

2025

Horizon Dental Expense Plan (DEP)  
New Jersey State Health Benefits



[HorizonBlue.com/shbp](https://HorizonBlue.com/shbp)  
1-800-433-6825



# A DENTAL PLAN **WITH BUILT-IN FLEXIBILITY**

Oral health is an important part of your overall health – and Horizon makes it easy to access high-quality, affordable dental care with all the flexibility you need. Plus, combining dental with medical coverage gives you even more cost-savings and convenience.

## **With our Horizon Dental Expense Plan (DEP), you get:**

- The freedom to choose from more than 18,000 provider locations in New Jersey and more than 480,000 nationally
- Greater cost-savings – averaging a 45% discount on charges – when you use a participating in-network dentist
- Access to a care coordinator who supports your oral and overall health
- Two cleanings and oral exams each year
- Up to two periodontal exams each year to check your gum health, helping to prevent gum disease
- Online tools that make managing your dental care even easier

Prevention is the best defense against dental disease. Once you're enrolled, be sure to schedule your appointment for a checkup.



Visit [doctorfinder.horizonblue.com](https://doctorfinder.horizonblue.com) and choose Horizon Dental Option as the plan name to find a participating dentist near you, including detailed door-to-door directions and a street map.

# Horizon Dental Expense Plan (DEP) | Active Members

Benefit Period	Calendar Year	Calendar Year
Network	Horizon Dental Option	Horizon Dental Option
Deductible	In-Network	Out-of-Network
Individual	\$50	\$75
Family	\$100	\$150
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
Benefit Period Maximum	\$3,000 (per person)	\$2,000 (per person; maximum of \$3,000 combined In/Out of Network)
Benefit Period Maximum Applies To	Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays	Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays
Orthodontics Eligibility (FT employee for at least 10 months)	Child (To age 19)	Child (To age 19)
Orthodontics	50%	40%
Orthodontics Maximum	\$1,000 (Lifetime Maximum; Not subject to deductible; Maximum not combined with Annual Max)	\$750 (Lifetime Maximum; Maximum of \$1000 combined In/ Out of network; Not subject to deductible; Maximum not combined with Annual Max)
<b>Preventative/Diagnostic Services</b>		
Exam (2x per cal yr)	100%	90%
Cleanings (Oral Prophylaxis - 2x per cal yr)	100%	90%
Fluoride Treatment (to age 19; 2x cal yr)	100%	90%
Sealant Application (to age 19; limited once per lifetime for permanent molars)	100%	90%
X-rays (Bitewing & Full Mouth)- Horizontal bitewings limited to two series of up to four films in a cal yr; vertical bitewings limited to two series of up to 8 films per cal yr; set of full mouth/panoramic limited to once per 36 month intervals. No more than 18 films per set of full mouth periapical Xrays.	100%	90%
Space Maintainers	80%	70%
<b>Treatment and Therapy</b>		
Amalgam Restorations	80%	70%
Composite Restorations	80%	70%
Simple Extractions	80%	70%
<b>Endodontics</b>		
Root Canal Therapy – Anterior & Bicuspid	80%	70%
Root Canal Therapy – Molar	80%	70%
<b>Periodontics</b>		
Scaling & Root Planing (limited to one procedure per 12 month interval)	50%	40%
Gingivectomy (1 per 36 months)	50%	40%
Periodontal Maintenance (limited to one surgical type procedure every 36 months)	50%	40%
Osseous Surgery (1 per 36 months)	50%	40%
Surgical Extractions	80%	70%
Partial Bony Extractions	80%	70%
<b>Prosthodontics (5 year frequency limitation)</b>		
Bridgework	50%	40%
Full & Partial Dentures	50%	40%
Denture Adjustments	50%	40%
Denture Repairs	80%	70%
<b>Crowns and Onlays</b>		
Crown – porcelain fused to high noble metal (covered only after a 5 yr period measured from the date on which the crown was previously placed)	65%	55%
Eligibility	Dependent children of enrolled employees are covered to age 26.	

This is a brief description of covered services. Consult your Employee Dental Plans Member Handbook for detailed plan descriptions and limitations.

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

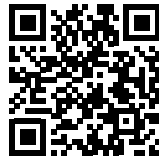
The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

# SELF-SERVICE TOOLS ARE AVAILABLE 24/7.

Sign in to [HorizonBlue.com/Members](https://HorizonBlue.com/Members) or download the Horizon Blue app<sup>1</sup> for access to:

- Claim status
- Enrollment verification
- Benefit information
- Duplicate ID cards
- Locating a dentist or specialist

You can also call **1-800-4DENTAL** for 24/7 assistance.

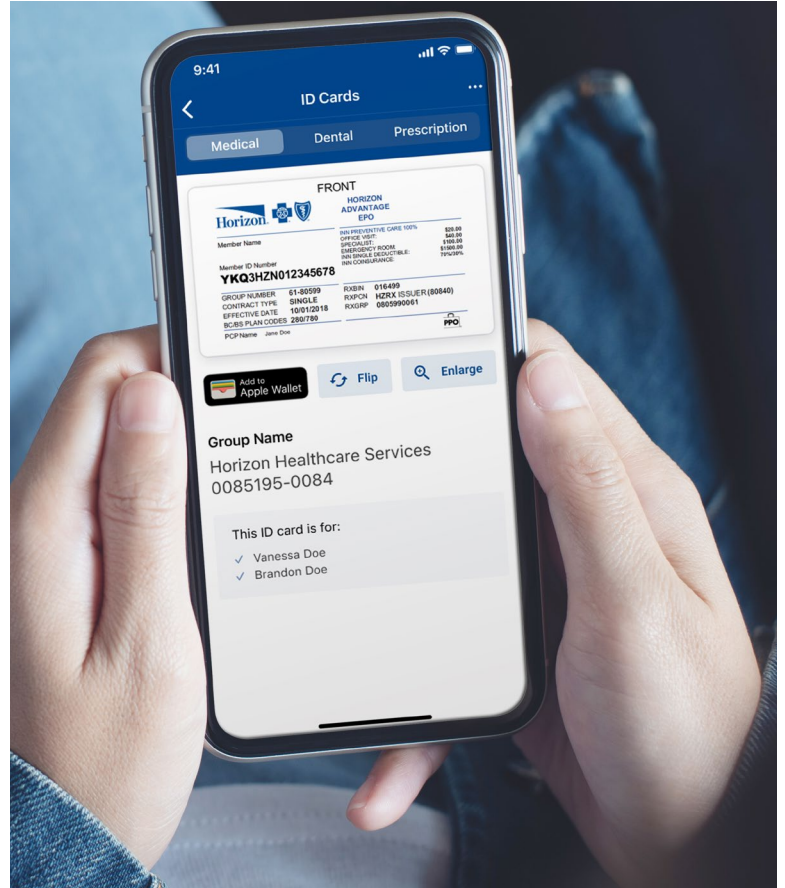


Download the free Horizon Blue app by scanning the QR Code or visiting the App Store<sup>®</sup> or Google Play<sup>™</sup>.\*

Need help registering for our Horizon Blue app or our secure member website? Call the eService Help Desk at 1-888-777-5075 weekdays from 7 a.m. to 6 p.m. Eastern Time.

1. Some state and plan restrictions may apply.

\*There is no charge to download the Horizon Blue app, but rates from your wireless provider may apply.



## YOUR BEST HEALTH COVERED BY BLUE



Visit us online at [HorizonBlue.com/shbp](https://HorizonBlue.com/shbp). Chat with us online.

Contact us toll free at **1-800-4DENTAL (1-800-433-6825)**.

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Chinese (中文): 如需中文協助, 請致電 1-866-660-6528 (TTY 711).

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