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







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 Preventive/Diagnostic, Treatment & Therapy, Endodontics, Periodontics, Oral Surgery, Prosthodontics, Benefit Period Maximum Applies To Crowns, Onlays and Implants Orthodontics Eligibility 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 90% Exam (2x per cal yr) 80% 70% 90% 80% 100% Cleanings 80% 70% 90% 80% 100% 90% Fluoride Treatment 80% 70% 90% 80% 100% 90% Sealant Application 80% 70% 90% 80% 100% 90% 80% 70% 90% 80% 100% 90% X-rays **Space Maintainers** 50% 50% 60% 50% 70% 50% **Treatment and Therapy Amalgam Restorations** 50% 50% 60% 50% 70% 50% 50% 60% 50% 70% 50% Composite Restorations 50% 60% 70% Simple Extractions 50% 50% 50% 50% 50% 50% 60% 50% 70% 50% Surgical Extractions Partial Bony Extractions 50% 50% 60% 50% 70% 50% **Endodontics** 70% 50% 50% 60% 50% 50% Root Canal Therapy – Anterior & Bicuspid Root Canal Therapy - Molar 50% 50% 60% 50% 70% 50% **Periodontics** 30% 20% 40% 30% 50% 40% Scaling & Root Planing 30% 20% 40% 30% 50% 40% Gingivectomy Periodontal Maintenance 30% 20% 40% 30% 50% 40% Osseous Surgery 30% 20% 40% 30% 50% 40% Prosthodontics (5 year frequency limitation) 30% 20% 40% 30% 50% 40% Bridgework **Full & Partial Dentures** 30% 20% 40% 30% 50% 40% 20% 40% 40% Denture Adjustments 30% 30% 50% 50% 60% 50% 70% 50% **Denture Repairs** 50% Crowns and Onlays Crowns 30% 20% 40% 30% 50% 40% Implants (Two maximums are integrated) 30% 40% 30% 50% 40% **Implants** Eligibility Dependent children of enrolled employees are covered to age 26.

Visit <u>doctorfinder.horizonblue.com</u> 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	n)							
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.

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 or download the Horizon Blue app1 for access to:

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

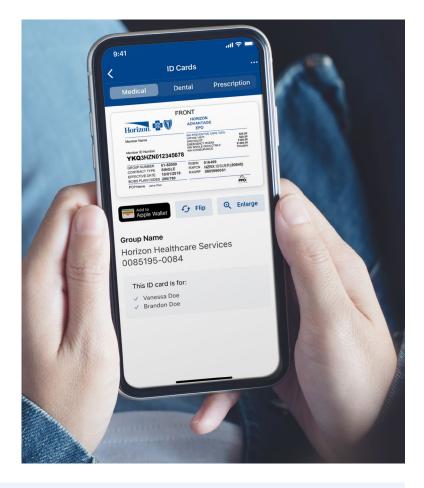
You can also call 833-597-7427 for 24/7 assistance.



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



^{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.



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Visit us online at HorizonBlue.com/shbp.

Contact us at 833-597-7427.

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