

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.

Horizon Individual Dental is designed to give you access to dental care, so you can improve your dental health.

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 at HorizonBlue.com/Dental. 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 will refund your premium, less any charges for services utilized during the "free look" period.

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

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.

Please detach and mail the enrollment application to:

Horizon BCBSNJ Dental Programs
P.O. Box 1471 Minneapolis, MN
55440-1471

For more information, please visit
HorizonBlue.com/Dental or call
1-855-648-1400.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Horizon BCBSNJ provides administrative claims reimbursement services only and does not assume financial risk or obligation with respect to claims. Services and products provided by Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare Dental, Inc., independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name, symbols and *Making Healthcare Work*® are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2013 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105-2200. Visa® is a registered mark of Visa Inc. MasterCard® is a registered trademark or service mark of MasterCard Worldwide or its subsidiaries in the United States.

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**Horizon Individual Dental –
affordable, preventive
dental coverage you can count on.**



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

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

You don't have to be a group or association member to enroll in Horizon Individual Dental benefits.

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.

Your selected primary care dentist must provide all services.

Should you need major dental work, your participation in Horizon Individual Dental entitles you to tremendous savings on most eligible dental services.

Use your Horizon Individual Dental benefits as often as you need. Horizon Individual Dental cannot be canceled during the agreement term.

Specialty care savings, too

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.

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.

Dental Enrollment Form

Enroll today in Horizon Individual Dental!

Please provide complete information for each family member/individual you wish to enroll in Horizon Individual Dental. You must complete all information for your enrollment form to be processed. Visit HorizonBlue.com/Dental to find a participating dental office and the dental office ID number. Children under age 19 years must be enrolled with at least one parent/guardian. Children ages 19 to 23 years must be full-time students to enroll at the child rate. For questions or help completing this form, call Customer Service at 1-855-648-1400.

FIRST	MI	LAST	DATE OF BIRTH			GENDER M/F	SOCIAL SECURITY NUMBER	DENTAL OFFICE ID#
			MO	DAY	YR			
								NJ
								NJ
								NJ
								NJ
								NJ
								NJ

Your Contact Information

Address _____	City _____	State _____	ZIP Code _____
Day Phone Number _____	E-mail Address _____		

Amount Due

Number of Adults Enrolling _____	Number of Children Enrolling _____	Total Amount Due \$ _____
Annual Adult Rate: \$180.00	Annual Child Rate: \$68.40	

Select One Payment Option

☐ **Payment enclosed.** Make check or money order payable to: Horizon Healthcare Dental, Inc. When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

☐ Direct Withdrawal from Checking/Savings Account

Name on Account _____ Bank Name _____
Routing Number _____ Account Number _____

Select One: ☐ Credit Card ☐ Debit Card ☐ MasterCard® ☐ Visa®
Credit/Debit Card Number _____ Exp. Date ____/____ Security Code ____
Name As It Appears On Credit/Debit Card _____
Card Holder Signature _____ Date _____

Signature

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

Adult Applicant's Signature _____ Date _____