

# 2017 Dental Plan Guide & Rates

## Individual Plan Coverage

| Plan Name                                   | Horizon Young Grins  | Horizon Family Grins           |             | Horizon Family Grins Plus      |                      |                      |
|---------------------------------------------|----------------------|--------------------------------|-------------|--------------------------------|----------------------|----------------------|
| DESCRIPTION                                 |                      |                                |             |                                |                      |                      |
| Coverage for                                | Under 19 only        | Under 19                       | Over 19     | Under 19                       | Over 19 INN¹         | Over 19 OON²         |
| Premium                                     | \$\$                 | \$\$                           |             | \$\$\$                         |                      |                      |
| ACA Compliant                               | yes                  | yes                            |             | yes                            |                      |                      |
| Waiting periods apply                       | no                   | no                             |             | no                             |                      |                      |
| Network                                     | PPO/GRID             | PPO/GRID                       |             | PPO/GRID                       |                      | None                 |
| Annual Maximum                              | none                 | none                           |             | None                           | \$1,000              |                      |
| Deductible                                  | *\$25/\$100/\$200    | *\$25/\$100/\$200              | none        | *\$25/\$100/\$200              | \$50/\$150           |                      |
| COVERED SERVICES                            |                      |                                |             |                                |                      |                      |
| Preventative/Diagnostic                     |                      |                                |             |                                |                      |                      |
| Prophylaxis - Cleaning                      | 100%                 | 100%                           | 100%        | 100%                           | 100%                 | 100%                 |
| Sealant                                     | 100%                 | 100%                           | not covered | 100%                           | not covered          | not covered          |
| Flouride                                    | 100%                 | 100%                           | 100%        | 100%                           | 100%                 | 100%                 |
| Diagnostic                                  |                      |                                |             |                                |                      |                      |
| Oral Exam                                   | 100%                 | 100%                           | 100%        | 100%                           | 100%                 | 100%                 |
| X-Rays                                      | 100%                 | 100%                           | 100%        | 100%                           | 100%                 | 100%                 |
| Restorative                                 |                      |                                |             |                                |                      |                      |
| Amalgam Fillings                            | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Composite Fillings                          | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Crowns/Inlays/Onlays                        | 50% after deductible | 50% after deductible           | discount    | 50% after deductible           | 50% after deductible | 50% after deductible |
| Endodontics                                 |                      |                                |             |                                |                      |                      |
| Root Canal                                  | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Periodontics                                |                      |                                |             |                                |                      |                      |
| Periodontal Scaling & Root Planing          | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Periodontal Maintenance                     | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Prosthodontics                              |                      |                                |             |                                |                      |                      |
| Bridges                                     | 50% after deductible | 50% after deductible           | discount    | 50% after deductible           | 50% after deductible | 50% after deductible |
| Dentures                                    | 50% after deductible | 50% after deductible           | discount    | 50% after deductible           | 50% after deductible | 50% after deductible |
| Oral Surgery                                |                      |                                |             |                                |                      |                      |
| Non-surgical & Surgical Extraction of Teeth | 80% after deductible | 80% after deductible           | discount    | 80% after deductible           | 80% after deductible | 80% after deductible |
| Orthodontics                                |                      |                                |             |                                |                      |                      |
| Orthodontic Lifetime Maximum                | none                 | \$1,000                        | not covered | \$1,000                        | not covered          | not covered          |
| Orthodontic Medical Necessity               | covered 50%          | covered 50%                    | not covered | covered 50%                    | not covered          | not covered          |
| Cosmetic Orthodontics                       | not covered          | covered for those under age 19 | not covered | covered for those under age 19 | not covered          | not covered          |

\*\$25/\$100/\$200 - \$25 applies to preventive/diagnostic; \$100/\$200 applies to Basic and Major.

1. In-Network

2. Out-of-Network

## Individual Plans continued

| Plan Name                                   | Horizon Healthy Smiles         |                      | Horizon Healthy Smiles Plus    |                      | Horizon Centurion   | Horizon Individual    |
|---------------------------------------------|--------------------------------|----------------------|--------------------------------|----------------------|---------------------|-----------------------|
| DESCRIPTION                                 |                                |                      |                                |                      |                     |                       |
| Coverage for                                | Children and Adults            |                      | Children and Adults            |                      | Children and Adults | Children and Adults   |
| Premium                                     | \$                             |                      | \$                             |                      | Annual              | Annual                |
| ACA Compliant                               | no                             |                      | no                             |                      | no                  | no                    |
| Waiting periods apply                       | yes                            |                      | yes                            |                      | no                  | no                    |
| Network                                     | PPO/GRID                       |                      | PPO/Traditional/Grid Plus      |                      | PPO                 | Horizon Dental Choice |
| Annual Maximum                              | \$1,000                        |                      | \$1,000                        |                      | None                | None                  |
| Deductible                                  | \$50/\$150                     |                      | \$50/\$150                     |                      | None                | None                  |
| COVERED SERVICES                            |                                |                      |                                |                      |                     |                       |
| Preventative/Diagnostic                     |                                |                      |                                |                      |                     |                       |
| Prophylaxis - Cleaning                      | 100%                           | 80%                  | 100%                           | 80%                  | discount            | 100%                  |
| Sealant                                     | 100%                           | 80%                  | 100%                           | 80%                  | discount            | 100%                  |
| Flouride                                    | 100%                           | 80%                  | 100%                           | 80%                  | discount            | 100%                  |
| Diagnostic                                  |                                |                      |                                |                      |                     |                       |
| Oral Exam                                   | 100%                           | 80%                  | 100%                           | 80%                  | discount            | 100%                  |
| X-Rays                                      | 100%                           | 80%                  | 100%                           | 80%                  | discount            | 100%                  |
| Restorative                                 |                                |                      |                                |                      |                     |                       |
| Amalgam Fillings                            | 80% after deductible           | 80% after deductible | 80% after deductible           | 80% after deductible | discount            | 100%                  |
| Composite Fillings                          | 80% after deductible           | 80% after deductible | 80% after deductible           | 80% after deductible | discount            | 100%                  |
| Crowns/Inlays/Onlays                        | 50% after deductible           | 50% after deductible | 50% after deductible           | 50% after deductible | discount            | 70%/60%/50%           |
| Endodontics                                 |                                |                      |                                |                      |                     |                       |
| Root Canal                                  | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Periodontics                                |                                |                      |                                |                      |                     |                       |
| Periodontal Scaling & Root Planing          | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Periodontal Maintenance                     | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Prosthodontics                              |                                |                      |                                |                      |                     |                       |
| Bridges                                     | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Dentures                                    | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Oral Surgery                                |                                |                      |                                |                      |                     |                       |
| Non-surgical & Surgical Extraction of Teeth | 50% after deductible           |                      | 50% after deductible           |                      | discount            | 70%/60%/50%           |
| Orthodontics                                |                                |                      |                                |                      |                     |                       |
| Orthodontic Lifetime Maximum                | \$1,000                        |                      | \$1,000                        |                      | not covered         | not covered           |
| Orthodontic Medical Necessity               | not covered                    |                      | not covered                    |                      | not covered         | not covered           |
| Cosmetic Orthodontics                       | covered for those under age 19 |                      | covered for those under age 19 |                      | not covered         | not covered           |

**PREMIUMS ARE BASED ON THE AGE AND/OR LOCATION OF MEMBERS; SEE CHARTS BELOW.**

## Horizon Young Grins

\$30.89 per member per month.  
Premiums will only be charged for those under the age of 19 years.

## Horizon Family Grins

\$31.08 per member per month under age 19 years.  
\$15.33 per member per month age 19 years and older.

| Horizon Family Grins Plus |         |
|---------------------------|---------|
| Age                       | Rate    |
| 0-18 (SAPD)               | \$31.08 |
| 19-22                     | \$31.22 |
| 23-24                     | \$28.30 |
| 25-29                     | \$35.26 |
| 30-34                     | \$37.02 |
| 35-39                     | \$37.86 |
| 40-44                     | \$39.58 |
| 45-49                     | \$42.62 |
| 50-54                     | \$48.19 |
| 55-59                     | \$52.07 |
| 60-64                     | \$57.39 |
| 65+                       | \$59.23 |

| Horizon Healthy Smiles |                  |          |            |           |
|------------------------|------------------|----------|------------|-----------|
| Age                    | Coinsurance Rate |          |            |           |
|                        | 100/80/50        | 80/80/50 | 100/80/50* | 80/50/50* |
| <22                    | \$19.57          | \$16.11  | \$17.03    | \$14.02   |
| 23-24                  | \$18.96          | \$15.60  | \$16.50    | \$13.58   |
| 25-29                  | \$21.54          | \$17.73  | \$18.74    | \$15.42   |
| 30-34                  | \$21.86          | \$17.98  | \$19.01    | \$15.65   |
| 35-39                  | \$22.84          | \$18.80  | \$19.87    | \$16.36   |
| 40-44                  | \$24.83          | \$20.45  | \$21.61    | \$17.79   |
| 45-49                  | \$27.51          | \$22.64  | \$23.94    | \$19.69   |
| 50-54                  | \$29.68          | \$24.43  | \$25.82    | \$21.26   |
| 55-59                  | \$30.90          | \$25.43  | \$26.88    | \$22.12   |
| 60-64                  | \$32.27          | \$26.55  | \$28.08    | \$23.10   |
| 65+                    | \$31.89          | \$26.25  | \$27.75    | \$22.85   |

| Horizon Healthy Smiles Plus |           |          |            |           |
|-----------------------------|-----------|----------|------------|-----------|
| Age                         | 100/80/50 | 80/80/50 | 100/80/50* | 80/50/50* |
| <22                         | \$21.86   | \$17.99  | \$19.01    | \$15.66   |
| 23-24                       | \$21.18   | \$17.43  | \$18.43    | \$15.16   |
| 25-29                       | \$24.06   | \$19.80  | \$20.93    | \$17.22   |
| 30-34                       | \$24.41   | \$20.09  | \$21.24    | \$17.48   |
| 35-39                       | \$25.50   | \$20.99  | \$22.19    | \$18.26   |
| 40-44                       | \$27.74   | \$22.84  | \$24.13    | \$19.87   |
| 45-49                       | \$30.72   | \$25.29  | \$26.73    | \$22.00   |
| 50-54                       | \$33.16   | \$27.28  | \$28.85    | \$23.74   |
| 55-59                       | \$34.52   | \$28.41  | \$30.02    | \$24.71   |
| 60-64                       | \$36.04   | \$29.66  | \$31.35    | \$25.81   |
| 65+                         | \$35.62   | \$29.32  | \$30.98    | \$25.51   |

| Horizon Centurion                           |                         |
|---------------------------------------------|-------------------------|
|                                             | Total Amount Due        |
| 1 Individual                                | \$60 per year           |
| 1 Family                                    | \$84 per year           |
| 2 Adults or Adult(s) & Dependent Child(ren) | See Terms & Limitations |

| Horizon Individual |          |
|--------------------|----------|
| Annual Adult Rate  | \$180.00 |
| Annual Child Rate  | \$68.40  |

\* Waiting period applies.

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This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change.  
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**Horizon**



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