

Questions & Answers

Horizon Dental Option Plan



The **Horizon Dental Option Plan** is the worry-free dental plan. No matter which dentist you choose to visit, you save money. It's just another way Horizon Blue Cross Blue Shield of New Jersey makes dental coverage work for you and your family.

What is the Horizon Dental Option Plan?

The Horizon Dental Option Plan gives you the freedom to receive dental services from any dentist. If you use a dentist who participates with the Horizon Dental Option Plan, you maximize your benefits and save money. Additionally, when you use a dentist who participates in the Horizon PPO Network, you receive deeper discounts and may save even more money. You have the option of selecting from more than 200,000 office locations nationwide.

With an out-of-network option, if you use an out-of-network dentist, you will still receive a benefit for eligible services. Out-of-network dentists may charge up to their normal fees. We reimburse up to plan allowances. Charges above our plan allowance will be your responsibility. You may be required to pay at the time of service and submit a claim for reimbursement.

Can I go to any dentist?

Yes, you can get dental services from any dentist.

How can I best take advantage of my plan?

You can make the most of your benefits by using a dentist who participates with the Horizon Dental Option Network or the Horizon PPO Network.

Where are participating dentists located?

As a member, you have access to an extensive network of in-network dentists in our regional service area, including all 21 counties of New Jersey, and participating dentists throughout the United States.

How can I find an in-network dentist?

To find an in-network dentist, go to HorizonBlue.com/hmh and select *Provider Network* under the *Services* menu. Choose *Find a Dentist*, which will take you to our *Online Doctor & Hospital Finder*. Select *Dentists* under *What are you looking for?* Remember to select Horizon Dental Option as the plan name.

Select *Search*, then select *View Profile* to see the networks in which each dentist participates.

Is there an out-of-network benefit if I use an out-of-network dentist?

Yes. If you use an out-of-network dentist, you will still receive a benefit for eligible services. Out-of-network dentists may charge up to their normal fees. We reimburse up to plan allowances.

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Horizon Blue Cross Blue Shield of New Jersey

HorizonBlue.com/dental

Charges above our plan allowances will be your responsibility. In addition, you may be required to pay at the time of service and submit a claim for reimbursement.

Will I need to submit a claim form every time I go to the dentist?

Most in-network dentists will submit a claim for you. Check with your dentist.

Will I need to satisfy a deductible?

Please refer to your benefit booklet for specific information on cost sharing.

Will I need to pay the dentist directly?

If you use an in-network dentist, you will only be responsible for any required copayment and deductible. Out-of-network dentists may charge up to their normal fees. We reimburse up to plan allowances. Charges above our plan allowances will be your responsibility. You may be required to pay at the time of service and submit a claim for reimbursement.

How do I see a specialist?

You have the freedom to use any specialist and there are no referrals. However, when you use a specialist who participates with the Horizon Dental Option Network or Horizon PPO Network, you maximize your benefits and save money.

With an out-of-network option, you will still receive a benefit for eligible services if you use an out-of-network specialist. Out-of-network specialists may charge up to their normal fees. We reimburse up to plan allowances. Charges above our plan allowance are your responsibility. You may be required to pay at the time of service and submit a claim for reimbursement.

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para recibir ayuda en español, llame al **1-800-4DENTAL (433-6825)**. Chinese: 如需中文協助，請致電 **1-800-4DENTAL (433-6825)**。

If I have dental work in progress, can I enroll and will this plan cover those services?

Please refer to your benefit booklet for more information.

Does my plan include orthodontia coverage?

Please refer to your benefit booklet for more information.

Is there a waiting period before I'm eligible for major services?

You may be subject to a six-month waiting period before you become eligible for major services. Please refer to your benefit booklet for more information.

What if I'm in pain and require emergency dental care?

Always seek appropriate care. Please refer to your benefit booklet for more information.

If I choose not to enroll at this time, when can I enroll next?

If you do not enroll when you first become eligible, you may need to satisfy an 18-month waiting period before you again become eligible to enroll in this plan. Please refer to your benefit booklet for more information.

Who can I call if I have questions?

Dedicated Customer Service Representatives are available to speak with you, Monday through Friday, between 8 a.m. and 8 p.m., Eastern Time. Just call **1-800-4-DENTAL (1-800-433-6825)**.

You can also access our Interactive Voice Response system 24 hours a day, seven days a week, generally including weekends and holidays. You can check claims and enrollment status, order ID cards, locate a dentist or specialist and verify general benefit information. Just call **1-800-4-DENTAL (1-800-433-6825)** and follow the prompts.

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