



## CHOICE VISION FLORIDA

The Clear Choice for Group Vision Plans

For Groups of  
2-50 Eligible Lives



**ARGUS DENTAL & VISION, INC.**

855.819.1873 | 4010 W. State Street | Tampa, Florida 33609 | [www.argusdentalvision.com](http://www.argusdentalvision.com)  
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# Argus Choice Vision Plan Benefits

2-50 Lives

In-Network Benefits	Select 100	Prime 100	Elite 100	Select 150	Prime 150	Elite 150
<b>Frequency - Once Every:</b>						
Eye Examinations Inclusive of Dilation (when professionally indicated)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frame	12 Months	24 Months	12 Months	12 Months	24 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
<b>Co-Payments</b>						
Eye Examination	\$10	\$10	\$10	\$10	\$10	\$10
Spectacle Lenses: single vision, lined bifocal, trifocal	\$25	\$10	\$10	\$25	\$10	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Eyeglass Benefit - Frame</b>						
Frame Allowance (Retail):	Up to \$100	Up to \$100	Up to \$100	Up to \$150	Up to \$150	Up to \$150
Plus a 20% discount on any overage						
<b>Eyeglass Benefit - Spectacle Lenses</b>						
	<b>Member Co-Pays</b>					
Lenticular lenses (any size or Rx)	\$25	\$25	\$25	\$25	\$25	\$25
Tinting of Plastic Lenses	\$15	\$15	\$15	\$15	\$15	\$15
Scratch-Resistant Coating	\$15	\$15	\$15	\$15	\$15	\$15
Polycarbonate Lenses (Children under 19/Adults)	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20
Ultraviolet Coating	\$15	\$15	\$15	\$15	\$15	\$15
Anti-Reflective (AR) Coating (Standard/Premium)	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60
Progressive Lenses (Standard/Premium/Ultra)	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$50	\$50	\$50	\$50	\$50	\$50
Plastic Photochromic Lenses	\$60	\$60	\$60	\$60	\$60	\$60
<b>Contact Lens Benefit (in Lieu of Eyeglasses) - Standard &amp; Specialty Lens Types</b>						
Contact Lens Material Allowance—Plus 15% discount on any overage	\$10 copay, up to \$100 allowance	\$10 copay, up to \$100 allowance	\$10 copay, up to \$100 allowance	\$10 copay, up to \$150 allowance	\$10 copay, up to \$150 allowance	\$10 copay, up to \$150 allowance
<b>Non-Elective Contact Lenses (with Prior Approval)</b>						
Materials, Evaluation, Fitting & Follow-up Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Out-of-Network Reimbursement Allowance Schedule: Up To</b>						
<b>Allowance Schedule: Up To</b>	Eye Examination: \$35, Single Vision Lenses: \$20, Bifocal/Progressives Lenses: \$40, Trifocal/Lenticular Lenses \$60, Visually Required Contact Lenses: \$200  * No Reimbursement is available on other services.					

In-Network Benefits	Select 125	Prime 125	Elite 125	Select 175	Prime 175	Elite 175
<b>Frequency - Once Every:</b>						
Eye Examinations Inclusive of Dilation (when professionally indicated)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frame	12 Months	24 Months	12 Months	12 Months	24 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
<b>Co-Payments</b>						
Eye Examination	\$10	\$10	\$10	\$10	\$10	\$10
Spectacle Lenses: single vision, lined bifocal, trifocal	\$25	\$10	\$10	\$25	\$10	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Eyeglass Benefit - Frame</b>						
Frame Allowance (Retail): Plus a 20% discount on any overage	Up to \$125	Up to \$125	Up to \$125	Up to \$175	Up to \$175	Up to \$175
<b>Eyeglass Benefit - Spectacle Lenses</b>						
	<b>Member Co-Pays</b>					
Lenticular lenses (any size or Rx)	\$25	\$25	\$25	\$25	\$25	\$25
Tinting of Plastic Lenses	\$15	\$15	\$15	\$15	\$15	\$15
Scratch-Resistant Coating	\$15	\$15	\$15	\$15	\$15	\$15
Polycarbonate Lenses (Children under 19/Adults)	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20
Ultraviolet Coating	\$15	\$15	\$15	\$15	\$15	\$15
Anti-Reflective (AR) Coating (Standard/Premium)	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60	\$40/\$60
Progressive Lenses (Standard/Premium/ Ultra)	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$50	\$50	\$50	\$50	\$50	\$50
Plastic Photochromic Lenses	\$60	\$60	\$60	\$60	\$60	\$60
<b>Contact Lens Benefit (in Lieu of Eyeglasses) - Standard &amp; Specialty Lens Types</b>						
Contact Lens Material Allowance—Plus 15% discount on any overage	\$10 copay, up to \$125 allowance	\$10 copay, up to \$125 allowance	\$10 copay, up to \$125 allowance	\$10 copay, up to \$175 allowance	\$10 copay, up to \$175 allowance	\$10 copay, up to \$175 allowance
<b>Non-Elective Contact Lenses (with Prior Approval)</b>						
Materials, Evaluation, Fitting & Follow-up Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Out-of-Network Reimbursement</b>						
<b>Allowance Schedule: Up To</b>	Eye Examination: \$35, Single Vision Lenses: \$20, Bifocal/Progressives Lenses: \$40, Trifocal/Lenticular Lenses \$60, Visually Required Contact Lenses: \$200  * No Reimbursement is available on other services.					

In-Network Benefits	Select 225	Prime 225	Elite 225
<b>Frequency - Once Every:</b>			
Eye Examinations Inclusive of Dilation (when professionally indicated)	12 Months	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months	12 Months
Frame	12 Months	24 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months
<b>Co-Payments</b>			
Eye Examination	\$10	\$10	\$10
Spectacle Lenses	\$25	\$10	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$10/up to \$40 allowance	\$10/up to \$40 allowance	\$10/up to \$40 allowance
<b>Eyeglass Benefit - Frame</b>			
Frame Allowance (Retail):	Up to \$225	Up to \$225	Up to \$225
Plus a 20% discount on any overage			
<b>Eyeglass Benefit - Spectacle Lenses</b>			
	<b>Member Co-Pays</b>		
Lenticular lenses (any size or Rx)	\$25	\$25	\$25
Tinting of Plastic Lenses	\$15	\$15	\$15
Scratch-Resistant Coating	\$15	\$15	\$15
Polycarbonate Lenses (Children under 19/Adults)	\$0/\$20	\$0/\$20	\$0/\$20
Ultraviolet Coating	\$15	\$15	\$15
Anti-Reflective (AR) Coating (Standard/Premium)	\$40/\$60	\$40/\$60	\$40/\$60
Progressive Lenses (Standard/Premium/Ultra)	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$50	\$50	\$50
Plastic Photochromic Lenses	\$60	\$60	\$60
<b>Contact Lens Benefit (in Lieu of Eyeglasses) - Standard &amp; Specialty Lens Types</b>			
Contact Lens Material Allowance—Plus 15% discount on any overage	\$10 copay, up to \$225 allowance	\$10 copay, up to \$225 allowance	\$10 copay, up to \$225 allowance
<b>Non-Elective Contact Lenses (with Prior Approval)</b>			
Materials, Evaluation, Fitting & Follow-up Care	\$0 Copay	\$0 Copay	\$0 Copay
<b>Out-of-Network Reimbursement</b>			
<b>Allowance Schedule: Up To</b>	Eye Examination: \$35, Single Vision Lenses: \$20, Bifocal/Progressives Lenses: \$40, Trifocal/Lenticular Lenses \$60, Visually Required Contact Lenses: \$200  * No Reimbursement is available on other services.		

## FLORIDA MONTHLY RATES

### VOLUNTARY/EMPLOYEE PAID

#### 2-50 Eligible Employees

	Select 125	Prime 125	Elite 125	Select 175	Prime 175	Elite 175
Employee Only	\$7.24	\$7.48	\$8.10	\$8.01	\$8.25	\$8.91
Employee + Spouse	\$14.52	\$14.99	\$16.23	\$15.93	\$16.47	\$17.77
Employee + Child(ren)	\$15.35	\$15.85	\$17.16	\$17.24	\$17.86	\$19.25
Employee + Family	\$24.10	\$24.89	\$26.95	\$26.94	\$27.88	\$30.06

### EMPLOYER PAID

#### 2-50 Eligible Employees

	Select 125	Prime 125	Elite 125	Select 175	Prime 175	Elite 175
Employee Only	\$4.99	\$5.14	\$5.61	\$5.27	\$5.45	\$5.96
Employee + Spouse	\$9.98	\$10.28	\$11.22	\$10.53	\$10.89	\$11.95
Employee + Child(ren)	\$8.20	\$8.49	\$9.25	\$8.34	\$8.59	\$9.43
Employee + Family	\$13.79	\$14.25	\$15.54	\$14.19	\$14.61	\$16.07

## NOTES

### General:

- ◆ For Florida groups 2-50 eligible lives only
- ◆ For Florida groups 2-4 eligible lives we require 100% participation
- ◆ Children defined as under 19 years old
- ◆ Policy Form Series NVIGRPCTV2 5-07 FL
- ◆ Policies underwritten by National Guardian Life Insurance Company
- ◆ National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life

### Voluntary Plan:

- ◆ No employer contributions required
- ◆ The greater of 5 employees or 20% of employees must be enrolled for groups of 5-50 eligible

### Employer Paid Plan:

- ◆ Employer must pay a minimum of 75% of employee only or 50% of family
- ◆ Minimum of 75% of employees must participate

#### UNDERWRITTEN BY:

National Guardian Life  
2 East Gilman  
Madison, WI 53703  
800-548-2962  
www.nglic.com

#### PROVIDED BY:

Argus Dental & Vision, Inc.  
4010 West State Street  
Tampa, FL 33609  
855-819-1873  
www.argusdentalvision.com



**FLORIDA MONTHLY RATES**

**VOLUNTARY/EMPLOYEE PAID**

2-50 Eligible Employees						
	Select 100	Prime 100	Elite 100	Select 150	Prime 150	Elite 150
Employee Only	\$5.93	\$6.12	\$6.64	\$7.62	\$7.86	\$8.49
Employee + Spouse	\$11.86	\$12.23	\$13.26	\$15.21	\$15.71	\$16.99
Employee + Child(ren)	\$12.54	\$12.94	\$14.01	\$16.27	\$16.82	\$18.18
Employee + Family	\$19.68	\$20.32	\$21.95	\$25.48	\$26.35	\$28.46

**EMPLOYER PAID**

2-50 Eligible Employees						
	Select 100	Prime 100	Elite 100	Select 150	Prime 150	Elite 150
Employee Only	\$4.08	\$4.23	\$4.59	\$5.13	\$5.30	\$5.78
Employee + Spouse	\$8.15	\$8.41	\$9.17	\$10.25	\$10.58	\$11.58
Employee + Child(ren)	\$6.72	\$7.10	\$7.57	\$8.27	\$8.54	\$9.34
Employee + Family	\$11.28	\$12.01	\$12.69	\$13.99	\$14.43	\$15.81

**NOTES**

**General:**

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**UNDERWRITTEN BY:**  
National Guardian Life  
2 East Gilman  
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## Exclusions

No benefits are payable for any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefit:

1. Replacement frames and /or lenses, except at normal intervals when covered services are otherwise available;
2. Plano or non-prescription lenses or sunglasses;
3. Orthoptics, vision training and any associated supplemental testing;
4. Frame cases;
5. Low (subnormal) vision aids;
6. Medical and surgical treatment of the eyes;
7. Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy;
8. Experimental or non-conventional treatment or device;
9. Any eye examination or corrective eyewear required by an Employer as a condition of employment;
10. Services for which benefits are paid by Worker's Compensation;
11. Groove, Drill or Notch, and Roll and Polish;
12. Two pairs of glasses, in lieu of bifocals, trifocals, or progressives;

## Choice Vision Plans Offer

Healthy eyes and clear vision are an important part of your overall health, wellness and quality of life. **Argus Choice Vision** plans, underwritten by National Guardian Life Insurance Company, help members care for their eyes while saving them money on a variety of covered benefits, including:

- ◆ Eye Examinations
- ◆ Contact Lens Evaluation, Fitting & Follow-Up Care
- ◆ Eyeglass Lenses in a Variety of Materials
- ◆ Eyeglass Frame Allowances & Discounts
- ◆ Contact Lenses
- ◆ Lens Tinting
- ◆ Scratch-Resistant Coating
- ◆ Ultraviolet Coating
- ◆ Anti-Reflective Coating
- ◆ Photochromic Lens Technology, like Transitions®
- ◆ Transition lenses



## Choice Vision Extras

When members join **Argus Choice Vision** Plans, they also enjoy added-value benefits, such as:

- ◆ Laser Vision Correction discounts available through the Argus Lasik program with Quasight. Members can call 877-709-2010 for additional information and locations.
- ◆ You may receive services from an out of network provider. If you choose an out-of-network provider, you must pay the provider directly for all charges and submit a claim via mail with receipt to:

Argus Dental & Vision, Inc  
Attn: Claims  
4010 W. State St  
Tampa, FL 33609

## Getting Started is Easy!

We make it easy to find a provider! Members can visit [www.argusdental.com/vision-plans](http://www.argusdental.com/vision-plans) and click "Provider Search" or call Argus directly at 1.877.864.0625.

We also make it easy to schedule an appointment! When making an appointment, members should have their member ID number, name and date of birth handy. The provider will take care of the rest!

- ◆ **Value for our Members:** A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.
- ◆ **Freedom of Choice:** Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail optical partners