### Summary of Benefits: Horizon Young Grins

This plan uses the Horizon PPO Network and meets the pediatric dental coverage requirements of the Affordable Care Act. This plan covers members under the age of 19.

#### In Network (under age 19 years)

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (Preventive/Diagnostic)</td>
<td>$25</td>
<td>$0</td>
</tr>
<tr>
<td>Deductible (Basic &amp; Major)</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Benefit Period Maximum Out-of-Pocket (Basic, Major &amp; Orthodontia)</td>
<td>$350</td>
<td>$700</td>
</tr>
</tbody>
</table>

#### Class I - Preventive/Diagnostic

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic Oral Evaluations</td>
<td>100%</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>100%</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Fluoride</td>
<td>100%</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Application of Sealants</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Lab and Other Tests</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

#### Class II - Basic

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Palliative</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>80%</td>
<td>When medically necessary</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Impacted Teeth</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td>When medically necessary</td>
</tr>
<tr>
<td>Amalgam Restorations</td>
<td>Frequency will only apply when the same TIN/office performs treatment.</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Composite Restorations</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scaling &amp; Root Planning</td>
<td>80%</td>
<td>Once a year</td>
</tr>
<tr>
<td>Gingivectomy</td>
<td>80%</td>
<td>Once/3 years</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>80%</td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Osseous Surgery</td>
<td>80%</td>
<td>Once/3 years</td>
</tr>
</tbody>
</table>

(continues)
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)。

<table>
<thead>
<tr>
<th></th>
<th>In Network (under age 19 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontics</td>
<td></td>
</tr>
<tr>
<td>Root Canal Therapy - Anterior &amp; Bicuspid</td>
<td>80%</td>
</tr>
<tr>
<td>Root Canal Therapy - Molar</td>
<td>80%</td>
</tr>
<tr>
<td>Class III - Major</td>
<td></td>
</tr>
<tr>
<td>Inlays/Onlays/Crowns</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Once/5 years</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Once/5 years</td>
</tr>
<tr>
<td>Dentures</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Once/5 years</td>
</tr>
<tr>
<td>Adjustments</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Once/6 months</td>
</tr>
<tr>
<td>Other Prosthetics</td>
<td>50%</td>
</tr>
<tr>
<td>Medically Necessary Orthodontia</td>
<td>50%</td>
</tr>
</tbody>
</table>