

Health Plus Plan

Consolidating benefits and simplifying processes is one step away with this benefit plan. It's a comprehensive package with competitive rates.



Dental

We offer one of the largest dental networks in New Jersey.

- Access to some of the deepest discounts in the state
- Little to no out-of-pocket expenses for preventive services



Vision

Horizon/Davis Vision View Network offers access to a nationwide network of over 94,000 independent retailers.

- Low-cost annual eye exam, including dilation
- Coverage for eyeglasses and contact lenses



Life/AD&D

USable Life's Small Group Plans for Life and Accidental Death & Dismemberment provide a quality benefits package while maintaining your bottom line.



Two benefit options available:

- » **Low Plan Benefit**
- » **High Plan Benefit***

*Includes coverage outside of New Jersey.

Call 1-888-425-5611

Visit HorizonBlue.com

Health Plus Plan Benefits - Low Option

Horizon Dental Benefits

Benefit	Low Option	
	Under 19	Age 19 & Over
Plan	Horizon Family Grins	
Coinsurance	100/80/50%	100%/Discount/Discount
Annual Maximum	None	None
MOOP	\$350/\$700	None
Benefit		
Deductible Preventive/Diagnostic	\$25 preventive	None
Deductible Basic/Major	\$100/\$200 Class II & III	None
Preventive & Diagnostic	100%; deductible applies	100%
Minor Restorative	80%; deductible applies	100%
Endodontics/Periodontics/Oral Surgery	80%; deductible applies	Discount
Major Care	50%; deductible applies	Discount
Orthodontia (Medically Necessary)	50%; MOOP applies	n/a
Orthodontia (Cosmetic)	50%	n/a
Cosmetic Orthodontia Lifetime Maximum	\$1,000	n/a
Benefit Waiting Periods	None	None

If you require coverage outside of New Jersey, you must select the High Option.

Horizon Vision Benefits

Benefit	Low Option
Plan	Vista II
Eye Exam (Every Year)	\$10 copay
Spectacle Lens (Every Year)	\$25 copay
Eyeglass Frame (Every Other Year)	\$100 llowance or \$150 at Visionworks
Contact Lens in Lieu of Eyeglasses (Every Year)	\$100 allowance

USABLE Life Insurance

Benefit	Small Group Plan
Work Requirement	Active full-time employees working 25 hours or more per week
Employee Life and AD&D Benefit	\$25,000
Dependent Life Benefits	
Eligible Spouse	\$5,000*
Eligible Child(ren) to age 26	\$2,000*

*\$100 from 14 days to 6 months.
Benefits for employees reduce to 65% at age 65 and reduce to 50% of the pre-age 65 amount at age 70. All amounts of coverage are issued on a guaranteed basis.

Plan Rates- Low Option

Enrolled Group Size	Single	Two Adults	Parent & Child	Family
2-4	\$23.94	\$40.24	\$61.03	\$84.89
5-9	\$21.78	\$34.03	\$47.69	\$68.58
10-24	\$20.07	\$30.91	\$42.56	\$60.65
25-50	\$18.89	\$28.75	\$34.54	\$48.23

Rates are guaranteed for two years from the initial effective date of the policy.

This document is for informational purposes only and does not constitute a binding agreement.
Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

Call 1-888-425-5611

Visit HorizonBlue.com

Health Plus Plan Benefits - High Option

Horizon Dental Benefits

Benefit	High Option	
	Under 19	Age 19 & Over
Plan	Horizon Family Grins Plus	
Coinsurance	100/80/50%	100/80/50%
Annual Maximum	None	\$1,000
MOOP	\$350/\$700	None
Benefit		
Deductible Preventive/Diagnostic	\$25 preventive	\$0
Deductible Basic/Major	\$100/\$200 Class II & III	\$50/\$150
Preventive & Diagnostic	100%; deductible applies	100%
Minor Restorative	80%; deductible applies	80%; deductible applies
Endodontics/Periodontics/Oral Surgery	80%; deductible applies	80%; deductible applies
Major Care	50%; deductible applies	50%; deductible applies
Orthodontia (Medically Necessary)	50%; MOOP applies	n/a
Orthodontia (Cosmetic)	50%	n/a
Cosmetic Orthodontia Lifetime Maximum	\$1,000	n/a
Benefit Waiting Periods	None	None

If you require coverage outside of New Jersey, you must select the High Option.

Horizon Vision Benefits

Benefit	High Option
Plan	Panorama IVB
Eye Exam (Every Year)	\$10 copay
Spectacle Lens (Every Year)	\$25 copay
Eyeglass Frame (Every Other Year)	\$130 allowance or \$180 at Visionworks
Contact Lens in Lieu of Eyeglasses (Every Year)	\$130 allowance

USABLE Life Insurance

Benefit	Small Group Plan
Work Requirement	Active full-time employees working 25 hours or more per week
Employee Life and AD&D Benefit	\$25,000
Dependent Life Benefits	
Eligible Spouse	\$5,000
Eligible Child(ren) to age 26	\$2,000*

*\$100 from 14 days to 6 months.
Benefits for employees reduce to 65% at age 65 and reduce to 50% of the pre-age 65 amount at age 70. All amounts of coverage are issued on a guaranteed basis.

Plan Rates - High Option

Enrolled Group Size	Single	Two Adults	Parent & Child	Family
2-4	\$46.23	\$84.80	\$90.06	\$137.01
5-9	\$41.48	\$70.12	\$70.18	\$112.42
10-24	\$37.77	\$63.34	\$62.54	\$100.04
25-50	\$35.42	\$59.05	\$51.52	\$83.21

Rates are guaranteed for two years from the initial effective date of the policy. Please note the initial bill, as well as all future billing and administration for the Life/AD&D portion of this plan will be administered directly by USABLE Life.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

Call 1-888-425-5611

Visit [HorizonBlue.com](https://www.horizonblue.com)