:** The plan allows members to use nonparticipating dentists for certain eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers. However, they may have to pay for any charges above the Horizon Dental PPO Plan/Horizon Dental PPO Plan 1050 allowance, pay dentists at the time of service and submit claims for reimbursement. There is no out-of-network benefit for remaining basic services and all major or specialty services.

Horizon Dental Companion Plan

The Horizon Dental Companion Plan covers frequently needed, eligible preventive and diagnostic services and selected basic services at 100 percent when members use dentists participating in the Horizon Dental PPO Plan Network. There is no annual deductible or annual maximum. The plan is similar to the PPO Access Plan, but sold only to groups that have Horizon BCBSNJ medical.

- **In Network:** The plan covers frequently needed, eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers, at 100 percent. For eligible remaining basic services and all major or specialty services, such as root canals, crowns and bridges, members pay only a reduced Horizon Dental PPO Plan allowance to participating dentists. There is no annual deductible, no annual maximum and no wait period for major services.
- **Out of Network:** The plan allows members to use nonparticipating dentists for certain eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers. However, they may have to pay for any charges above the Horizon Dental PPO Plan allowance, pay dentists at the time of service and submit claims for reimbursement. There is no out-of-network benefit for remaining basic services and all major or specialty services.

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