

Argus Choice PPO Dental Plan 3

Dental Plan Summary			
Product Type	Plan 3 - IN 100/80/50 - OON 100/80/50 (HIGH PLAN)		
Annual Deductible	\$50 Annual		
Annual Maximum Benefit	\$1,000		
UCR Level	90th Percentile		
Network	PPO		
Orthodontia	Orthodontia Not Covered		
Summary of Covered Services			
Preventative	Basic	Major	Orthodontics
IN 100% / OON 100%	IN 80% / OON 80%	IN 50% / OON 50%	Not Covered
Space Maintainers (Child Only)	Crown, Bridge and Denture Repair	No missing tooth exclusion	
Fluoride Treatments (For children under age 19; one per 12 months)	Simple and Surgical Extractions	Implants	
Sealants (For children ages 6 through 15; one tooth per 36 months)	Emergency Palliative Care	Anesthesia	
Full Mouth X-Rays (One every 36 months)	Fillings (Amalgam and Composite)	Oral Surgery	
Bitewing X-Rays (one per 12 months)		Endodontics	
Routine Exams and Cleanings (3 per year)		Periodontics	
		Non-Surgical and Surgical Periodontics	
		Inlays, Onlays, Crowns, Bridges and Dentures	
Member Coverage (Employer Paid)		Monthly	Per Paycheck (Monthly)
Employee Only (EE)		\$ 24.66	\$ 24.66
EE + Spouse		\$ 48.29	\$ 48.29
EE + Child(ren)		\$ 62.94	\$ 62.94
Family		\$ 96.67	\$ 96.67

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

Argus Dental & Vision, Inc.

Toll-free 855.819.1873 | 4010 West State Street | Tampa, Florida 33609
www.argusdentalvision.com