

2019 Dental Plan Guide

Small Group Plans



2019 Dental Plan Guides

Introducing



Horizon EXPAND consolidates your health coverage with dental and a full suite of supplemental benefits that protect your business and attract, retain and motivate quality employees.

Dental, Vision, Life and Disability, Worksite Products, International Medical Coverage and Pet Insurance may now be purchased through a single company. These products may be purchased separately but save you more when purchased together.

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 your employees to the right plan for their needs and budgets.

Combining dental with medical coverage makes great sense. By integrating dental and medical records, dentists and medical professionals have better insights to treat patients. Horizon BCBSNJ offers a range of affordable, comprehensive coverage programs. Review our Dental Programs to find the one that's right for your employees. For medical, dental, vision and prescription drug coverage, visit [HorizonBlue.com/Dental](https://www.horizonblue.com/Dental).

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

Plans for Employees and Their Families

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.



2019 Dental Plan Guide & Rates

Horizon Blue Cross Blue Shield of New Jersey Dental Plans for Small Group Employers (2 to 50 employees)

| Plan type: | Horizon Young Grins | Horizon Family Grins | | Horizon Family Grins Plus | | |
|--|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| These plans meet the pediatric dental coverage requirements of the ACA. | | | | | | |
| Network | Pediatric 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 participating dental offices in NJ / 280,000 nationwide | 9,000 in NJ / 280,000 nationwide | 9,000 in NJ | 9,000 in NJ / 280,000 nationwide | 6,500 in NJ / 230,000 nationwide | n/a |
| (Preventive/Diagnostic (P/D)) | | | | | | |
| Individual | \$25 | \$25 | \$0 | \$25 | \$50 | \$50 |
| Family | \$0 | \$0 | \$0 | \$0 | \$150 | \$150 |
| Deductible (Basic & Major) | | | | | | |
| Individual | \$100 | \$100 | None | \$100 | Combined with P/D | Combined with P/D |
| Family | \$200 | \$200 | None | \$200 | Combined with P/D | Combined with P/D |
| 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% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months |
| Prophylaxis | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months | 100% Once/6 months |
| Periodontics | | | | | | |
| Scaling & Root Planing | 80% Once/year | 80% Once/year | Discount for eligible services | 80% Once/year | 80% Once/year | 80% Once/year |
| Endodontics | | | | | | |
| Root Canal Therapy - Anterior & Bicuspid | 80% | 80% | Discount for eligible services | 80% | 80% | 80% |
| Root Canal Therapy - Molar | 80% | 80% | Discount for eligible services | 80% | 80% | 80% |
| 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 |

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

| Horizon Young Grins | | | | | | |
|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 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 | | | | | | |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 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 |
| 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 |

| Horizon Family Grins Plus | | | | | | |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 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 |
| 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 |

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 |

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. 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. Employees must be New Jersey residents to purchase a Horizon Dental plan, which means they must have a primary residence in New Jersey.

Please contact your broker to learn more.



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. ©2018 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

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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**

If you are not a Horizon BCBSNJ member, you may contact Horizon BCBSNJ's Civil Rights Coordinator by calling **1-866-660-6528 (TTY/TDD 711)** or by writing to Horizon BCBSNJ's Civil Rights Coordinator at the above-referenced address. 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**.



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 ક્રોસ 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 nòmal 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 दुभाषिण 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 diitíh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóo 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۔

