



Horizon Blue Cross Blue Shield of New Jersey



Dental Programs

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

Do you know a friend, relative,
retiree or business associate
who is looking for an affordable
individual or group dental
program?



Horizon Blue Cross Blue Shield of New Jersey

Horizon Centurion Dental

3 Penn Plaza East PP-03N
Newark, NJ 07105-2200
www.HorizonBlue.com

TO: New Jersey Residents

FROM: Horizon Blue Cross Blue Shield of New Jersey Dental Programs

RE: Affordable Dental Benefits

Do you have a friend, family member or business associate who is looking for an affordable individual or group dental program? Are you looking for an affordable individual dental program? If so, Horizon Blue Cross Blue Shield of New Jersey offers the **Horizon Centurion Dental Program** to meet your dental care needs. The **Horizon Centurion Dental Program** is an ideal way for individuals who do not have dental insurance to obtain affordable dental care.

The **Horizon Centurion Dental Program** offers reduced fees to members when they obtain eligible dental services from a participating dentist. These dentists have agreed to accept fees up to 30 percent less than normal for all eligible dental services. When members use these dentists, they will only be required to pay the dentist the reduced fee and are not balance billed for charges above that amount for all eligible services.

Please review the enclosed information about the **Horizon Centurion Dental Program**. Note that the fees included on the *Horizon Centurion Savings Schedule* are for services rendered by a participating general dentist; fees for specialists are generally higher. Call **1-800-4DENTAL (433-6825)** for more information on specialists' fees.

Submit your application with your payment by the 15th of the month and enjoy affordable dental care from the **Horizon Centurion Dental Program** effective the first of the following month.

Sincerely,

Adrienne Rosenbluth
Vice President, Sales and Marketing
Horizon BCBSNJ - Dental Programs



Horizon Blue Cross Blue Shield of New Jersey

P.O. Box 1279
Newark, NJ 07101-1279
1-800-4DENTAL
www.HorizonBlue.com

HORIZON CENTURION DENTAL PROGRAM
APPLICATION FOR ENROLLMENT

Name Last First Middle Initial

Address Street City State Zip

Home Phone Area Code Work Phone Area Code

ELIGIBLE PERSONS TO BE ENROLLED

Complete this box for yourself and all dependents enrolling. Attach another application if you have more than four children.
(Note: Dependent children are covered under a parent's contract only until they reach the contract termination age of 23.)

Table with columns: LAST NAME, FIRST, MI, DATE OF BIRTH (MO, DAY, YR), SEX (M/F), SOCIAL SECURITY NUMBER. Rows include Applicant, Spouse/Partner, and four Child entries, plus Legal Ward.

Enroll today in the Horizon Centurion Dental Program.

Please total the amount due

1 Individual at \$60.00 Per = \$ Per Year
or

1 Family at \$84.00 Total = \$ Per Year
2 Adults
or

Adult(s) & Dependent Child(ren)
See Terms and Limitations

Total Amount Due = \$ Per Year

Payment enclosed.

Make check or money order payable to
Horizon Healthcare Dental Services, Inc.

VISA MasterCard

Card number

Expiration date

Name on card

For Office Use Only - Broker Number Savoy Associates 0032

I hereby apply for participation. I understand and agree that any benefits provided pursuant to this application will be at the level of discounts indicated. I hereby accept responsibility for payment of the discounted charges. I understand that services must be provided by a Horizon Dental PPO dentist in order to receive any discount. We reserve the right to change fees once per contract year with 30 days notice. I further acknowledge that dentist's fees under the Horizon Centurion Dental Program are subject to change and, that I will be responsible for the fees in effect at the time of service. I further acknowledge that participation shall become effective only if approved and services are rendered on or after the effective date of participation which will be the first of the next month provided payment is received by the 15th of the current month. I certify to the best of my knowledge and believe the information given on this application is complete and true. I understand that my participation may be cancelled without written prior notice if I have included false information. I also understand that such termination will be retroactive to the date of my participation.

Signature Date

Services and products may be provided by Horizon Blue Cross Blue Shield of New Jersey or Horizon Healthcare Dental, Inc., each of which is an independent licensee of the Blue Cross and Blue Shield Association. Horizon Healthcare Dental Inc., is a subsidiary of Horizon Blue Cross Blue Shield of New Jersey.

HORIZON CENTURION TERMS AND LIMITATIONS

1. Eligible dependents under a family program include the participant's spouse/domestic partner and/or one or more of the participant's eligible child dependents. Eligible child dependents include natural born children or stepchildren of the participant or the participant's spouse/domestic partner, legally adopted children of the participant or the participant's spouse/domestic partner, a child for whom the participant or the participant's spouse/domestic partner has legal guardianship over and who is wholly dependent upon the participant or the participant's spouse/domestic partner for most of his/her support and maintenance, and the participant or the participant's spouse/domestic partner's foster children. Proof of support or adoption and all other matters pertaining to eligibility as a child dependent must be submitted to Horizon Blue Cross Blue Shield of New Jersey Dental Programs when requested.
2. Eligible child dependents are covered through the end of the month in which they turn age 23.
3. A child otherwise defined above but who has obtained age 23 and who Horizon Blue Cross Blue Shield of New Jersey Dental Programs determines is incapable of self-sustaining employment by reason of mental or physical handicap or developmental disability shall be considered a child under this program if he/she depends on the participant or the participant's spouse/domestic partner for support and maintenance and had the condition before attaining age 23. Proof of handicap must be submitted to Horizon Blue Cross Blue Shield of New Jersey Dental Programs when requested.
4. Payment for the Horizon Centurion program is made on an annual basis. No mid term refunds or adjustments (i.e., family to single) will be allowed.
5. Negotiated charge levels are only available when services are rendered by a Horizon Blue Cross Blue Shield of New Jersey Dental Programs participating PPO dentist.
6. The negotiated charge levels are subject to change in the future. Changes will occur no more than once during any twelve month period and participants will be notified 30 days in advance of any changes.
7. Services for which Horizon Blue Cross Blue Shield of New Jersey Dental Programs has not negotiated a discounted charge with the PPO dentists may be billed at the Dentists usual charge.
8. No person, other than the participant and his/her eligible dependents is entitled to receive the negotiated charges under this program. This program is not transferable.
9. This program provides discounted charges for most Dental services when the participant uses a Horizon Dental PPO provider. The participant is responsible for paying all discounted charges. No payments will be made by Horizon Blue Cross Blue Shield of New Jersey Dental Programs for services rendered under this program.



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!



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

An independent licensee of the Blue Cross and Blue Shield Association.

® Registered marks of the Blue Cross and Blue Shield Association.

® and SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2007 Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East, Newark, New Jersey 07105

9997 (W0407)

Q&A Questions & Answers

Answers to frequently asked questions about the Horizon Centurion Dental Program

How does the program work?

The Horizon Centurion Dental Program is an affordable individual or group dental program. When you visit a participating Horizon Dental PPO dentist for eligible services and show your Horizon Centurion Dental Program ID card, you receive those services at reduced fee levels.

Will I be required to visit certain dentists?

Yes. Only dentists who participate in the Horizon Dental PPO Network honor this program. Simply visit one of these dentists to receive the reduced fees. With an extensive network of participating dentists located throughout New Jersey and the surrounding counties of New York and Pennsylvania, there is sure to be a dentist close to your home or workplace.

What if I need specialty care?

If you require specialty care, simply visit one of the participating specialists. Note that the fees included on the Horizon Centurion Dental Program *Savings Schedule* are for services rendered by a participating general dentist; fees for specialists will generally be higher.

Will I be required to fill out a claim form when I have services rendered under the Horizon Centurion Dental Program?

No. There are never any claim forms to file. When you receive eligible dental services from a participating Horizon Dental PPO Network dentist, simply pay the dentist the reduced fees at the time of service.

Will there be any changes in the reduced dental fees payable under the Horizon Centurion Dental Program?

The reduced dental fees applicable under the Horizon Centurion Dental Program are subject to change in the future. We reserve the right to change fees once per contract year with 30-days notice. Participants are responsible for the fees applicable at the time services are rendered.

What do I do if I need emergency treatment?

Always seek appropriate care. However, if care is not rendered by a participating Horizon Dental PPO Network dentist, you will not receive the reduced rates and will be required to pay the dentist's fees in full.

What if I am out of state and need to see a dentist?

You may visit any dentist you wish. However, if that dentist is not a participating Horizon Dental PPO Network dentist, you will not receive the reduced rates and will be required to pay the dentist's fees in full.

When will my next payment for the Horizon Centurion Dental Program be due?

The Horizon Centurion Dental Program is an annual program. To continue your enrollment in the program, you will be billed 45 days prior to the anniversary of your initial enrollment. Horizon Blue Cross Blue Shield of New Jersey must receive payment (via check or credit card) by the 15th of the month prior to the effective date.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work

See plan document for a complete description, including limitations, exclusions and waiting periods.

Products are provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association.
© Registered marks of the Blue Cross and Blue Shield Association.
® and SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey.
© 2007 Horizon Blue Cross Blue Shield of New Jersey

Horizon Centurion Dental Plan Savings Schedule For New Jersey Dentists

When you receive treatment from one of the dentists in the Horizon Dental PPO Network, your costs are reduced significantly. This *Patient Savings Schedule* compares the charges you will pay for eligible services under the Horizon Centurion Dental Plan with typical charges* and illustrates the savings you might expect.

The fees listed below represent charges when using a Horizon Dental PPO Network general dentist. **Fees charged by specialists (also reduced) will generally be higher.** Call **1-800-4DENTAL (433-6825)** for information on specialists' fees.

Benefits		You Pay	Typical Charge*	Typical Savings	Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description				Procedure Code	Description			
ORAL EXAMS					TREATMENT AND THERAPY				
D0150	Comprehensive oral evaluation	\$36	\$79	\$43	AMALGAM				
D0120	Periodic oral evaluation†	\$21	\$45	\$24	D2140	One surface, permanent or primary tooth	\$46	\$124	\$78
X-RAYS					D2150	Two surfaces, permanent or primary tooth	\$68	\$161	\$93
D0210	Intraoral – complete series (including bitewings)	\$57	\$121	\$64	D2160	Three surfaces, permanent or primary tooth	\$84	\$194	\$110
D0220	Intraoral – single film	\$8	\$23	\$15	D2161	Four or more surfaces, permanent or primary tooth	\$103	\$237	\$134
D0230	Intraoral – each additional film	\$4	\$18	\$14	COMPOSITE RESIN				
D0240	Intraoral – occlusal, single film	\$14	\$34	\$20	D2330	One surface, anterior tooth	\$62	\$134	\$72
D0272	Bitewing – two films†	\$13	\$38	\$25	D2331	Two surfaces, anterior tooth	\$75	\$171	\$96
D0274	Bitewing – four films†	\$18	\$54	\$36	D2332	Three surfaces, anterior tooth	\$95	\$209	\$114
D0330	Panoramic film	\$46	\$102	\$56	D2391	One surface, posterior tooth	\$75	\$157	\$82
PREVENTIVE					D2392	Two surfaces, posterior tooth	\$79	\$205	\$126
D0460	Pulp vitality tests	\$14	\$50	\$36	D2393	Three surfaces, posterior tooth	\$105	\$255	\$150
D1110	Prophylaxis – adult†	\$54	\$89	\$35	ORAL SURGERY				
D1120	Prophylaxis – child†	\$33	\$62	\$29	D7140	Routine extractions	\$56	\$164	\$108
D1203	Topical fluoride – child†	\$15	\$35	\$20	EXTRACTION OF IMPACTED TEETH				
D1351	Sealants, per tooth	\$23	\$54	\$31	D7220	Soft tissue	\$139	\$356	\$217
SPACE MAINTAINERS					D7230	Partially bony	\$219	\$473	\$254
D1510	Fixed, unilateral	\$106	\$345	\$239	D7240	Completely bony	\$292	\$555	\$263
D1515	Fixed, bilateral	\$147	\$455	\$308	D2391	Alveoloplasty (in conjunction with extractions, per quadrant)	\$76	\$330	\$254
D1520	Removable, unilateral	\$113	\$428	\$315	D7510	Incision and drainage of abscess – intraoral	\$47	\$316	\$269
D1525	Removable, bilateral	\$147	\$587	\$440					
D1550	Recementation of space maintainer	\$23	\$75	\$52					

† These services are limited to once every six months.

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			

PROSTHODONTICS

DENTURES

D5110	Complete upper	\$757	\$1,411	\$654
D5120	Complete lower	\$757	\$1,411	\$654
D5130	Immediate upper	\$625	\$1,538	\$913
D5140	Immediate lower	\$625	\$1,538	\$913
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,191	\$730
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$461	\$1,384	\$923

DENTURE REPAIR

D5510	Repair broken complete denture base	\$67	\$154	\$87
D5520	Repair missing or broken teeth – each tooth	\$54	\$129	\$75
D5610	Repair resin denture base	\$64	\$167	\$103
D5620	Repair cast framework	\$69	\$180	\$111
D5630	Repair or replace broken clasp	\$58	\$219	\$161

FIXED BRIDGEWORK

D6240	Pontic – porcelain fused to high noble metal	\$668	\$956	\$288
D6750	Abutment crowns, porcelain fused to high noble metal	\$668	\$1,091	\$423
D6930	Recement bridgework	\$46	\$128	\$82

INLAYS AND CROWNS

INLAY

D2510	Metallic, one surface	\$160	\$689	\$529
D2520	Two surfaces	\$238	\$782	\$544

ONLAY

D2543	Metallic, three surfaces	\$314	\$924	\$610
D2544	Four or more surfaces	\$467	\$961	\$494

CROWNS

D2750	Porcelain fused to high noble metal	\$668	\$1,026	\$358
D2790	Full cast high noble metal	\$668	\$990	\$322
D2780	3/4 cast high noble metal	\$606	\$984	\$378
D2910	Recement inlays	\$27	\$93	\$66
D2920	Recement crowns	\$27	\$97	\$70

Benefits		You Pay	Typical Charge*	Typical Savings
Procedure Code	Description			

ENDODONTICS

D3110	Pulp cap – direct (excluding final restoration)	\$18	\$68	\$50
D3220	Therapeutic pulpotomy (excluding final restoration)	\$67	\$161	\$94

ROOT CANAL THERAPY

D3310	Anterior teeth, excludes final restoration	\$356	\$680	\$324
D3320	Premolars, excludes final restoration	\$443	\$830	\$387
D3330	Molars, excludes final restoration	\$567	\$1,072	\$505
D3410	Apicoectomy – anterior	\$227	\$778	\$551
D3430	Retrograde filling, per root	\$60	\$235	\$175
D3920	Hemisection (including any root removal)	\$113	\$373	\$260

PERIODONTICS

D4260	Osseous surgery – per quadrant	\$534	\$1,199	\$665
D4270	Pedicle soft tissue grafts	\$226	\$887	\$661
D4271	Free soft tissue graft	\$226	\$912	\$686
D4341	Periodontal scaling and root planing (per quadrant)	\$76	\$227	\$151

GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain minor procedures	\$35	\$98	\$63
D9220	General anesthesia (first 30 minutes)	\$64	\$395	\$331

* Based on the 75th percentile of MDR data averaged for the state of New Jersey as of April 2006. Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call 1-800-4DENTAL.

We reserve the right to change fees once per contract year with 30 days notice.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Products are provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association. © Registered marks of the Blue Cross and Blue Shield Association. ® and SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey. © 2007 Horizon Blue Cross Blue Shield of New Jersey