

# Argus Choice PPO Dental Plan 1

Dental Plan Summary			
<b>Product Type</b>	Plan 1 - IN 100/80/0 - OON 100/80/0 (LOW PLAN)		
<b>Annual Deductible</b>	\$50 Annual		
<b>Annual Maximum Benefit</b>	\$1,000		
<b>UCR Level</b>	90th Percentile		
<b>Network</b>	PPO		
<b>Orthodontia</b>	Orthodontia Not Covered		
Summary of Covered Services			
Preventative	Basic	Major	Orthodontics
IN 100% / OON 100%	IN 80% / OON 80%	Not Covered	Not Covered
Space Maintainers (Child Only)	Crown, Bridge and Denture Repair		
Fluoride Treatments (For children under age 19; one per 12 months)	Simple and Surgical Extractions		
Sealants (For children ages 6 through 15; one tooth per 36 months)	Emergency Palliative Care		
Full Mouth X-Rays (One every 36 months)	Fillings (Amalgam and Composite)		
Bitewing X-Rays (one per 12 months)			
Routine Exams and Cleanings (3 per year)			
Member Coverage (Contributory)		Monthly	Per Paycheck (Monthly)
<b>Employee Only (EE)</b>		\$ 17.27	\$ 17.27
<b>EE + Spouse</b>		\$ 33.81	\$ 33.81
<b>EE + Child(ren)</b>		\$ 53.51	\$ 53.51
<b>Family</b>		\$ 64.54	\$ 64.54

This is a brief summary of coverage, please refer to your Argus Choice PPO Certificate of Coverage for more details.

**Argus Dental & Vision, Inc.**

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