

2025
OVERVIEW

Individual and Family
Dental & Vision
Insurance Coverage





HORIZON DENTAL PLANS

We have affordable dental plans for you and your family.

Adding a dental plan to your medical coverage makes great sense, because keeping your medical and dental records together gives doctors and other health professionals better insight to treat you. With these plans, you have access to cleanings and oral exams, X-rays and savings for services such as crowns, fillings, root canals and more.

Covering a child under age 19?

Horizon Young Grins

The Horizon Young Grins Plan emphasizes prevention and early intervention through routine oral screenings, evaluations and cosmetic orthodontia, all to help keep those young grins healthy and looking their best.

Horizon also offers these individual and family dental options:

Horizon Family Grins and Horizon Family Grins Plus

The Horizon Family Grins Plan offers the same quality pediatric coverage as Horizon Young Grins, along with dental coverage for parents or guardians. Horizon Family Grins Plus adds out-of-network¹ coverage for members over age 19. Each plan offers coverage for cosmetic orthodontia as well.

Horizon Healthy Smiles and Horizon Healthy Smiles Plus

The Horizon Healthy Smiles Plans offer comprehensive coverage. No out-of-network benefits are included. Horizon Healthy Smiles Plus provides access to the most expansive Horizon dental network available.

Horizon Individual

The Horizon Individual Plan provides 100% coverage for preventive, diagnostic and most basic services with no deductible, copayments or maximums. Coverage for major services is available at a specified coinsurance amount. Your selected primary care dentist will coordinate all your dental care, including referrals to specialists if necessary.

Horizon Centurion

The Horizon Centurion Plan provides on average a 30% discount on all services with no deductible or maximums, no referrals or claim forms, no exclusions and no waiting.

1. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.

Dental Plan Guide

2025 Plan Details	Horizon Young Grins	Horizon Family Grins		Horizon Family Grins Plus		
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
Affordable Care Act (ACA) Compliant	Yes	Yes	Yes	Yes	Yes	Yes
Benefit Waiting Periods Apply	No	No	No	No	No	No
Participating Office Locations	13,000 in NJ / 376,000 nationwide	13,000 in NJ / 376,000 nationwide	10,000 in NJ, NY, DE and PA	13,000 in NJ / 376,000 nationwide	13,000 in NJ / 376,000 nationwide	n/a
Annual Maximum	None	None	None	None	\$1,500	\$1,500
Deductible	\$25/\$100/\$200 ³	\$25/\$100/\$200 ³	None	\$25/\$100/\$200 ³	\$50/\$150	\$50/\$150
BENEFIT PERIOD MAXIMUM OUT-OF-POCKET (BASIC, MAJOR & MEDICALLY NECESSARY ORTHODONTIA)						
Individual	\$425	\$425	n/a	\$425	n/a	n/a
Family	\$850	\$850	n/a	\$850	n/a	n/a
Preventive/Diagnostic (Class I)						
Prophylaxis – Cleaning	3 times/year 100% after deductible	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100% after deductible	3 times/year 100%	3 times/year 100%
Sealant	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Fluoride	100% after deductible	100% after deductible	Not covered	100% after deductible	Not covered	Not covered
Oral Exam	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
X-Rays	100% after deductible	100% after deductible	100%	100% after deductible	100%	100%
Basic (Class II) and Major (Class III)						
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 Canals	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						
Nonsurgical & 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 Orthodontia	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

1. In-network. 2. Out-of-network doctors and other health care professionals can bill you for the difference between the charges Horizon has agreed to pay and the actual charge for the service.

3. \$25/\$100/\$200 - \$25 per person applies to Preventive/Diagnostic (Class I). \$100 individual/\$200 family applies to Basic (Class II) and Major (Class III) services.

Dental Plan Guide

2025 Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion	Horizon Individual
Coverage for	Children and Adults		Children and Adults		Children and Adults	Children and Adults
Affordable Care Act (ACA) Compliant	No		No		No	No
Benefit Waiting Periods Apply	Yes ¹		Yes ¹		No	No
Participating Office Locations	8,000 in NJ / 329,000 nationwide		13,000 in NJ / 376,000 nationwide		10,000 in NJ, NY, DE and PA	2,000 in NJ
Annual Maximum	\$1,000		\$1,000		None	None
Deductible	\$50/\$150		\$50/\$150			
Preventive/Diagnostic (Class I)	Option 1	Option 2	Option 1	Option 2		
Prophylaxis – Cleaning	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months 100%	1 every 6 months 80%	1 every 6 months Discount	1 every 6 months 100%
Sealant	100%	80%	100%	80%	Discount	100%
Fluoride	100%	80%	100%	80%	Discount	100%
Oral Exam	100%	80%	100%	80%	Discount	100%
X-Rays	100%	80%	100%	80%	Discount	100%
Basic (Class II) and Major (Class III)						
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% ²
Endodontics						
Root Canals	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Periodontics						
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Periodontal Maintenance	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Prosthodontics						
Bridges	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Dentures	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Oral Surgery						
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount	30%/40%/50% ²
Orthodontics						
Orthodontic Medical Necessity	Not covered		Not covered		Not covered	Not covered
Cosmetic Orthodontia	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

1. Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies.

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

Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$33.98	0-14	\$33.98
15	\$38.35	15	\$38.35
16	\$36.91	16	\$36.91
17	\$35.78	17	\$35.78
18	\$32.16	18	\$32.16
19-22	\$39.82	19+	\$10.66
23-24	\$34.55	<div>Horizon Young Grins</div> <div> <div>Age</div> <div>Rate</div> </div>	
25-29	\$42.51		
30-34	\$45.16		
35-39	\$47.52		
40-44	\$49.13		
45-49	\$51.83		
50-54	\$56.34		
55-59	\$63.11		
60-63	\$69.73	18	\$32.16
64+	\$75.91		

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 Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$24.38	\$20.05	\$20.81	\$17.02
23-24	\$23.63	\$19.42	\$20.16	\$16.49
25-29	\$26.85	\$22.06	\$22.90	\$18.72
30-34	\$27.25	\$22.37	\$23.23	\$18.99
35-39	\$28.48	\$23.39	\$24.29	\$19.87
40-44	\$30.93	\$25.44	\$26.40	\$21.59
45-49	\$34.29	\$28.18	\$29.25	\$23.92
50-54	\$36.99	\$30.40	\$31.55	\$25.80
55-59	\$38.49	\$31.64	\$32.85	\$26.86
60-64	\$40.21	\$33.04	\$34.30	\$28.04
65+	\$39.74	\$32.66	\$33.91	\$27.74

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$29.51	\$25.07	\$25.54	\$21.61
23-24	\$28.61	\$24.29	\$24.76	\$20.91
25-29	\$32.50	\$27.57	\$28.12	\$23.74
30-34	\$32.96	\$27.96	\$28.54	\$24.11
35-39	\$34.43	\$29.23	\$29.82	\$25.20
40-44	\$37.47	\$31.82	\$32.42	\$27.43
45-49	\$41.49	\$35.25	\$35.93	\$30.35
50-54	\$44.78	\$38.00	\$38.77	\$32.75
55-59	\$46.62	\$39.57	\$40.33	\$34.08
60-64	\$48.68	\$41.32	\$42.12	\$35.61
65+	\$48.11	\$40.86	\$41.61	\$35.20

It's easy to enroll:
Contact your broker for more information.

Horizon Centurion		Horizon Individual	
1 Individual	\$60 per year	Adult Rate	\$206.51 per year
1 Family	\$84 per year	Child Rate	\$78.48 per year

*Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies. Products are provided by Horizon Healthcare Dental, Inc. and Horizon Blue Cross Blue Shield of New Jersey.

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.



HORIZON VISION PLANS

We can help you pay less for vision care nationwide.

Adding a Horizon Vision Plan can protect your health and dollars. Regular eye exams can help detect potential health issues such as hypertension and diabetes. We can help you save on vision exams, services and more.

About our Vision Plans

Vision Benefits

Benefits include an annual eye exam with dilation, coverage for eyeglasses and contact lenses, a higher frame allowance when purchased through Visionworks® and mail-order contact lenses.

Locations

Horizon Vision plans are administered through Davis Vision®, with over 111,000 independent vision professionals and retailers in New Jersey and nationwide, including Visionworks retail locations. Find your vision professional by visiting HorizonBlue.com/doctorfinder and clicking “Horizon Vision” in the Quick Links box.

Horizon offers these Vision Plans:

Horizon Vista Plan V: \$

- Annual eye exam for \$10
- \$100 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$100 allowance for contact lenses
- Significant savings on progressives, high-index lenses and more

Horizon Panorama Plan V: \$\$

- Annual eye exam for \$10
- \$130 frame allowance and clear plastic single vision, lined bifocal or trifocal lens included OR \$130 allowance for contact lenses
- Significant savings on progressives, high-index lenses and more

Vision Plan Guide & Rates

		Horizon Vista V	Horizon Panorama V
Covered Services		Horizon/Davis Vision View Network	
In-Network Benefits			
Eye examination inclusive of dilation (when professionally indicated)		Once every calendar year	
Spectacle lenses/frames		Annual/Annual	
Copayments			
Eye examination/spectacle lenses		\$10/\$10	
Eyeglass Benefit – Frame		Member Charges	
Non-collection frame allowance (retail)		Up to \$100 or \$150 ¹	Up to \$130 or \$180 ¹
		Plus 20% discount on any overage ²	
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion/Designer/Premier		Included/\$15/\$40	Included/Included/\$25
Eyeglass Benefit – Spectacle Lenses			
Clear plastic single vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)		Included	
Tinting of plastic lenses/scratch-resistant coating		\$15/Included	Included/Included
Polycarbonate lenses (children ⁴ /adult)		\$0/\$35	\$0/\$30
Ultraviolet coating		\$15	\$12
Anti-reflective (AR) coating (standard/premium/ultra/ultimate)		\$40/\$55/\$69/\$85	\$35/\$48/\$60/\$85
Progressive lenses (standard/premium/ultra/ultimate)		\$65/\$105/\$140/\$175	\$50/\$90/\$140/\$175
High-index lenses/plastic photochromic lenses/polarized lenses		\$60/\$70/\$75	\$55/\$65/\$75
Scratch Protection Plan: single vision/multifocal lenses		\$20/\$40	
Blue light filtering		\$15	\$15
Contact Lens Benefit (In Lieu of Eyeglasses)			
Non-collection contact lenses: materials allowance		Up to \$100	Up to \$130
		Plus 15% discount on any overage ²	
Evaluation, fitting and follow-up care – standard and specialty lens types		15% discount ²	
Collection Contact Lenses ³ (in lieu of allowance): disposable/planned replacement		n/a	Up to 4 boxes/multipacks/ Up to 2 boxes/multipacks
Evaluation, fitting and follow-up care		n/a	Included
Visually required contact lenses (with prior approval): materials, evaluation, fitting and follow-up care		Included	
Out-of-Network Reimbursement Schedule – Up to:			
Eye examination: \$40	Single vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: Vista: \$80/Panorama: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Visually required contact lenses: \$225
One-Year Eyeglass Breakage Warranty Included			

1. Members receive an additional \$50 allowance at Visionworks retail locations.

2. Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

3. Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.

4. Polycarbonate lenses are covered in full for children up to age 19, monocular patients and patients with prescriptions +/- 6.00 diopter or greater.

Seven-day benefit waiting period on both vision plans.

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Vista V		Panorama V	
Monthly Premium		Monthly Premium	
Single	\$12.90	Single	\$14.19
Two Adults	\$25.79	Two Adults	\$28.39
Adult/Child(ren)	\$27.08	Adult/Child(ren)	\$29.81
Family	\$37.78	Family	\$41.59

It's easy to enroll:
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YOUR BEST HEALTH COVERED BY BLUE



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