

2026
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 65+ Dental Plan

With a Horizon 65+ Dental Plan, you'll get access to more than 350,000 locations across the country and have no out-of-pocket costs for routine services like exams, cleanings and X-rays when you use an in-network dentist. Plus, these plans complement Medicare plans, providing even more coverage for dental services.²

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.
2. Based on provider data as of 02/27/2025

Dental Plan Guide

2026 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
Network	PPO/ Traditional in NJ/ Grid Plus nationwide	PPO/ Traditional in NJ/ Grid Plus nationwide	PPO/ Traditional in NJ/ Grid Plus nationwide	PPO/ Traditional in NJ/ Grid Plus nationwide	PPO/ Traditional in NJ/ Grid Plus nationwide	PPO/ Traditional in NJ/ Grid Plus nationwide
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	\$450	\$450	n/a	\$450	n/a	n/a
Family	\$900	\$900	n/a	\$900	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% ⁴	3 times/year 100% ⁴
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.

4. Counts towards the \$1,500 maximum pay out

Dental Plan Guide

2026 Plan Details	Horizon Healthy Smiles		Horizon Healthy Smiles Plus		Horizon Centurion
Coverage for	Children and Adults		Children and Adults		Children and Adults
Affordable Care Act (ACA) Compliant	No		No		No
Benefit Waiting Periods Apply	Yes ¹		Yes ¹		No
Network	PPO in NJ/ Grid nationwide		PPO/ Traditional in NJ/ Grid Plus nationwide		PPO in NJ Only
Annual Maximum	\$1,000		\$1,000		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% ²	1 every 6 months 80% ²	1 every 6 months 100% ²	1 every 6 months 80% ²	1 every 6 months Discount
Sealant	100%	80%	100%	80%	Discount
Fluoride	100%	80%	100%	80%	Discount
Oral Exam	100%	80%	100%	80%	Discount
X-Rays	100%	80%	100%	80%	Discount
Basic (Class II) and Major (Class III)					
Restorative					
Amalgam Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount
Composite Fillings	80% after deductible	50% after deductible	80% after deductible	50% after deductible	Discount
Crowns/Inlays/Onlays	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Discount
Endodontics					
Root Canals	50% after deductible		50% after deductible		Discount
Periodontics					
Periodontal Scaling & Root Planing	50% after deductible		50% after deductible		Discount
Periodontal Maintenance	50% after deductible		50% after deductible		Discount
Prosthodontics					
Bridges	50% after deductible		50% after deductible		Discount
Dentures	50% after deductible		50% after deductible		Discount
Oral Surgery					
Nonsurgical & Surgical Extraction of Teeth	50% after deductible		50% after deductible		Discount
Orthodontics					
Orthodontic Medical Necessity	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
Orthodontic Lifetime Maximum (Cosmetic)	\$1,000		\$1,000		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. Counts towards the \$1,500 maximum pay out.

Dental 65+ Plan Guide

	Horizon Dental 65+ Low	Horizon Dental 65+ High
Premium	\$69.34 per month	\$76.65 per month
Network	A subset of our largest network	Our largest network
Annual Deductible	\$0	\$0
Calendar Year Maximum	\$2,000	\$1,500

	In Network	Out of Network	Frequency	In Network	Out of Network	Frequency
Exams	100%	80%	3 per calendar year, no waiting period	100%	100%	3 per calendar year, no waiting period
Cleanings	100%	80%	3 per calendar year, no waiting period	100%	100%	3 per calendar year, no waiting period
X-Rays	100%	80%	Bitewing: 1 every 6 months Full mouth: 1 every 36 months, no waiting period	100%	100%	Bitewing: 1 every 6 months Full mouth: 1 every 36 months, no waiting period
Fillings	80%	70%	1 every 6 months, no waiting period	80%	80%	1 every 6 months, no waiting period
Root Canals	50%	40%	1 per lifetime, no waiting period	50%	50%	1 per lifetime, 6-month waiting period
Periodontal Maintenance	80%	70%	1 every 6 months, no waiting period	80%	80%	1 every 6 months, no waiting period
Oral Surgery	50%	40%	No limit, no waiting period	50%	50%	No limit, 6-month waiting period
Crowns and Dentures	50%	40%	Replacement every 5 years, no waiting period	50%	50%	Replacement every 5 years, 6-month waiting period
Implants	Not covered			50%	50%	\$1,000 lifetime maximum, 6-month waiting period

Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$39.07	0-14	\$39.07
15	\$44.10	15	\$44.10
16	\$42.44	16	\$42.44
17	\$41.13	17	\$41.13
18	\$36.98	18	\$36.98
19-22	\$43.46	19+	\$12.38
23-24	\$37.71	Horizon Young Grins	
25-29	\$46.40		
30-34	\$49.29		
35-39	\$51.86		
40-44	\$53.63	Age	Rate
45-49	\$56.57	0-14	\$39.07
50-54	\$61.50	15	\$44.10
55-59	\$68.88	16	\$42.44
60-63	\$76.11	17	\$41.13
64+	\$82.85	18	\$36.98

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	
1 Individual	\$60 per year
1 Family	\$84 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 Benefits¹

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 195,000 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: \$²

- 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: \$\$²

- 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

1. Dependent age to 26

2. In-network benefits. See next page for out-of-network reimbursement.

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	\$13.28	Single	\$14.62
Two Adults	\$26.56	Two Adults	\$29.24
Adult/Child(ren)	\$27.89	Adult/Child(ren)	\$30.71
Family	\$38.92	Family	\$42.83

It's easy to enroll:

Contact your broker for more information.

A HEALTHIER YOU COVERED BY BLUE



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ECNA0025416-B (1025)