

2019 Dental Plan Guide & Rates

Premiums are Based on the Age of Members, as Shown in Charts Below

Plan Name	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
DESCRIPTION	Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN ¹	Age 19 and Over OON ²
Coverage for	Under Age 19	Under Age 19	Age 19 and Over	Under Age 19	Age 19 and Over INN ¹	Age 19 and Over OON ²
ACA Compliant	yes	yes		yes		
Waiting Periods Apply	no	no		no		
Participating Office Locations*	9,000 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
Annual Maximum	none	none		none	\$1,000	
Deductible	**\$25/\$100/\$200	**\$25/\$100/\$200	none	**\$25/\$100/\$200	\$50/\$150	
COVERED SERVICES						
Preventive/Diagnostic						
Prophylaxis – Cleaning	100%	100%	100%	100%	100%	100%
Sealant	100%	100%	not covered	100%	not covered	not covered
Fluoride	100%	100%	not covered	100%	not covered	not covered
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 Medical Necessity	covered 50%	covered 50%	not covered	covered 50%	not covered	not covered
Cosmetic Orthodontics	covered 50%	covered 50%	not covered	covered 50%	not covered	not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$2,000	\$2,000	not covered	\$2,000	not covered	not covered

* Number of participating office locations is approximate and may vary across plans.

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

1. In-Network

2. Out-of-Network

Individual and Family 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
ACA Compliant	no		no		no	no
Waiting Periods Apply	yes		yes		no	no
Participating Office Locations	6,500 in NJ / 230,000 nationwide		9,000 in NJ / 280,000 nationwide		6,500 in NJ	1,100 in NJ
Annual Maximum	\$1,000		\$1,000		none	none
Deductible	\$50/\$150		\$50/\$150		none	none
COVERED SERVICES						
Preventive/Diagnostic						
Prophylaxis – Cleaning	100%	80%	100%	80%	discount	100%
Sealant	100%	80%	100%	80%	discount	100%
Fluoride	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	50% after deductible	80% after deductible	50% after deductible	discount	100%
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	discount	100%
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	discount	30%/40%/50%***
Endodontics						
Root Canal	50% after deductible		50% after deductible		discount	30%/40%/50%***
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		discount	30%/40%/50%***
Periodontal Maintenance	50% after deductible		50% after deductible		discount	30%/40%/50%***
Prosthodontics						
Bridges	50% after deductible		50% after deductible		discount	30%/40%/50%***
Dentures	50% after deductible		50% after deductible		discount	30%/40%/50%***
Oral Surgery						
Non-surgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		discount	30%/40%/50%***
Orthodontics						
Orthodontic Medical Necessity	not covered		not covered		not covered	not covered
Cosmetic Orthodontics	covered at 50% for those under age 19		covered at 50% for those under age 19		not covered	not covered
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		not covered	not covered

***For the first three years, the percentage the plan pays goes up each year you stay with the same primary care dentist.

Premiums are Based on the Age of Members, as Shown in Charts Below

Horizon Family Grins Plus	
Age	Monthly Rate
0-14	\$26.36
15	\$27.67
16	\$27.96
17	\$27.04
18	\$24.88
19-22	\$31.26
23-24	\$28.34
25-29	\$35.31
30-34	\$37.08
35-39	\$37.83
40-44	\$39.73
45-49	\$42.52
50-54	\$48.25
55-59	\$52.09
60-63	\$57.49
64+	\$59.17

Horizon Family Grins	
Age	Monthly Rate
0-14	\$26.36
15	\$27.67
16	\$27.96
17	\$27.04
18	\$24.88
19+	\$9.49

Horizon Young Grins	
Age	Monthly Rate
0-14	\$26.36
15	\$27.67
16	\$27.96
17	\$27.04
18	\$24.88

Horizon Healthy Smiles				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$20.16	\$16.59	\$17.03	\$14.02
23-24	\$19.53	\$16.07	\$16.50	\$13.58
25-29	\$22.19	\$18.26	\$18.74	\$15.42
30-34	\$22.52	\$18.52	\$19.01	\$15.65
35-39	\$23.53	\$19.36	\$19.87	\$16.36
40-44	\$25.57	\$21.06	\$21.61	\$17.79
45-49	\$28.34	\$23.32	\$23.94	\$19.69
50-54	\$30.57	\$25.16	\$25.82	\$21.26
55-59	\$31.83	\$26.19	\$26.88	\$22.12
60-64	\$33.24	\$27.35	\$28.08	\$23.10
65+	\$32.85	\$27.04	\$27.75	\$22.85

For Horizon Healthy Smiles and Healthy Smiles Plus plans, rates shown are monthly rates.

Horizon Healthy Smiles Plus				
Age	100/80/50	80/50/50	100/80/50*	80/50/50*
22 and Under	\$23.31	\$19.18	\$19.68	\$16.21
23-24	\$22.58	\$18.58	\$19.08	\$15.69
25-29	\$25.65	\$21.10	\$21.66	\$17.82
30-34	\$26.02	\$21.41	\$21.98	\$18.09
35-39	\$27.18	\$22.37	\$22.97	\$18.90
40-44	\$29.57	\$24.35	\$24.97	\$20.57
45-49	\$32.75	\$26.97	\$27.67	\$22.77
50-54	\$35.35	\$29.08	\$29.86	\$24.57
55-59	\$36.80	\$30.28	\$31.07	\$25.57
60-64	\$38.42	\$31.62	\$32.45	\$26.71
65+	\$37.98	\$31.26	\$32.06	\$26.40

For Horizon Family Grins Plus, Horizon Family Grins and Horizon Young Grins, you pay for the three oldest children and the remaining children are free.

Horizon Centurion	
1 Individual	\$60.00 per year
1 Family	\$84.00 per year
2 Adults or Adult(s) & Dependent Child(ren)	See Terms & Limitations

Horizon Individual	
Adult Rate	\$180.00 per year
Child Rate	\$68.40 per year

* Waiting period applies.

Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

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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. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates. The information provided by this document is not intended to replace or modify the terms, conditions, limitations, and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

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Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate 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.

Spanish (Español): Para ayuda en español, llame al 1-855-477-AZUL (2985).

Chinese (中文): 如需中文協助, 請致電 1-800-355-BLUE (2583).

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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 nòminal 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۔

