

Horizon Dental

Proper dental care can help with more than clean teeth. It can also help detect serious health risks, like diabetes, heart disease and some cancers.



Combining dental with medical coverage makes great sense. By integrating dental and medical records, dentists and medical professionals have better insights to treat patients.

We can help you save on dental visits and services with:

- One of the largest networks of credentialed dentists in New Jersey, with approximately 9,000* offices to receive care.
- Access to our national network when you travel and for members who live outside New Jersey.
- Tools to choose a local dentist, print an ID card and see your dental claims online.

Horizon Dental gives members complete coverage and support.

Dental Networks

Horizon Dental plans can connect you with thousands of dentists and oral health specialists in New Jersey and across the country.

All of our dental professionals go through a rigorous evaluation and credentialing process before being admitted to our network.

Select the plan that's right for your needs and then find your dentist at HorizonBlue.com/doctorfinder.

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

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Horizon Dental Family Grins Plus Voluntary D2957

This plan meets the pediatric dental coverage requirements of the Affordable Care Act. Horizon Dental is New Jersey's largest dental insurer and has a robust network of credentialed dentists to support our members' dental needs.

| | Pediatric In Network (≤ 19 years) | Adults In Network (≥ 19 years) | Adults Out of Network (≥ 19 years) |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| Network | 7,000 in NJ/230,000 nationwide (PPO network in NJ/National GRID)* | 7,000 in NJ/230,000 nationwide (PPO network in NJ/National GRID)* | n/a |
| Deductible (Preventive/Diagnostic) | | | |
| Individual | \$25 | \$50 | \$50 |
| Family | \$0 | \$150 | \$150 |
| Deductible (Basic & Major) | | | |
| Individual | \$100 | Combined with P/D | Combined with P/D |
| Family | \$200 | Combined with P/D | Combined with P/D |
| Annual Maximum | n/a | \$1,000 | \$1,000 (Combined with INN) |
| Benefit Period Maximum Out-of-Pocket (Basic, Major & (Medically Necessary Orthodontia) | | | |
| Individual | \$350 | n/a | n/a |
| Family | \$700 | n/a | n/a |
| Preventive/Diagnostic | | | |
| Periodic Oral Evaluations | 100% | 100% | 100% |
| Prophylaxis | 100% | 100% | 100% |
| Fluoride | 100% | Not covered | Not covered |
| Bitewing X-rays | 100% | 100% | 100% |
| Application of Sealants | 100% | Not covered | Not covered |
| Basic | | | |
| Oral Surgery | 80% | 80% | 80% |
| Amalgam Restorations | 80% | 80% | 80% |
| Periodontics | 80% | 80% | 80% |
| Scaling & Root Planing | 80% | 80% | 80% |
| Periodontal Maintenance | 80% | 80% | 80% |
| Root Canal Therapy | 80% | 80% | 80% |
| Major | | | |
| Inlays/Onlays/Crowns | 50% | 50% | 50% |
| Bridges | 50% | 50% | 50% |
| Dentures | 50% | 50% | 50% |
| Orthodontia | 50% | n/a | n/a |
| Cosmetic Orthodontia | \$1,000 lifetime maximum | n/a | n/a |

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

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Horizon Dental Family Grins Voluntary D2956

This plan meets the pediatric dental coverage requirements of the Affordable Care Act. Horizon Dental is New Jersey's largest dental insurer and has a robust network of credentialed dentists to support our members' dental needs.

| | Pediatric In Network (< 19 years) | Adults In Network (≥ 19 years) |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| Network | 7,000 in NJ/230,000 nationwide (PPO network in NJ/National GRID)* | 7,000 in NJ (PPO network in NJ)* |
| Deductible (Preventive/Diagnostic) | | |
| Individual | \$25 | \$0 |
| Family | \$0 | \$0 |
| Deductible (Basic & Major) | | |
| Individual | \$100 | None |
| Family | \$200 | None |
| Benefit Period Maximum Out-of-Pocket (Basic, Major & Medically Necessary Orthodontia) | | |
| Individual | \$350 | n/a |
| Family | \$700 | n/a |
| Preventive/Diagnostic | | |
| Periodic Oral Evaluations | 100% | 100% |
| Prophylaxis | 100% | 100% |
| Fluoride | 100% | Discount for eligible services |
| Bitewing X-rays | 100% | 100% |
| Application of Sealants | 100% | Not covered |
| Basic | | |
| Oral Surgery | 80% | Discount for eligible services |
| Amalgam Restorations | 80% | Discount for eligible services |
| Periodontics | 80% | Discount for eligible services |
| Periodontal Maintenance | 80% | Discount for eligible services |
| Root Canal Therapy | 80% | Discount for eligible services |
| Major | | |
| Inlays/Onlays/Crowns | 50% | Discount for eligible services |
| Bridges | 50% | Discount for eligible services |
| Dentures | 50% | Discount for eligible services |
| Orthodontia | | |
| Cosmetic Orthodontia | \$1,000 lifetime maximum | n/a |

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Horizon Dental PPO \$50/\$1,500 (100/80/50) No Ortho Voluntary D2955

No waiting period applies for major services. Annual maximum benefit is \$1,500.

| | In-Network Coverage | Out-of-Network Coverage |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|
| Network | 7,000 in NJ/230,000 nationwide (PPO network in NJ/National GRID)* | |
| Deductible (Does not apply to in-network preventive/diagnostic services) | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Orthodontia | Not covered | Not covered |
| Class I: Preventive & Diagnostic | | |
| Adult prophylaxis | 100% | 100% |
| Fluoride treatment | 100% | 100% |
| Periodic oral exam | 100% | 100% |
| Application of Sealants | 100% | 100% |
| X-rays | 100% | 100% |
| Class II: Basics | | |
| Space Maintainers | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Simple Extractions | 80% | 80% |
| Surgical Extractions | 80% | 80% |
| Amalgam Restorations | 80% | 80% |
| Composite Restorations | 80% | 80% |
| Periodontal Maintenance | 80% | 80% |
| Root Canal Therapy: anterior and bicuspid | 80% | 80% |
| Root Canal Therapy: molar | 80% | 80% |
| Scaling & Root Planing | 80% | 80% |
| Class III: Major | | |
| Bridges | 50% | 50% |
| Dentures | 50% | 50% |
| Inlays/Onlays/Crowns | 50% | 50% |

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Horizon Dental Option Plan \$50/\$1,500 (100/80/50) No Ortho Voluntary D2954

No waiting period applies to major services. Annual maximum benefit is \$1,500.

| | In-Network Coverage | Out-of-Network Coverage |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|
| Network | 9,500 in NJ/280,000 nationwide (PPO network in NJ/National GRID)* | n/a |
| Deductible (Does not apply to in-network preventive diagnostic services) | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Orthodontia | Not covered | Not covered |
| Class I: Preventive & Diagnostic | | |
| Adult prophylaxis | 100% | 100% |
| Fluoride treatment | 100% | 100% |
| Periodic oral exam | 100% | 100% |
| Application of Sealants | 100% | 100% |
| X-rays | 100% | 100% |
| Class II: Basics | | |
| Space Maintainers | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Simple Extractions | 80% | 80% |
| Surgical Extractions | 80% | 80% |
| Amalgam Restorations | 80% | 80% |
| Composite Restorations | 80% | 80% |
| Periodontal Maintenance | 80% | 80% |
| Root Canal Therapy: anterior and bicuspid | 80% | 80% |
| Root Canal Therapy: molar | 80% | 80% |
| Scaling & Root Planing | 80% | 80% |
| Class III: Major | | |
| Bridges | 50% | 50% |
| Dentures | 50% | 50% |
| Inlays/Onlays/Crowns | 50% | 50% |

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

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Horizon Dental Option Plan \$50/\$1,500 (100/80/50) \$750 Ortho Voluntary D2952

No waiting period applies to major services. Annual maximum benefit is \$1,500.

| | In-Network Coverage | Out-of-Network Coverage |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|
| Network | 9,500 in NJ/280,000 nationwide (PPO network in NJ/National GRID Plus)* | n/a |
| Deductible (Does not apply to in-network preventive/diagnostic services) | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Orthodontia | 50% up to \$750 lifetime maximum | 50% up to \$750 lifetime maximum |
| Class I: Preventive & Diagnostic | | |
| Adult prophylaxis | 100% | 100% |
| Fluoride treatment | 100% | 100% |
| Periodic oral exam | 100% | 100% |
| Application of Sealants | 100% | 100% |
| X-rays | 100% | 100% |
| Class II: Basics | | |
| Space Maintainers | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Simple Extractions | 80% | 80% |
| Surgical Extractions | 80% | 80% |
| Amalgam Restorations | 80% | 80% |
| Composite Restorations | 80% | 80% |
| Periodontal Maintenance | 80% | 80% |
| Root Canal Therapy: anterior and bicuspid | 80% | 80% |
| Root Canal Therapy: molar | 80% | 80% |
| Scaling & Root Planing | 80% | 80% |
| Class III: Major | | |
| Bridges | 50% | 50% |
| Dentures | 50% | 50% |
| Inlays/Onlays/Crowns | 50% | 50% |

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Horizon Dental PPO \$50/\$1,500 (100/80/50) \$750 Ortho Voluntary D2953

No waiting period applies to major services. Annual maximum benefit is \$1,500.

| | In-Network Coverage | Out-of-Network Coverage |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| Network | 7,000 in NJ/230,000 nationwide (PPO network in NJ/National Grid)* | n/a |
| Deductible (Does not apply to in-network preventive/diagnostic services) | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Orthodontia | 50% up to \$750 lifetime maximum | 50% up to \$750 lifetime maximum |
| Class I: Preventive & Diagnostic | | |
| Adult prophylaxis | 100% | 100% |
| Fluoride treatment | 100% | 100% |
| Periodic oral exam | 100% | 100% |
| Application of Sealants | 100% | 100% |
| X-rays | 100% | 100% |
| Class II: Basics | | |
| Space Maintainers | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Simple Extractions | 80% | 80% |
| Surgical Extractions | 80% | 80% |
| Amalgam Restorations | 80% | 80% |
| Composite Restorations | 80% | 80% |
| Periodontal Maintenance | 80% | 80% |
| Root Canal Therapy: anterior and bicuspid | 80% | 80% |
| Root Canal Therapy: molar | 80% | 80% |
| Scaling & Root Planing | 80% | 80% |
| Class III: Major | | |
| Bridges | 50% | 50% |
| Dentures | 50% | 50% |
| Inlays/Onlays/Crowns | 50% | 50% |

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