

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
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	Over 258, 000 participating dental offices nationwide
Network	PPO	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

* 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.

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 Grins Plus			
These plans, effective January 1, 2016, meet the pediatric dental 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 - 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
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
Prostodontics:						
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)

