

Feel good with affordable, preventive dental coverage.

Look inside to find out how!

Horizol



Making Healthcare Work.





## www.HorizonBlue.com

It is not a contract and some limitations may apply.

### 1-800-4DENTAL

Detach enrollment application panel and send to:

Horizon BCBSNJ Dental Programs Newark, NJ 07101-9607 P.O. Box 1279

computer.



Horizon

Horizon Blue Cross Blue Shield of New Jersey

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You may complete the required fields below online and then save or print a	
copy for submission. To save a completed copy to your computer, choose	
File > Save As to rename the file and save the form with your information to	you

Enroll	today in	Horizon	Individual	Dental

You don't have to be a group member to qualify for

participation in Horizon Individual Dental.

This brochure describes the major features and

benefits of Horizon Individual Dental from

Horizon Healthcare Dental, Inc.

Please total the amount due.	
Adult(s)	
Child(ren)	
Total Amount Due = \$	_
Applicant's Signature	Date
Effective Date: If <u>completed</u> application and particular of month, effective date is 1st of the next multiple of	nonth. If received after
For Producer's Use	Only
Preparer's Signature	Date
Horizon BCBSNJ Vendor # DO	I License #

Your n	erconal	identification	carde	will h	e mailed	tο	VOI
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		<b>Reset Form</b>
☐ New	☐ Renewal	
☐ Payment	enclosed.	
Make ch	eck or money order	

☐ Payment enclosed.  Make check or money order payable to Horizon Healthcare Dental.
□ Visa □ MasterCard
Card Number
Card Expiration Date
Name on Card

#### horizon A healthy smile is on your

treatment affordable. your need for major dental work in the years ahead. Regular, preventive dental care can dramatically reduce That's why **Horizon Individual Dental** makes preventive

### New Jersey residents ldeal for *Individuals* who are

work costs \$0. and select your primary care dentist, your basic dental initial enrollment. After you pay your annual premium or benefit maximum and no forms to complete after and basic dental services with no deductible, copayment Horizon Individual Dental offers most eligible preventive

to get these benefits. A participating dentist in the Should you need major dental work, your participation Horizon Dental Choice Network must provide all you don't have to be a group or association member savings on most eligible dental services. Best of all, Horizon Individual Dental entitles you to tremendous

cancelled during the agreement term. as you need. Horizon Individual Dental cannot be Take advantage of Horizon Individual Dental as often

# Specialty care savings, too

or increase with your time in the plan, as do eligible depending upon the treatment you require. These major services. savings are available immediately and do not coincide Horizon Individual Dental members. Your savings vary Participating specialists accept reduced fees for

or major service under the plan, he or she will refer specialty care for treatment not covered as a basic Even if you need specialty care, you can still save you for significant savings. you to a select group of specialists, which will qualify money. If your primary care dentist recommends

#### same care that you would We select dentists with the

choosing participating dentists. Since our success depends on your relationship with your primary care dentist, we take great care in

By extending this offer to you, we hope to encourage better overall dental treatment for all members.

prevent costly major dental work in the years ahead save you hundreds of dollars in a single year and Take advantage of Horizon Individual Dental. It coulc

#### Apply today and start smiling

#### dental bills. Enroll today! Avoid costly and unexpected

annual premium payment in the enclosed business and select your primary care dentist from the enclosed directory. Return your completed application and dentification card. reply envelope, and we'll send your policy booklet and Take a few minutes to fill out the attached application

#### Guaranteed acceptance with 30-day "free look"

card, check or money order, you'll be accepted cannot be turned down due to age, occupation, dental make your annual premium payment with a valid credit history or current dental condition. As long as you When you enroll in Horizon Individual Dental, you

during this time Horizon Individual Dental is not right for you, we refund If for any reason during this 30-day period you decide your premium, less any charges for services utilized You get a 30-day "free look" once you've enrolled.

Horizon Individual Dental gives you automatic renewal you receive a renewal notice betore your agreement

expires.

#### **Reset Form**

Please provide complete information for each family member/individual you wish to sign up for Horizon Individual Dental. Dental office ID number (from directory) must be filled out for processing to be completed. Children must be enrolled with at least one parent/guardian

First Name	Birth Date	Sex (M/F)	Adult/ Child*	Social Security #	Dental Office ID#
					NJ
se information about addition	onal childrer	on se	parate sh	eet of paper.)	
•	City			State	ZIP
	g current ser	nester s	status. I	Oaytime Phone No. (	)
	ose information about additional Apt	ose information about additional children  Apt City ege student to age 23.	First Name  Birth Date (M/F)  ose information about additional children on se	First Name  Birth Date (M/F) Child*  Ose information about additional children on separate sh  Apt City  ege student to age 23.	First Name  Birth Date (M/F) Child* Social Security #  Date (M/F) Child* Social Secur

#### Horizon Individual Plan Compare the savings over typical charges

Some services that you receive at the preferred program rates:

Eligible Preventive and Basic Services	You Pay	Typical Charge*	Typical Savings
Periodic oral exam	\$0	\$56	\$56
Cleaning (adult)	\$0	\$101	\$101
Amalgam fillings (3 surfaces)	\$0	\$213	\$213
Sealant per tooth	\$0	\$55	\$55
Simple extractions	\$0	\$192	\$192

Save 30 percent or more on these covered major services and 50 percent or more if you remain in the plan with the same primary care dentist for three years:

Eligible Major Services	Your Discount First Year	Typical Charge*	Typical Savings
Crown (porcelain)	30%	\$1,117	\$335
Complete denture Upper Lower	30% 30%	\$1,443 \$1,443	\$434 \$432.90
Partial denture Upper Lower	30% 30%	\$1,218 \$1,416	\$365.40 \$424.80
Root canal therapy	30%	\$1,192	\$358
Periodontics: Scaling and root planing per quadrant	30%	\$253	\$75.90

Your savings for eligible major services increase to 40 percent in the second year and to 50 percent in the third year and thereafter!

It costs just \$180 per year for adult and \$68.40 per year for each dependent child.

\* Based on the 75th percentile of 2012 Fair Health Relative Value Benchmarks (FHRVB). Typical charges are provided for illustrative purposes only. Actual charges will vary.





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Save a tree *and* lose those bulky directories!



To find a participating dentist near you, visit our user-friendly Web site, <www.HorizonBlue.com/Directory>. Find the names and addresses of participating dentists, detailed door-to-door directions and a street map in just seconds.

It's just another way we're Making Healthcare Work for you!





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