



The **Horizon Dental Companion Plan** covers real dental services that your employees will use and value. The plan provides 100 percent coverage for the most frequently needed dental services. It's just another way Horizon Blue Cross Blue Shield of New Jersey makes dental care work for you and your employees.

What is the Horizon Dental Companion Plan?

In Network: The plan covers frequently needed, eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers, at 100 percent. For eligible remaining basic services and all major or specialty services, such as root canals, crowns and bridges, members pay only a reduced Horizon Dental PPO Plan allowance to participating dentists. There is no annual deductible, no annual maximum and no wait period for major services.

Out of Network: The plan allows members to use nonparticipating dentists for eligible preventive and diagnostic services, such as exams, cleanings and X-rays, as well as amalgam (silver) fillings and space maintainers. However, they may have to pay for any charges above the Horizon Dental PPO Plan allowance, pay dentists at the time of service and submit claims for reimbursement. There is no out-of-network benefit for remaining basic services and all major or specialty services.

Here's an example of how the Horizon Dental Companion Plan works:

Dentist	Service	Typical Dentist's Charge	Horizon BCBSNJ Allowed Charge	Horizon BCBSNJ Pays	Member Pays
In-Network Dentist	Comprehensive Oral Evaluation [a preventive service]	\$89	\$39	\$39	\$0
In-Network Dentist	Crown [a major service]	\$1,061	\$681	\$0	\$681

Assumes deductible, if any, has been satisfied. Examples for illustrative purposes only.

The Horizon Dental Companion Plan is easy to afford:

Monthly rates	Single	=	\$8.87
	Two adults	=	\$18.88
	Parent/child	=	\$20.58
	Family	=	\$31.03

Rates effective December 1, 2009 and subject to change without notice.

Yes, we want to enroll in the Horizon Dental Companion Plan!

Please fill in the following information and mail it to us. We will then enroll you in the Horizon Dental Companion Plan. You will be billed with your next group health statement.

Group Name: _____ Group #: _____ Effective Date: _____

Group Tel. #: _____ Remitting agent signature: _____

Sales Rep. & Item #: _____ Date: _____

Fax this sheet to: **Small Group Dental Sales at 1-973-466-6060**

Mail this sheet to: **Small Group Dental Sales
3 Penn Plaza East, PP-03K
Newark, NJ 07105-2200**

Horizon Dental Companion Plan Frequently Asked Questions and Answers

Eligibility

Q: Who is eligible to enroll?

A: Any group currently enrolled or about to enroll in a Horizon Blue Cross Blue Shield of New Jersey medical program may choose to add the Horizon Dental Companion Plan.

Q: Which dental network does the Horizon Dental Companion Plan use?

A: The plan uses the Horizon Dental PPO Network, our extensive regional network.

Q: Do all employees need to enroll in the Horizon Dental Companion Plan?

A: Yes. Any employee currently enrolled or about to enroll in the Horizon BCBSNJ medical program must enroll in the Horizon Dental Companion Plan.

Benefits

Q: Is there a deductible with the Horizon Dental Companion Plan?

A: No.

Q: Is there an out-of-network benefit?

A: Yes.

Q: How will dentists in the plan be reimbursed for their eligible basic, preventive and diagnostic services?

A: To be reimbursed, Horizon Dental PPO Network dentists submit claim forms for eligible services, which include exams, cleanings, amalgam (silver) fillings, full mouth X-rays, sealants and space maintainers, to Horizon BCBSNJ. The patient has no obligation.

Q: How will nonparticipating dentists be reimbursed for their eligible basic, preventive and diagnostic services?

A: While participating dentists accept our plan allowances as payment in full, nonparticipating dentists have the freedom to charge their normal fees. We pay up to the Horizon Dental PPO Plan allowance. Charges above our plan allowances will be the member's responsibility. Members may be required to pay at the time of services and submit a claim for reimbursement.

Q: Which eligible major and specialty services are available at reduced fees?

A: A variety of major and specialty services, such as crowns, bridges, dentures, root canals and periodontics, are available to members at reduced fees, which are paid directly to the dentist. Members are referred to a specialty dentist in the Horizon Dental PPO Network, if needed.

Q: Will members receive ID cards for this coverage?

A: Yes. Members will receive a Horizon Dental Companion Plan ID card.

Q: Are orthodontics covered?

A: As long as the orthodontist participates in the Horizon Dental PPO Network, discounts for orthodontics apply.

Q: What about services not listed under the Horizon Dental Companion Plan?

A: Services not listed under the Horizon Dental Companion Plan carry the dentist's normal fees.

Q: Are there any waiting periods?

A: No.



Horizon Blue Cross Blue Shield of New Jersey

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