Horizon Dental offers groups with two to 50 employees more than just 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 (pediatric essential health benefit) can be added to any of Horizon's medical plans. Only those under the age of 19 are eligible for benefits.

- > Comprehensive benefit plan for those members under 19, including medically necessary orthodontics.
- > Access to Horizon BCBSNJ's extensive PPO network
- > Designed for members under 19.

Horizon Family Grins and Horizon Family Grins Plus

Horizon Family Grins provides 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, an extensive network of dentists. Both plans offer varying levels of benefits depending on the customer's needs. This plan meets the ACA requirement for pediatric dental benefits.

- > Plan provides In- and Out-of-network benefits for members over age 19.
- > Access to Horizon BCBSNJ's extensive PPO and National Grid Networks.
- > Deepest discounts across the state for eligible preventive, basic and major services.
- > Orthodontic coverage for those under age 19 not meeting the medically necessary orthodontic criteria.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

Horizon Healthy Smile 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.

- > Access to Horizon BCBSNJ's extensive PPO and National GRID Networks.
- No out-of-network benefits.
- > Flexible benefit options at an affordable price.

Horizon Dental Option Plan (DOP)

One of our most popular plans, DOP offers:

- charges range between 10 and 30 percent.
- Option of selecting from more than 220,000 participating dental offices nationwide.
- much more.

Horizon Dental PPO Plan

- allowances as payment in full, less any applicable deductibles and/or coinsurance.
- responsible for any charges in excess of these amounts.

Horizon Dental PPO Access Plan

The Horizon Dental PPO Access Plan covers 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. For other eligible services the member receives Horizon's negotiated discount with the participating PPO provider. There are no deductibles or annual maximums.

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. For other eligible services, the member receives Horizon's negotiated discount with the participating PPO provider. 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.

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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> 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'

Access to a national network, coverage for out-of-network major services, higher network reimbursement and

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

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



2018 Horizon Dental Small Group Accounts



HorizonBlue.com/dental





Plan	type:

orizon Blue Cross Blue Shield of New Jersey Dental Plans at a Glance for Small (Plans at a Glance for Small Group	Employers (two to 50 lives)	Plan type:	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
				These plans meet the pediatric dental coverage requirements of the Affordable Care Act.						
Plan type	Dental Option Plan (DO	P) Horizon Dental PPO	Horizon Dental PPO Access			Pediatric In-Network	Adults In-Network	Pediatric In-Network	Adults In-Network	Adults Out-of-Network
etwork 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		In-Network (under age 19)	(under age 19)	(age 19 and over)	(under age 19)	(age 19 and over)	(age 19 and over)
letwork	PPO, Traditional, and Grid Plus (nationa	Ily) PPO and Grid (nationally)	PPO	Deductible (Preventive/Diagnostic)						
Inderwriting guidelines	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access	Individual	¢2E	\$25	\$0	\$25	\$50	\$50
articipation: 2-9 eligible employees	100%*	100%*	100%*		\$25	\$23	D	φ23 	\$30	\$20
articipation: 10-50 eligible employees	75%*	75%*	75%*	Family	\$0	\$0	\$0	\$0	\$150	\$150
inimum employer contribution	The single rate or 50% of total premium	n The single rate or 50% of total premium	The single rate or 50% of total premium							
ew business effective dates	1st and 15th of the month	1st and 15th of the month	1st and 15th of the month	Deductible (Basic & Major)						
roup size requirement	2 eligible/2 enrolled**	2 eligible/2 enrolled**	2 eligible/2 enrolled**	Individual	\$100	\$100	None	\$100	Combined with P/D	Combined with P/D
an	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access							
nnual deductible options (individual)***	\$25/\$50	\$25/\$50	None	Family	\$200	\$200	None	\$200	Combined with P/D	Combined with P/D
nnual maximum options	\$1,000/\$1,500	\$1,000/\$1,500	No maximum	Annual Maximum	n/a	n/a	n/a	n/a	\$1,000	\$1,000 (combined with INN)
igible preventive services (exams, X-rays, cleanings and sealants)	100%† (deductible never applies)	100%† (deductible never applies)	100%						+ - ,	+ .,,
gible basic service options (root canals, periodontal and extractions		80% after deductible†	Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services (in-network benefit only)	Benefit Period Maximum Out-of-Pocket (Basic, Major & Orthodontia)						
gible major service options (crowns, bridges and dentures)	50% after deductible†****	50% after deductible†****	Discounted fee. Not subject to waiting period	Individual	\$350	\$350	n/a	\$350	n/a	n/a
			(in-network benefit only)	Family	\$700	\$700	n/a	\$700	n/a	n/a
				Preventitive:						
lan type Horizon Dental Compani		n Dental Companion	Horizon Healthy Smile Plans	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
etwork size	Over 8,500 NJ, NY, DE	participating dental offices within and PA	Over 200,000 participating dental offices nationwide	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
letwork	PPO		Healthy Smile - PPO and Grid Healthy Smile Plus - PPO, Traditional, and Grid Plus	Periodontics:						
nderwriting guidelines		ntal Companion	Horizon Healthy Smile Plans							
articipation: 2-9 employees	Must match		100%*	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
rticipation: 10-50 employees	Must match medical		75%* The single rate or 50% of total premium							
ew business effective dates	inimum employer contribution Must match medical w business effective dates 1st and 15th of the month		1st and 15th of the month	Endodontics:						
p size requirement Must match medical			2 eligible/2 enrolled**		000/	2004				80%
lan Horizon Dental Compa			Horizon Healthy Smile Plans	Root Canal Therapy - Anterior & Bicuspid	80%	80%	Discount for eligible services	80%	80%	80%
Annual deductible options (individual)*** None			\$50	Root Canal Therapy - Molar	80%	80%	Discount for eligible services	80%	80%	80%
nnual maximum options	n/a		\$1,000							
gible preventive services (exams, X-rays, cleanings and sealants)	100%		100%/80%	Major Prosthodontics:						
gible basic service options (root canals, periodontal and extractions) Discounted	s and space maintainers 100%. fee for all other eligible basic services benefit only)	80%/50%	Medically Necessary Orthodontia	50%	50%	n/a	50%	n/a	n/a
gible major service options (crowns, bridges and dentures)	Discounted	fee. Not subject to waiting period benefit only)	50% after deductible	Cosmetic Orthodontia (\$1000 lifetime max)	Not covered	50%	n/a	50%	n/a	n/a

Horizon Blue Cross Blue Shield o	f New Jersey Dental Plan	s at a Glance for Small Group	Employers (two to 50 lives)	Plan type:	Horizon Young Grins	Horizon Family (Grins	Horizon Family Gri	ns Plus	
				These plans meet the pediatric dental coverage requiren	nents of the Affordable Care Act.					
Plan type	Dental Option Plan (DOP)	Horizon Dental PPO	Horizon Dental PPO Access			Pediatric In-Network	Adults In-Network	Pediatric In-Network	Adults In-Network	Adults Out-of-Network
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		In-Network (under age 19)	(under age 19)	(age 19 and over)	(under age 19)	(age 19 and over)	(age 19 and over)
Network	PPO, Traditional, and Grid Plus (nationally)	PPO and Grid (nationally)	PPO	Deductible (Preventive/Diagnostic)						
Underwriting guidelines	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access	Individual	¢ 2 F	¢or	¢0	¢or	¢F0	¢F0
Participation: 2-9 eligible employees	100%*	100%*	100%*		\$25	\$25	\$0	\$25	\$50	\$50
Participation: 10-50 eligible employees	75%*	75%*	75%*	Family	\$0	\$0	\$0	\$0	\$150	\$150
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	Deductible (Basic & Major)						
Group size requirement	2 eligible/2 enrolled**	2 eligible/2 enrolled**	2 eligible/2 enrolled**	Individual	\$100	\$100	None	\$100	Combined with P/D	Combined with P/D
Plan	Horizon Dental Option	Horizon Dental PPO	Horizon Dental PPO Access							
Annual deductible options (individual)***	\$25/\$50	\$25/\$50	None	Family	\$200	\$200	None	\$200	Combined with P/D	Combined with P/D
Annual maximum options	\$1,000/\$1,500	\$1,000/\$1,500	No maximum	Annual Maximum	n/a	n/a	n/a	n/a	\$1,000	\$1,000 (combined with INN)
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)	Benefit Period Maximum Out-of-Pocket (Basic, Major & Orthodontia)						
Eligible major service options (crowns, bridges and dentures) 50% after deductible†**** 50% af		50% after deductible†****	Discounted fee. Not subject to waiting period (in-network benefit only)	Individual	\$350	\$350	n/a	\$350	n/a	n/a
			(In-network benefit only)	Family	\$700	\$700	n/a	\$700	n/a	n/a
				Preventitive:						
Plan type Horizon Dental Companion		Horizon Healthy Smile Plans	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	
Network size	Over 8,500 participa NJ, NY, DE and PA	ating dental offices within	Over 200,000 participating dental offices nationwide	Prophylaxis	100% Once/ó months	100% Once/6 months	100% Once/6 months	100% Once/6 months	100% Once/6 months	100% Once/ó months
Network	PPO		Healthy Smile - PPO and Grid Healthy Smile Plus - PPO, Traditional, and Grid Plus	Periodontics:						
Underwriting guidelines			Horizon Healthy Smile Plans							
Participation: 2-9 employees Participation: 10-50 employees	Must match medical Must match medical		100%* 75%*	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
Minimum employer contribution	Must match medical		The single rate or 50% of total premium							
New business effective dates			1st and 15th of the month	Endodontics:						
Group size requirement	Must match medical		2 eligible/2 enrolled**	Root Canal Therapy - Anterior & Bicuspid	80%	80%	Discount for eligible services	80%	80%	80%
Plan	Horizon Dental Companion		Horizon Healthy Smile Plans		0076	0076		00 /6	00 %	0076
nnual deductible options (individual)*** None		\$50	Root Canal Therapy - Molar	80%	80%	Discount for eligible services	80%	80%	80%	
Annual maximum options n/a		\$1,000								
Eligible preventive services (exams, X-rays, cleanings and sealants)	100%		100%/80%	Major Prosthodontics:						
Eligible basic service options (root canals, periodontal and extractions) (in-network benefit only) Silver fillings and space maintainers 100%. Discounted fee for all other eligible basic services		all other eligible basic services	80%/50%	Medically Necessary Orthodontia	50%	50%	n/a	50%	n/a	n/a
Eligible major service options (crowns, bridges and dentures) Discounted fee. Not subject to waiting period (in-network benefit only)		t subject to waiting period only)	50% after deductible	Cosmetic Orthodontia (\$1000 lifetime max)	Not covered	50%	n/a	50%	n/a	n/a

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 or visit horizonblue.com/doctorfinder

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



HorizonBlue.com/Dental

