

At a cost of 10 cents per day for an individual, or a dollar a week for a family, the Steuben county Dental Network Card program makes dental care more affordable for seniors and families throughout the county.



### What are the benefits of the Dental Network Card?

- Established fee schedule for dental services, from routine cleanings to root canals and implants
- Listing of local participating dentists
- Improved oral health

“A nationwide survey found that prices [of dental care] could vary by more than 400 percent in the same area for the same service. For example, the cost of a cavity filling for adults could range from \$120 to \$360, while an adult preventive exam could range from \$55 to \$240.”

- AARP Bulletin, March 2013

Steuben County has partnered with the New York State Association of Counties to provide the Dental Network Card Program to residents.



The Steuben County Dental Network Card enables patients to obtain dental care at reduced fees. The program uses the DenteMax network of more than 8,000 dental practices statewide.

**The program is not insurance.** Dentists in the network have agreed to charge fees that are among the most affordable in the area.

Savings are several hundred dollars for crowns and root canals, and \$30.00 to \$50.00 or more for dental exams, cleanings, fillings, and extractions.

### Who is the County Dental Network Card for?

- **Employees of small businesses** that don't offer dental insurance
- **Retirees** who no longer have dental insurance
- **Unemployed** individuals and their families
- **Recent college graduates** and young adults
- **Anyone not covered by a dental plan**

For more information, please visit [www.steubencony.org](http://www.steubencony.org) or call Health Economics Group at 1-800-666-6690 ext. 505

# Dental Card Program

## Steuben County



## Lower Costs. Brighter Smiles.

*Not funded with taxpayer dollars.*



Dental Network Card Enrollment Form				Please Print
Last Name:	First Name:	MI:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Date of Birth (MM/DD/YYYY):		Phone Number:		
Address:				
City:	State:	Zip Code:		
Email Address:				
<b>Dependents</b>				
Name	Relationship	Gender	Date of Birth (MM/DD/YY)	
	Spouse	<input type="checkbox"/> F <input type="checkbox"/> M		
		<input type="checkbox"/> F <input type="checkbox"/> M		
		<input type="checkbox"/> F <input type="checkbox"/> M		
		<input type="checkbox"/> F <input type="checkbox"/> M		
<b>Payment:</b> <input type="checkbox"/> \$36.50 (Individual Coverage for One Year) <b>OR</b> <input type="checkbox"/> \$52.00 (Family Coverage for One Year)				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Pay by Check       </div> <div style="width: 60%;"> <ul style="list-style-type: none"> <li>▪ Make check Payable to "Health Economics Group, Inc."</li> <li>▪ Mail Payment and Enrollment form to: Health Economics Group Inc. 1050 University Avenue, Suite A, Rochester, NY 14607 Attn: Dental Network Card Program</li> </ul> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Pay by Credit Card       </div> <div style="width: 60%;"> <ul style="list-style-type: none"> <li>▪ Mail Enrollment form to: Health Economics Group Inc. 1050 University Avenue, Suite A, Rochester, NY 14607 Attn: Dental Network Card Program</li> <li>▪ Fax form to 585-241-9518</li> </ul> </div> </div>				
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover				
Credit Card Number:				Expiration Date:
Name as it Appears on Credit Card:				Security Code:
I authorize Health Economics Group, Inc. to use the credit card information provided above as payment for the Dental Network Card.				
Signature:			Date:	

You will receive your Dental Network Card(s) in the mail once your enrollment is processed. Please allow 10-14 business days for processing. Your card(s) will be effective on the date your enrollment is processed. Your card(s) will expire on the last day of the month following 12 full months of eligibility. **Re-enrollment is not automatic.** You must contact us to re-enroll.

For the names and addresses of DenteMax network dentists in a particular geographic area and/or to see the schedule of fees accepted by most general dentists in the network, go to [www.heginc.com/dental](http://www.heginc.com/dental) or call Health Economics Group, Inc. at 585-241-9500 x505 or 800-666-6690 x505. We will be pleased to help you.

**This is not insurance.** Health Economics Group, Inc. does not guarantee that a particular dentist will accept DenteMax fees as payment in full. Confirm DenteMax network participation and fees **before** receiving treatment. Please note that specialists and some general dentists may charge higher fees than what is shown on the schedule. We rely on the judgment of DenteMax as to the professional competency of dentists in their network. Our role is to make the DenteMax network available to members of this program. Our liability is limited to the amount paid for the card(s).

I have read and understand the above information and I want to enroll in the Dental Network Card Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_