

| Plan Provisions | Horizon Dental Option Plan (Dental PPO)* | Horizon Dental Choice Plan E (Dental HMO)* | Dental Services Organization, DSO (Dental HMO)* |
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| Do I need to use a network dentist in order to receive benefits? | No, however you will receive the best value when you utilize a network dentist | Yes, you must utilize a network dentist (no out of network benefit) | Yes, you must utilize a network dentist (no out of network benefit) |
| Your Annual Deductible • For basic and major care only | \$100/person \$200/family | No deductible | No deductible |
| Maximum Benefit Payable • Basic Services • Major Services | \$1,500 per person/year | No annual maximum | No annual maximum |
| Preventive Care • Checkups per tooth • Cleanings • X-rays | 100% (no deductible) | 100% (no deductible) | 100% (no deductible) Some payments are required for Sealants |
| Basic Services • Root canals • Amalgam and composite fillings • Extractions • Periodontal care | 80% of the Horizon BCBSNJ allowable charge (after deductible) | 100% (no deductible) | 100% (no deductible) |
| Major Services • Crowns • Bridges • Dentures | 50% of the Horizon BCBSNJ allowable charge (after deductible) • Implants covered | • \$150 copay for crowns • Up to \$170 copay for dentures • Implants are NOT covered | 100% • Implants are NOT covered |
| Orthodontic Care (includes adults) Note: Individual must remain in plan through the length of an orthodontic treatment to receive full benefit | 50% copay (no deductible) \$1,000 per person lifetime maximum | \$1,000 copay regardless of age | • Up to age 19: \$500 copay • 19 years and over: \$1,250 copay |
| Provider Information | <ul style="list-style-type: none"> • Pays benefits no matter where you receive care • Using a Horizon Dental Option provider can cost you less because the rate the Network provider charges is lower than the rate charged by a Non-Network dentist • With care from a Horizon Network provider, no claim forms are required • For a current list of providers go to www.horizonblue.com/hackensackmeridianhealth/tools-services/find-doctor/doctor-hospital-finder and select "Horizon Dental Option for HMH Team Members" | <ul style="list-style-type: none"> • Must use Horizon Dental Choice network providers • For a current list of providers go to: www.horizonblue.com/hackensackmeridianhealth/tools-services/find-doctor/doctor-hospital-finder and select "Horizon Dental Choice for HMH Team Members" • Horizon will assign new participants a dentist. Members have the ability to change dentists by calling Member Services at 1-844-383-2327. | <ul style="list-style-type: none"> • Must use Eastern Dental network providers • You select one primary dental provider who will provide or coordinate all of your dental care within the network • For a current list of providers go to: https://www.easterndental.com/ |

*Dependents aged 19 to 23 will be covered for Dental and Vision plans regardless of their student status. Coverage will be extended until the end of the month in which the dependent reaches age 23.