



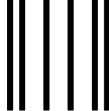
Three Penn Plaza East PP-03C
Newark, NJ 07105-2200

Horizon Blue Cross Blue Shield of New Jersey

**Feel good with affordable,
preventive dental coverage.**

Look inside to find out how!

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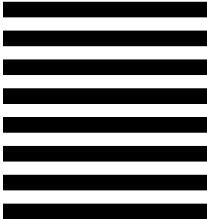
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DENTAL PROGRAMS
HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 1279
NEWARK NJ 07101-9607





Affordable, preventive dental coverage is on your horizon

Choose 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.

It is not a contract and some limitations may apply.

www.HorizonBlue.com

1-800-4DENTAL

Detach enrollment application panel and send to:

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



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

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Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Enroll today in Horizon Individual Dental!

Please total the amount due.

_____ Adult(s)

_____ Child(ren)

Total Amount Due = \$ _____

Applicant's Signature _____ Date _____

Effective Date: If completed application and payment are received by 15th of month, effective date is 1st of the next month. If received after 15th, effective date is 1st of month following next month.

For Producer's Use Only

Preparer's Signature _____ Date _____

Horizon BCBSNJ Vendor # _____ DOI License # _____

Your personal identification cards will be mailed to you.

New Renewal

Payment enclosed.
Make check or money order payable to Horizon Healthcare Dental.

Visa MasterCard

Card Number _____

Card Expiration Date _____

Name on Card _____

A healthy smile is on your horizon

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

Ideal for *Individuals* who are New Jersey residents

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

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

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

Specialty care savings, too

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

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

We select dentists with the same care that you would

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

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

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

Apply today — and start smiling!

Avoid costly and unexpected dental bills. Enroll today!

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

Guaranteed acceptance with a 30-day "free look"

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

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

Horizon Individual Dental gives you automatic renewal ... you receive a renewal notice before your agreement expires.

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 to be eligible for benefits. (Please print.)

1. Persons to be enrolled	Last Name	First Name	Birth Date	Sex (M/F)	Adult/Child*	Social Security #	Dental Office ID#
							NJ
							NJ
							NJ
							NJ

2. Address and Phone Number (Note: Enclose information about additional children on separate sheet of paper.)

Street _____ Apt. _____ City _____ State _____ ZIP _____

*Dependent children to age 19, or full-time college student to age 25. If full-time student, attach documentation from college or university verifying current semester status. Daytime Phone No. (_____) _____

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	\$51	\$51
Cleaning (adult)	\$0	\$99	\$99
Amalgam fillings (3 surfaces)	\$0	\$212	\$212
Sealant per tooth	\$0	\$55	\$55
Simple extractions	\$0	\$178	\$178

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%	\$1,081	\$324
Complete denture	30%	\$1,361	\$408
Partial denture	30%	\$1,335	\$401
Root canal therapy	30%	\$1,106	\$332
Periodontics: Scaling and root planing per quadrant	30%	\$231	\$69

Your savings for eligible major services increases 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 2010 MDR data. Typical charges are provided for illustrative purposes only. Actual charges will vary.



www.HorizonBlue.com/Directory

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

**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!

HorizonSM



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work*SM

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