## Horizon Dental offers groups with two to 50 employees more than iust clean teeth!

Proper dental care is an important part of employee health. In fact, routine dental exams may detect serious health risks such as diabetes in their earliest stages when they are easiest to treat.

Combining dental with medical coverage makes great sense. It's less expensive and easier to administer your benefits program. And by integrating dental and medical records, you give providers better insights to treat your employees.

Horizon BCBSNJ offers a range of affordable, comprehensive coverage programs for small groups. Review our Dental Programs to find the one that's right for your business. For medical, dental, vision and prescription drug coverage, visit **HorizonBlue.com**.

To learn more about Horizon Dental, contact us at 1-800-4DENTAL (433-6825) or visit HorizonBlue.com/dental

#### At a glance program descriptions:

#### **Horizon Young Grins**

Horizon Young Grins, our stand-alone pediatric dental (SAPD) plan, meet the requirements of the Affordable Care Act (ACA). If you purchase medical coverage outside of the Health Insurance Marketplace, you must either attest that you have pediatric dental coverage from another carrier or purchase a SAPD plan.

Small groups can purchase Horizon Young Grins with a medical plan or by itself, if you have medical coverage with another company. Horizon Young Grins offers access to the Horizon PPO Network, an extensive network of dentists.

#### Horizon Family Grins and Horizon Family Grins Plus

Horizon Family Grins plans provide comprehensive coverage for children and their parents or guardians. Both Horizon Family Grins and Horizon Family Grins Plus offer access to the Horizon PPO Network. Both plans offer varying levels of benefits, depending on the group's needs. These plans meet the ACA requirement for pediatric dental benefits.

#### Horizon Healthy Smiles and Horizon Healthy Smiles Plus

Horizon Healthy Smiles plans offer comprehensive coverage at an affordable price. Both plans provide access to the Horizon PPO Network. With Horizon Healthy Smiles Plus, members can also use the Horizon Traditional Network. There are no out-of-network benefits.

Both 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 coinsurance available, along with coverage for orthodontia.

#### Horizon Dental Option Plan (DOP)

One of our most popular plans, DOP offers:

- The freedom to receive dental services from any dentist. By choosing dentists who participate with the Horizon DOP, your employees can maximize their benefits while reducing out-of-pocket costs. Discounts on participating dentists' charges range between 10 and 30 percent.
- The option of selecting from more than 220,000 participating dental offices nationwide. Horizon DOP also offers out-of-network benefits, so there's always a dental benefit and your employees are always covered for eligible services. 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 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. Simple amalgam (silver) fillings are covered at 100 percent when members use a dentist participating in the Horizon Dental PPO 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 waiting 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 at the time of service and submit claims afterward 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 waiting 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.

Learn more about the benefits of combining dental coverage with medical, prescription, vision and wellness programs with Horizon BCBSNJ.

Contact us at 1-800-4DENTAL (433-6825) or visit HorizonBlue.com/dental

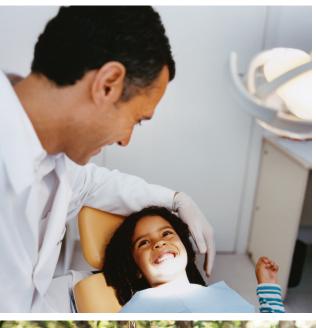
#### HorizonBlue.com/dental

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# Horizon Dental

Affordable, comprehensive programs







Groups of two to 50 employees can offer affordable plans with total coverage and savings through Horizon Dental.

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### Horizon Blue Cross Blue Shield of New Jersey Dental Plans at a Glance for Small Group Employers (two to 50 lives)

Plan type	Dental Option Plan (DOP) Horizon Dental PPO		Horizon Dental PPO Access		
Network size	Over 220,000 participating dental offices nationwide	Over 200,000 participating dental offices nationwide	Over 8,500 participating dental offices within NJ, NY, DE and PA		
Network	Traditional and PPO and Grid Plus (nationally)	PPO and Grid (nationally)	PPO		
Out-of-network reimbursements	% of FHV or MAC	PPO Allowance	PPO Allowance		
Underwriting guidelines	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access		
Participation: 2-9 eligible employees	100%*	100%*	100%*		
Participation: 10-50 eligible employees	75%*	75%*	75%*		
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				
Group size requirement	2 eligible/2 enrolled**	2 eligible/2 enrolled**	2 eligible/2 enrolled**		
Plan	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access		
Annual deductible options (individual)***	\$25/\$50 \$25/\$50		None		
Annual maximum options	\$1,000/\$1,500	\$1,000/\$1,500	No maximum		
Orthodontics (if applicable) (minimum of five employees)	\$750 or \$1,000 maximum	\$750 or \$1,000 maximum			
Eligible preventive services (exams, X-rays, cleanings and sealants)	100%† (deductible never applies)	100%† (deductible never applies)	100%		
Eligible basic service options (root canals, periodontal and extractions)	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 (crowns, bridges and dentures)	50% after deductible†****	50% after deductible†****	Discounted fee. Not subject to waiting period (in-network benefit only)		

Plan type	Horizon Dental PPO Access 1050	Horizon Dental Companion	Horizon Healthy Smile Plans  Over 258, 000 participating dental offices nationwide	
Network size	Over 8,500 participating dental offices within NJ, NY, DE and PA	Over 8,500 participating dental offices within NJ, NY, DE and PA		
Network	PPO		Healthy Smile - PPO and Grid Healthy Smile Plus - PPO, Traditional, and Grid Plus	
Out-of-network reimbursements	PPO Allowance	PPO Allowance	No OON benefit	
Underwriting guidelines:	Horizon Dental PPO Access 1050	Horizon Dental Companion	Horizon Healthy Smile Plans	
Participation: 2-9 employees	N/A	Must match medical	100%*	
Participation: 10-50 employees	50%*	Must match medical	75%*	
Minimum employer contribution	None	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	1st and 15th of the month	
Group size requirement	10 eligible/2 enrolled	Must match medical	2 eligible/2 enrolled**	
Plan	Horizon Dental PPO Access 1050	Horizon Dental Companion	Horizon Healthy Smile Plans	
Annual deductible options (individual)***	None	None	\$50	
Annual maximum options	No maximum	No maximum	\$1,000	
Orthodontics (if applicable) (minimum of five employees)			\$1,000 maximum	
Eligible preventive services (exams, X-rays, cleanings and sealants)	100%	100%	100%† (deductible never applies)	
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)	50% after deductible	
Eligible major service options (crowns, bridges and dentures)	Discounted fee. Not subject to waiting period (in-network benefit only)	Discounted fee. Not subject to waiting period (in-network benefit only)	50% after deductible	

Always contact Member Services at 1-800-4DENTAL (433-6825) to verify dentists' continued participation.

Plan type:	Horizon Young Grins	Horizon Family Grins		Horizon Family Grir	ns Plus	
These plans, effective January 1, 2016, meet the pediatric den	tal coverage requirements of the Affordable Care Act.					
	In Network (under age 19 years)	Pediatric In Network (under age 19 years)	Adults In-Network (19 and over)	Pediatric In Network (under age 19 years)	Adults In-Network (19 and over)	Adults Out-of-Network (19 and over)
Network	PPO/GRID	PPO/GRID	PPO/GRID	PPO/GRID	PPO/GRID	None
Deductible (Preventive/Diagnostic)						
Individual	\$0	\$0	\$0	\$0	\$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	None	n/a	n/a	n/a	\$1,000	\$1,000 (combined with INN)
Out-of-Network Reimbursement	None	n/a	n/a	n/a	n/a	PPO fee schedule
Benefit Period Maximum Out-of-Pocket (Basic, Major & Orthodontia)						
Individual	\$350	\$350	n/a	\$350	n/a	n/a
Family	\$700	\$700	n/a	\$700	n/a	n/a
Class 1 - Preventitive						
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
Fluoride	100% Once/6 months	100% Once/6 months	Discount for eligible services	100% Once/6 months	Not covered	Not covered
X-Rays	100% Once/6 months	100% Once/6 months	100% Once/6 months	100% Once/6 months	100% Once/6 months	100% Once/6 months
Application of Sealants	100%	100%	Not covered	100%	Not covered	Not covered
Class II - Basic						
Emergency Palliative	80%	80%	Discount for eligible services	80%	80%	80%
Space Maintainers	80% When medically necessary	80% When medically necessary	Discount for eligible services	80% When medically necessary	Not covered	Not covered
Oral Surgery:						
Surgical Extractions	80%	80%	Discount for eligible services	80%	80%	80%
Simple Extractions	80%	80%	Discount for eligible services	80%	80%	80%
Impacted Teeth	80%	80%	Discount for eligible services	80%	80%	80%
Amalgam Restorations	Frequency will only apply when the same TIN/office performs treatment.Once/6 months	80%	Discount for eligible services	80%	80%	80%
Composite Restorations	80%	80%	Discount for eligible services	80%	80%	80%
Periodontics:						
Scaling & Root Planing	80% Once/1 year	80% Once/1 year	Discount for eligible services	80% Once a year	80% Once a year	80% Once a year
Gingivectomy	80% Once/3 years	80% Once/3 years	Discount for eligible services	80% Once/3 years	80% Once/3 years	80% Once/3 years
Periodontal Maintenance	80% Once/6 months	80% Once/6 months	Discount for eligible services	80% Once/6 months	80% Once/6 months	80% Once/6 months
Endodontics:						
Root Canal Therapy - Anterior & Bicuspid	80%	80%	Discount for eligible services	80%	80%	80%
Root Canal Therapy - Molar	50%	80%	Discount for eligible services	80%	80%	80%
Class III - Major						
Inlays/Onlays/Crowns	50% Once/5 years	50% Once/5 years	Discount for eligible services	50% Once/5 years	50% Once/5 years	50% Once/5 years
Prosthodontics:						
Bridges	50% Once/5 years	50% Once/5 years	Discount for eligible services	50% Once/5 years	50% Once/5 years	50% Once/5 years
Dentures	50% Once/5 years	50% Once/5 years	Discount for eligible services	50% Once/5 years	50% Once/5 years	50% Once/5 years
Other Prosthetics	50%	50%		50%	50%	50%
Medically Necessary Orthodontia	50%	50%	n/a	50%	n/a	n/a
Cosmetic Orthodontia	n/a	\$1,000 lifetime maximum	n/a	\$1,000 lifetime maximum	n/a	n/a

Horizon Dental will help your employees feel better and smile more! Contact 1-800-4DENTAL (433-6825)



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<sup>\*</sup> Includes spousal waivers.

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

\*\*\* Family deductibles are three times these amounts.

\*\*\*\* A six-month waiting period applies to major services. The waiting period can be waived with proof of prior coverage for major services.

† Other options available.