2026 | Horizon Retiree Dental Expense Plan (DEP)
Horizon Retiree Dental Expense Plan Plus (DEPP)

School Employees' Health Benefits Program(SEHBP)

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 SEHBP Retiree Dental Expense Plan (DEP) and Retiree Dental Expense Plan Plus (DEPP), 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
- Online tools that make managing your dental care even easier

HorizonBlue.com/shbp
833-597-7427

Horizon

Horizon SEHBP Retiree Dental Expense Plan **(DEP)**

Benefit Period	Calendar Year					
Network	Horizon Dental Option					
Plan	DEP Tier 1		DEP Tier 2		DEP Tier 3	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	$50	$50	$50	$50	$50	$50
Family	$150	$150	$150	$150	$150	$150
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays					
Benefit Period Maximum (per person; Maximum of $3000 combined for In/OON)	$3,000	$2,000	$3,000	$2,000	$3,000	$2,000
Benefit Period Maximum Applies To	Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns, Onlays and Implants					
Orthodontics Eligibility	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontics	n/a	n/a	n/a	n/a	n/a	n/a
Orthodontics Maximum (Lifetime Maximum)	n/a	n/a	n/a	n/a	n/a	n/a
Preventative/Diagnostic Services						
Exam (2x per cal yr)	80%	70%	90%	80%	100%	90%
Cleanings	80%	70%	90%	80%	100%	90%
Fluoride Treatment	80%	70%	90%	80%	100%	90%
Sealant Application	80%	70%	90%	80%	100%	90%
X-rays	80%	70%	90%	80%	100%	90%
Space Maintainers	50%	50%	60%	50%	70%	50%
Treatment and Therapy						
Amalgam Restorations	50%	50%	60%	50%	70%	50%
Composite Restorations	50%	50%	60%	50%	70%	50%
Simple Extractions	50%	50%	60%	50%	70%	50%
Surgical Extractions	50%	50%	60%	50%	70%	50%
Partial Bony Extractions	50%	50%	60%	50%	70%	50%
Endodontics						
Root Canal Therapy – Anterior & Bicuspid	50%	50%	60%	50%	70%	50%
Root Canal Therapy – Molar	50%	50%	60%	50%	70%	50%
Periodontics						
Scaling & Root Planing	30%	20%	40%	30%	50%	40%
Gingivectomy	30%	20%	40%	30%	50%	40%
Periodontal Maintenance	30%	20%	40%	30%	50%	40%
Osseous Surgery	30%	20%	40%	30%	50%	40%
Prosthodontics (5 year frequency limitation)						
Bridgework	30%	20%	40%	30%	50%	40%
Full & Partial Dentures	30%	20%	40%	30%	50%	40%
Denture Adjustments	30%	20%	40%	30%	50%	40%
Denture Repairs	50%	50%	60%	50%	70%	50%
Crowns and Onlays						
Crowns	30%	20%	40%	30%	50%	40%
Implants (Two maximums are integrated)						
Implants	30%	20%	40%	30%	50%	40%
Eligibility	Dependent children of enrolled employees are covered to age 26.					

Visit 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 SEHBP Retiree Dental Expense Plan Plus **(DEPP)**

Benefit Period	Calendar Year							
Network	Horizon Dental Option							
Plan	DEP PLUS Tier 1		DEP PLUS Tier 2		DEP PLUS Tier 3		DEP PLUS Tier 4	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	$50	$50	$50	$50	$50	$50	$50	$50
Family	$150	$150	$150	$150	$150	$150	$100	$100
Deductible Applies To	Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns and Onlays							
Benefit Period Maximum (per person; Maximum of $3000 combined for In/OON)	$3,000	$2,000	$3,000	$2,000	$3,000	$2,000	$3,000	$2,000
Benefit Period Maximum Applies To	Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Crowns, Onlays and Implants							
Orthodontics Eligibility	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)	Child only (to age 19)
Orthodontics	50%	40%	50%	40%	50%	40%	50%	40%
Orthodontics Maximum (Lifetime Maximum)	$1,000 (lifetime)	$750 (lifetime)	$1,000 (lifetime)	$750 (lifetime)	$1,000 (lifetime)	$750 (lifetime)	$1,000 (lifetime)	$750 (lifetime)
Preventative/Diagnostic Services								
Exam (2x per cal yr)	80%	70%	90%	80%	100%	90%	100%	90%
Cleanings	80%	70%	90%	80%	100%	90%	100%	90%
Fluoride Treatment	80%	70%	90%	80%	100%	90%	100%	90%
Sealant Application	80%	70%	90%	80%	100%	90%	100%	90%
X-rays	80%	70%	90%	80%	100%	90%	100%	90%
Space Maintainers	50%	50%	60%	50%	70%	50%	80%	70%
Treatment and Therapy								
Amalgam Restorations	50%	50%	60%	50%	70%	50%	80%	70%
Composite Restorations	50%	50%	60%	50%	70%	50%	80%	70%
Simple Extractions	50%	50%	60%	50%	70%	50%	80%	70%
Surgical Extractions	50%	50%	60%	50%	70%	50%	80%	70%
Partial Bony Extractions	50%	50%	60%	50%	70%	50%	80%	70%
Endodontics								
Root Canal Therapy – Anterior & Bicuspid	50%	50%	60%	50%	70%	50%	80%	70%
Root Canal Therapy – Molar	50%	50%	60%	50%	70%	50%	80%	70%
Periodontics								
Scaling & Root Planing	30%	20%	40%	30%	50%	40%	50%	40%
Gingivectomy	30%	20%	40%	30%	50%	40%	50%	40%
Periodontal Maintenance	30%	20%	40%	30%	50%	40%	50%	40%
Osseous Surgery	30%	20%	40%	30%	50%	40%	50%	40%
Prosthodontics (5 year frequency limitation)								
Bridgework	30%	20%	40%	30%	50%	40%	50%	40%
Full & Partial Dentures	30%	20%	40%	30%	50%	40%	50%	40%
Denture Adjustments	30%	20%	40%	30%	50%	40%	50%	40%
Denture Repairs	50%	50%	60%	50%	70%	50%	80%	70%
Crowns and Onlays								
Crowns	30%	20%	40%	30%	50%	40%	65%	55%
Implants (Two maximums are integrated)								
Implants	30%	20%	40%	30%	50%	40%	65%	55%
Eligibility	Dependent children of enrolled employees are covered to age 26.							

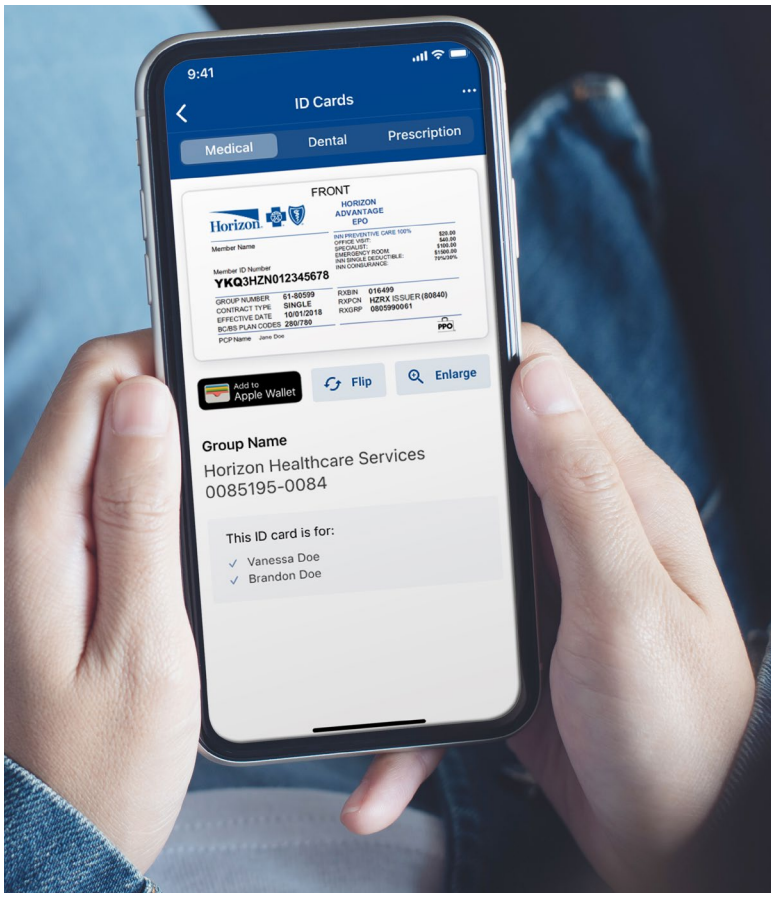
This is a brief description of covered services. Consult your Employee Dental Plans Member Handbook for detailed plan descriptions and limitations.

SELF-SERVICE TOOLS ARE **AVAILABLE 24/7**

Sign in to **HorizonBlue.com/Members** or download the Horizon Blue app[1] for access to:

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

You can also call **833-597-7427** for 24/7 assistance.



HORIZON

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

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.

A HEALTHIER YOU **COVERED BY BLUE**

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Visit us online at **HorizonBlue.com/shbp**.

Contact us at **833-597-7427**.

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