



The *Premier* Choice in Dental & Vision Benefits

**Member Guide**  
**For Individuals & Families**

**MasterPlan**



**ARGUS DENTAL & VISION, INC.**

Toll Free 877-864-0625 | 4010 West State Street | Tampa, Florida 33609

## Welcome to Argus Dental & Vision!

Thank you for choosing Argus Dental & Vision as your healthcare partner. The Argus team works carefully to deliver superior benefits that are designed with our members in mind and to provide you the best options based on your specific needs. Our support systems have been developed to deliver the quality you require and expect from your benefits experts.

As you navigate through your new benefits, we hope you'll find the information in this guide helpful. We place high priority on making certain you have a superior customer experience every time you engage our company. Our team of knowledgeable service professionals is eager to assist you with any questions or concerns.

We recognize you have many other choices. Thank you for partnering with Argus Dental & Vision. We look forward to earning your trust and confidence to maintain many years of service to you for your dental and vision care.

Best Regards,



**Nicholas M. Kavouklis, DMD**

CEO & President

## Frequently Asked Questions

### **What is the benefit of participating in the MasterPlan?**

The MasterPlan provides full coverage on various preventive care dental services when you obtain dental care from a Network Dentist. In addition, you are entitled to receive numerous other dental care services identified in the Schedule of Benefits in exchange for the applicable Co-payment identified in the Schedule of Benefits when you visit a Network Dentist.

### **What dental services are available under the MasterPlan?**

The Schedule of Benefits set forth on pages 7-13 of this MasterPlan Member Guide identifies the numerous covered services available under the MasterPlan, as well as the Co-payments applicable to each such service.

### **What if a particular dental service is not listed in the Schedule of Benefits?**

Generally, dental services that are not listed in the Schedule of Benefits are available at a 25% discount off of the Network Dentist's normal/customary charge. However, there are some dental services that are not subject to a discount and are not otherwise available under the MasterPlan. Please refer to the "Limitations and Exclusions" section of the Schedule of Benefits.

### **How do I select a Network Dentist?**

You may visit [www.argusdentalvision.com](http://www.argusdentalvision.com) our website to find a Network Dentist in your area, or you may contact Argus Customer Care at 1.877.864.0625.

### **How do I change my address or contact information?**

To update your address or contact information, please contact Argus Customer Care at 1.877.864.0625.

### **Who do I contact if I have questions regarding the MasterPlan?**

Please contact Argus Customer Care at 1.877.864.0625.

### **How do I make a dental appointment?**

To make an appointment, simply contact the Network Dentist that you have selected. When you call the dentist's office, you should identify yourself as an Argus MasterPlan member, and provide the dentist's office with your effective date of coverage and the number on your MasterPlan ID card. Be sure to present your Argus MasterPlan ID card once you arrive at your scheduled appointment. You will also be required to present a photo identification card at each appointment.

### **Can I change my dentist?**

Yes, you may change your dentist at any time\* by calling Argus Customer Care at 1.877.864.0625. Requests made prior to the 20th of day of the month will be effective on the 1st of day of the following month. \*Provided you do not have an outstanding financial obligation to your original dentist.

### What if I need specialty care?

You have access to specialists in all fields of dentistry at reduced rates through your MasterPlan. Argus recommends that you visit your usual Network Dentist for an appropriate diagnosis prior to visiting a specialist. However, authorized referrals from Argus are not required prior to seeking specialty care. If you receive dental care from a Network Dentist, the Co-payments identified in the Schedule of Benefits do not apply. Instead, the services of the specialist will be provided at a discount of 25% off of the Network specialist's normal/customary charges. If you receive specialty dental care from a specialist who is not a Network Dentist, you will not receive a discount on the services. Rather, you will be obligated to pay the rates charged by the non-Network Dentist who provide your specialty care.

### What if I have a Dental Emergency?

Before a Dental Emergency arises, please contact your Network Dentist to find out how he or she should be contacted if you need urgent care treatment or treatment after normal office hours. Our Network Dentists have their own plan for how they can be reached in case of emergency, or they will make prior arrangements with other dentists if they are unavailable to provide care to you in case you need treatment immediately or urgently.

If you have a Dental Emergency, please contact your Network Dentist or Argus Customer Care at 1.877.864.0625. If your emergency occurs after regular business hours, please contact your Network Dentist. If you are unable to reach your Network Dentist, please call 911.

Dental Emergency services will be covered under the MasterPlan if the services are identified in the Schedule of Benefits and you receive the services from a Network Dentist. No prior approval or prior authorization from Argus is required. If you received emergency dental care from a non-Network Dentist, co-payments identified in the Schedule of Benefits do not apply. Rather, you will be obligated to pay the rates charged by the non-Network Dentist.

### Does Argus handle coordination of benefits?

No Argus does not handle coordination of benefits for MasterPlan members.

### Definitions Applicable to the MasterPlan:

- **Co-payment** means the payment owed by the Member to the Network Dentist for the Covered Service rendered.
- **Covered Services** means the services and treatment that are payable by or available under the MasterPlan.
- **Dental Emergency** means the sudden and unexpected onset of an acute condition involving severe pain, requiring immediate dental care for temporary relief of pain and suffering. Examples of Dental Emergencies include a toothache and oral trauma.
- **Member** means any individual entitled to receive Covered Services under the Member Plan.
- **Network Dentist** means any dental care practitioner or facility who/which has entered into an agreement with Argus for the provision of Covered Services under the MasterPlan.
- **Premium** means the periodic (monthly or annual) payment owed to Argus in exchange for participation in and coverage under the MasterPlan.
- **Schedule of Benefits** refers to the schedule set forth below which outlines (a) the Covered Services labeled under the MasterPlan, (b) the applicable Co-payment payable by the Member to the Network Dentist for each Covered Service, and (c) the other terms and conditions applicable to the MasterPlan.

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## Member Coverage

Your coverage under the MasterPlan will be effective on the first day of the month following your first premium payment. Membership fee(s), payments and other terms and conditions of the Plan may be changed. Argus agrees to notify Members, in writing, of the nature and extent of such changes forty-five (45) days prior to the effective date of such changes.

**Monthly Premium.** In exchange for your participation in the MasterPlan, you will be required to pay a monthly premium fee to Argus as follows:

	MONTHLY*	ANNUAL
<b>Individual</b>	\$8.95	\$107.40
<b>Individual +1</b>	\$14.35	\$172.20
<b>Family</b>	\$21.55	\$258.60

*\* For monthly premiums, your account will be debited or charged the monthly premium stated plus a \$1 monthly service charge.*

**Due Date.** Your monthly Premium is due no later than the fifteenth (15th) day of each month. However, you will have a ten (10) day grace period to make your payment. This means that if any required premium is not paid to Argus on or before the date it is due, it may be paid during the grace period and your coverage will stay in force during that time.

**Ongoing Care.** If Argus terminates your participation in the MasterPlan in accordance with the terms set forth in the Enrollment Application, such termination will be without prejudice to any continuous loss that began while your coverage was in force. In the case of any such continuous loss, Argus shall continue to provide its services hereunder, and shall require the Network Dentists to continue to provide their services until the earlier of (a) the date the specific treatment or procedure has been completed, or (b) ninety (90) days from the termination date of your participation. However, this will only be the case if you continue to pay the monthly premium owed during such time.

**Eligibility Enrollment.** In addition to yourself, you may enroll your eligible family members in the MasterPlan. Your eligible family members include your spouse (or domestic partner) and your natural born and adopted children (including any children placed with you for adoption) who have not yet attained age twenty-six (26) or are substantially dependent on you for support and maintenance and incapable of sustaining employment by reason of mental or physical disability.

**Enrollment of Newly Eligible Persons.** You may enroll your newborn child in the MasterPlan from the moment of birth, adoption, or placement for adoption of such child. You may also enroll a newly eligible family member in the MasterPlan. However, you must do so within thirty (30) days of the date he/she meets the eligibility requirements of the MasterPlan.

**Notification Obligation.** You must notify Argus if you acquire a new family member or if a family member loses eligibility to participate in the MasterPlan. You must provide this information within fifteen (15) days of the date of the applicable change.

**Privacy.** Argus agrees to comply with all federal and state laws that protect the privacy and security of personal health information.

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**Possible Automatic Termination** . Your participation in the MasterPlan will automatically terminate if the Florida Office of Insurance Regulation issues an order requiring cancellation of your participation, and such order becomes final and non-appealable.

**Argus' Cancellation Rights** . Argus is entitled to cancel your participation (or the participation of any of your family members), upon forty-five (45) days' written notice if:

- a) Your behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that your continuing participation seriously impairs Argus' ability to provide services to other Members
- b) You engage in fraud or make a material misrepresentation in applying for or presenting any claim for benefits
- c) You misuse documents provided as evidence of benefits available under the MasterPlan, or
- d) You provide Argus with incorrect or incomplete information for the purposes of fraudulently obtaining services or benefits.

Prior to cancelling your participation as provided above, Argus must make an effort to resolve the problem through its grievance procedures, and must determine that your behavior is not due to use of the services provided or mental illness.

**Excused Performance**. Argus shall not be liable to you or any other Member for any failure or delay in performing its obligations, which delay or failure is due, in whole or in part, directly or indirectly, to any contingency, delay, failure, or cause of any nature beyond the reasonable control of Argus, including, without limitation, fire, explosion, earthquake, storm, flood or other weather- related event or any act of God; unavailability of necessary utilities, components, or raw materials; strike, lockout or activities of a combination of workmen or other labor difficulties; war, act of terrorism, insurrection or riot; application of any law, act, order, export control regulation, proclamation, decree, regulation, ordinance, or instructions of government or other public authorities, or any judgment or decree of a court of competent jurisdiction (not arising out of a breach of its obligations hereunder). In the event of the happening of such a cause, Argus shall provide you with prompt, written notice stating the period of time the failure to perform is expected to continue, and shall resume its performance as soon as reasonably possible.

**No Right of Assignment**. Neither you nor any of your family members shall have the right to assign, delegate, or otherwise transfer any or all of your rights and/or obligations relating to the MasterPlan to any third party.

**Entire Agreement**. The Enrollment Application, Certificate, and Member Guide set forth the entire agreement between you and Argus relating to the MasterPlan. Unless otherwise stated, the terms of your agreement may not be amended or modified unless the amendment or modification is in writing and is signed by you and Argus. As stated above, Argus will notify Members, in writing, of the nature and extent of any amendment or modification forty-five (45) days prior to the effective date of such changes.

**Waiver**. No waiver of any breach or condition of your agreement with Argus shall be considered a waiver of any subsequent breach or condition, whether of like or different nature.

**Governing Law**. Your agreement with Argus will be governed by the laws of the State of Florida.

**Jurisdiction and Venue; Fees**. Arbitration is voluntary and shall be conducted pursuant to Florida Statutes Chapter 682. Any arbitration, mediation or action to enforce or interpret the rights of the parties with respect to the MasterPlan shall be heard solely and exclusively in Hillsborough County, Florida. You hereby consent, on behalf of yourself and your family members, to such exclusive jurisdiction and venue. You will be responsible for paying your own legal fees in any such exclusive jurisdiction and venue. You will be responsible for paying your own legal fees in any such arbitration, mediation or action.

**Schedule of Benefits:** The below co-payments contained in this fee schedule are valid only when treatment is provided by a Participating General Dentist. If the services of a Participating Specialist are recommended and available, then the below co-payments DO NOT apply and the member's charge will be the Participating Specialist's usual and customary fee, less a discount of 25%. If a service is not listed below, it may be available at the Participating Dental Provider's Usual and Customary Fee, less a discount of 25%. Each office visit includes all fees for sterilization and infection control.

Procedure Code	Description	Co-Payment
<i>DIAGNOSTICS</i>		
D0120	Periodic Oral Evaluation - Established Patient	0
D0140	Limited Oral Evaluation - Problem Focused	40
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	40
D0150	Comprehensive Oral Exam	0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	70
D0180	Comprehensive Periodontal Evaluation	55
D0210	X-rays Intraoral - Complete Series, Including Bitewings (Once Per 3 Years)	0
D0220	X-rays Intraoral - Periapical - First Film	0
D0230	X-rays Intraoral - Periapical - Each Additional Film	12
D0240	X-rays Intraoral - Occlusal Film	18
D0250	Extraoral - First Film	23
D0260	Extraoral - Each Additional Film	22
D0270	X-rays Bitewing - Single Film (Once Per Year)	0
D0272	X-rays Bitewings - Two Films (Once Per Year)	0
D0272	X-rays Bitewings - Two Films (Additional Pair Per Year)	14
D0273	X-rays Bitewings - Three Films (Once Per Year)	0
D0273	X-rays Bitewings - Three Films (Additional Set Per Year)	22
D0274	X-rays Bitewings - Four Films (Once Per Year)	0
D0274	X-rays Bitewings - Four Films (Additional Set Per Year)	25
D0277	Vertical Bitewings - 7 to 8 Films	44
D0290	Posterior - Anterior or Lateral Skull and Facial Bone Survey Film	86
D0321	Temporomandibular Joint Film	240
D0322	Tomographic Survey	376
D0330	X-rays Panoramic Film (Once Per Three Years)	0
D0330	X-rays Panoramic Film (Each Additional)	60
D0340	Cephalometric Film	57
D0350	Oral/Facial Photographic Images	32
D0415	Collection of Microorganisms for Culture and Sensitivity	0
D0425	Caries Susceptibility Tests	0
D0460	Pulp Vitality Testing	35
D0470	Diagnostic Casts	53
D9491	Office Visit - Per Visit (Including All Fees for Sterilization and/or Infection Control)	0
<i>PREVENTIVE</i>		
D1110	Prophylaxis - Adult (Twice Per Year, Once Per Six Months)	0
D1110	Prophylaxis - Adult (Each Additional) Note: Routine Cleaning Does Not Apply to Patients Diagnosed with Periodontal Disease	45
D1120	Prophylaxis - Child (Twice a Year, Once Per Six Months)	0
D1120	Prophylaxis - Child (Each Additional)	35
D1203	Topical Application of Fluoride (Excluding Prophylaxis) - Child	0
D1204	Topical Application of Fluoride (Excluding Prophylaxis) - Adult	0
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	0
D1310	Nutritional Counseling for Control of Dental Disease	0
D1320	Tobacco Counseling	0
D1330	Oral Hygiene Instruction	0
D1351	Sealant - Per Tooth	25
D1510	Space Maintainer - Fixed - Unilateral**	165

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Procedure Code	Description	Co-Payment
D1515	Space Maintainer - Fixed - Bilateral**	215
D1520	Space Maintainer - Removable - Unilateral**	185
D1525	Space Maintainer - Removable - Bilateral**	255
D1550	Recementation of Space Maintainer	35
D1555	Removal of Fixed Space Maintainer	35
<i>RESTORATIVE</i>		
D2140	Amalgam - One Surface, Primary or Permanent	70
D2150	Amalgam - Two Surfaces, Primary or Permanent	80
D2160	Amalgam - Three Surfaces, Primary or Permanent	95
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	105
D2330	Resin - One Surface, Anterior	80
D2331	Resin - Two Surfaces, Anterior	100
D2332	Resin - Three Surfaces, Anterior	110
D2335	Resin - Four or More Surfaces, Anterior or Involving Incisal Angle	135
D2390	Resin-Based Composite Crown, Anterior	165
D2391	Resin-Based Composite, One Surface, Posterior	88
D2392	Resin-Based Composite, Two Surfaces, Posterior	112
D2393	Resin-Based Composite, Three Surfaces, Posterior	140
D2394	Resin-Based Composite, Four Surfaces, Posterior	165
D2410	Gold Foil - One Surface	164
D2420	Gold Foil - Two Surfaces	274
D2430	Gold Foil - Three Surfaces	475
D2510	Inlay - Metallic - One Surface	435
D2520	Inlay - Metallic - Two Surfaces	496
D2530	Inlay - Metallic - Three or More Surfaces	572
D2543	Onlay - Metallic - Three Surfaces	565
D2544	Onlay - Metallic - Four or More Surfaces	562
D2610	Inlay - Porcelain/Ceramic - One Surface	512
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	507
D2630	Inlay - Porcelain/Ceramic - Three or More Surface	518
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	579
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	587
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	583
D2650	Inlay - Resin-Based Composite - One Surface	309
D2651	Inlay - Resin-Based Composite - Two Surfaces	391
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	414
D2662	Onlay - Resin-Based Composite - Two Surfaces	366
D2663	Onlay - Resin-Based Composite - Three Surfaces	403
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	445
D2710	Crown - Resin-Based Composite (Indirect)**	247
D2720	Crown - Resin with High Noble Metal**	490
D2721	Crown - Resin with Predominantly Base Metal**	440
D2722	Crown - Resin with Noble Metal**	460
D2740	Crown Porcelain/Ceramic Substrate**	500
D2750	Crown Porcelain Fused to High Noble Metal**	490
D2751	Crown Porcelain Fused to Predominately Base Metal**	440
D2752	Crown Porcelain Fused to Noble Metal**	460
D2780	Crown - 3/4 Cast High Noble Metal**	490
D2781	Crown - 3/4 Cast Predominantly Base Metal**	440

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Procedure Code	Description	Co-Payment
D2782	Crown - 3/4 Cast Noble Metal**	460
D2783	Crown - 3/4 Porcelain/Ceramic**	490
D2790	Crown - Full Cast High Noble Metal**	490
D2791	Crown - Full Cast Predominately Base Metal**	440
D2792	Crown - Full Cast Noble Metal**	460
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	50
D2915	Recement Cast or Prefabricated Post and Core	48
D2920	Recement Crown	52
D2930	Prefabricated Stainless Steel Crown - Primary	110
D2931	Prefabricated Stainless Steel Crown - Permanent	150
D2932	Prefabricated Resin Crown	174
D2933	Prefabricated Stainless Steel Crown with Resin Window	190
D2940	Protective Restoration (Sedative Filling)	57
D2950	Core Buildup, Including Any Pins	137
D2951	Pin Retention - Per Tooth, in Addition to Restoration	0
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	188
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	106
D2954	Prefabricated Post and Core in Addition to Crown	165
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	152
D2957	Each Additional Prefabricated Post - Same Tooth	94
D2960	Labial Veneer (Resin Laminate) - Chairside	288
D2961	Labial Veneer (Resin Laminate) - Laboratory**	425
D2962	Labial Veneer (Porcelain Laminate) - Laboratory**	570
D2970	Temporary Crown (Fractured Tooth, if Separate from Crown)	45
<b>ENDODONTICS</b>		
D3110	Pulp Cap, Direct (Excluding Final Restoration)	30
D3120	Pulp Cap, Indirect (Excluding Final Restoration)	30
D3220	Therapeutic Pulpotomy	105
D3221	Pulpal Debridement, Primary and Permanent Teeth	110
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	110
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	136
D3310	Root Canal - Anterior - Per Tooth	425
D3320	Root Canal - Bicuspid - Per Tooth	515
D3330	Root Canal - Molar - Per Tooth	675
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	410
D3346	Retreatment of Previous Root Canal Therapy - Anterior	548
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	582
D3348	Retreatment of Previous Root Canal Therapy - Molar	675
D3351	Apexification/Recalcification - Initial Visit	210
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	175
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	310
D3410	Apicoectomy/Periradicular Surgery - Anterior	400
D3421	Apicoectomy/Periradicular Surgery - Bicuspid, First Root	510
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	610
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	295
D3430	Retrograde Filling	137
D3450	Root Amputation - Per Root	309
D3460	Endodontic Endosseous Implant	1373
D3470	Intentional Reimplantation (Including Necessary Splinting)	572
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	82
D3920	Hemisection - Including Root Removal (Excluding Root Canal Therapy)	226
D3950	Canal Preparation and Fitting of Preformed Post	86

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Procedure Code	Description	Co-Payment
<i>PERIODONTICS</i>		
D4210	Gingivectomy or Gingivoplasty, Per Quadrant (4 or More Teeth)	275
D4211	Gingivectomy or Gingivoplasty, Per Quadrant (1 to 3 Teeth)	140
D4240	Gingival Flap Procedure, Including Root Planing - (4 or More Teeth) Per Quadrant	371
D4241	Gingival Flap Procedure, Including Root Planing - (1 to 3 Teeth ) Per Quadrant	271
D4245	Apically Positioned Flap	270
D4249	Clinical Crown Lengthening - Hard Tissue	225
D4260	Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (4 or More Teeth)	675
D4261	Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (1 to 3 Teeth)	560
D4263	Bone Replacement Graft - First Site in Quadrant	280
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	111
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	307
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	296
D4270	Pedicle Soft Tissue Graft Procedure	454
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	516
D4274	Distal or Proximal Wedge Procedure (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	173
D4320	Provisional Splinting - Intracoronal	175
D4321	Provisional Splinting - Extracoronal	200
D4341	Periodontal Scaling and Root Planing - Per Quadrant (4 or More Teeth)	140
D4342	Periodontal Scaling and Root Planing - Per Quadrant (1 to 3 Teeth)	85
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis	85
D4910	Periodontal Maintenance Procedures - Following Active Surgery (2 in a 12 Month Period)	65
D4920	Unscheduled Dressing Change (by Someone Other than Treating Dentist)	65
<i>PROSTHODONTICS</i>		
D5110	Complete Upper Denture**	625
D5120	Complete Lower Denture**	625
D5130	Immediate Upper Denture**	695
D5140	Immediate Lower Denture**	695
D5211	Partial Upper - Resin Base (with Clasps/Rests & Teeth)**	575
D5212	Partial Lower - Resin Base (with Clasps/Rests & Teeth)**	575
D5213	Upper Partial - Cast Metal Base with Resin Saddles (with Clasps/Rests & Teeth)**	655
D5214	Lower Partial - Cast Metal Base with Resin Saddles (with Clasps/Rests & Teeth)**	655
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)**	395
D5410	Adjust Complete Denture - Upper	0
D5411	Adjust Complete Denture - Lower	0
D5421	Adjust Partial Denture - Upper	0
D5422	Adjust Partial Denture - Lower	0
D5510	Repair Broken Complete Denture Base**	85
D5520	Replace Missing or Broken Teeth**	65
D5610	Repair Resin Denture Base**	65
D5620	Repair Cast Framework**	85
D5630	Repair or Replace Broken Clasp**	85
D5640	Replace Broken Teeth - Per Tooth**	65
D5650	Add Tooth to Existing Partial Denture**	65
D5660	Add Clasp to Existing Partial Denture**	95
D5710	Rebase Complete Maxillary Denture**	175
D5711	Rebase Complete Mandibular Denture**	175
D5720	Rebase Maxillary Partial Denture**	150
D5721	Rebase Mandibular Partial Denture**	150
D5730	Chairside Reline Complete Upper Denture	95

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Procedure Code	Description	Co-Payment
D5731	Chairside Reline Complete Lower Denture	95
D5740	Chairside Reline Upper Partial	95
D5741	Chairside Reline Lower Partial	95
D5750	Laboratory Reline Complete Upper Denture**	95
D5751	Laboratory Reline Complete Lower Denture**	95
D5760	Laboratory Reline Upper Partial**	105
D5761	Laboratory Reline Lower Partial**	105
D5810	Interim Complete Denture (Maxillary)	365
D5811	Interim Complete Denture (Mandibular)	365
D5820	Interim Partial Denture (Maxillary)	320
D5821	Interim Partial Denture (Mandibular)	320
D5850	Tissue Conditioning (Maxillary)	80
D5851	Tissue Conditioning (Mandibular)	80
D5860	Overdenture complete**	750
D5861	Overdenture partial**	700
D5986	Fluoride Gel Carrier	77
D5987	Commisurre Splint	1,360
<b>PROSTHODONTICS, FIXED</b>		
D6010	Surgical Placement of Implant Body: Endosteal Implant	1,110
D6040	Surgical Placement: Eposteal Implant	5,926
D6050	Surgical Placement: Transosteal Implant	4,140
D6055	Dental Implant Supported Connecting Bar	368
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	73
D6210	Pontic - Cast High Noble Metal **	490
D6211	Pontic - Cast Predominantly Base Metal**	440
D6212	Pontic - Cast Noble Metal**	460
D6214	Pontic - Titanium**	495
D6240	Pontic - Porcelain Fused to High Noble Metal**	490
D6241	Pontic - Porcelain Fused to Predominantly Base Metal**	440
D6242	Pontic - Porcelain Fused to Noble Metal**	460
D6250	Pontic - Resin with High Noble Metal**	490
D6251	Pontic - Resin with Predominantly Base Metal**	440
D6252	Pontic - Resin with Noble Metal**	460
D6545	Cast Metal Retainer for Acid Etch Bridge**	200
D6720	Crown - Resin with High Noble Metal **	490
D6721	Crown - Resin with Predominantly Base Metal**	440
D6722	Crown - Resin with Noble Metal**	460
D6750	Crown - Porcelain Fused to High Noble Metal**	490
D6751	Crown - Porcelain Fused to Base Metal**	440
D6752	Crown - Porcelain Fused to Noble Metal**	460
D6780	Crown - 3/4 Cast High Noble Metal**	490
D6781	Crown - 3/4 Cast Predominantly Base Metal**	440
D6782	Crown - 3/4 Cast Fused to Noble Metal**	460
D6783	Crown - 3/4 Porcelain/Ceramic**	490
D6790	Crown - Full Cast High Noble Metal**	490
D6791	Crown - Full Cast Predominately Base Metal**	440
D6792	Crown - Full Cast Noble Metal**	460
D6920	Connector Bar	101
D6930	Recent Bridge	65
D6940	Stress Breaker**	165

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Procedure Code	Description	Co-Payment
D6950	Precision Attachment**	295
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	193
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	160
D6973	Core Build Up for Retainer, Including Any Pins	130
D6975	Coping - Metal	355
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	83
D6977	Each Additional Prefabricated Post - Same Tooth	80
<b>ORAL SURGERY</b>		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	60
D7140	Extraction - Erupted Tooth or Exposed Root (Evaluation &/or Forceps Removal)	85
D7210	Surgical Removal of Erupted Teeth	140
D7220	Removal of Impacted Tooth - Soft Tissue	170
D7230	Removal of Impacted Tooth - Partially Bony	195
D7240	Removal of Impacted Tooth - Completely Bony	220
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	295
D7250	Surgical Removal of Residual Tooth Roots	120
D7260	Orantral Fistula Closure	1200
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	293
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization)	434
D7280	Surgical Access of an Unerupted Tooth	180
D7285	Biopsy of Oral Tissue - Hard	225
D7286	Biopsy of Oral Tissue - Soft	140
D7290	Surgical Repositioning of Teeth	275
D7310	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces Per Quadrant	85
D7311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	50
D7320	Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces Per Quadrant	185
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces Per Quadrant	125
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelial)	625
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft	4,136
D7410	Excision of Benign Lesion up to 1.25 cm	275
D7411	Excision of Benign Lesion Greater than 1.25 cm	325
D7412	Excision of Benign Lesion, Complicated	425
D7440	Excision of Malignant Tumor - Lesion Diameter up to 1.25 cm	931
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	1,447
D7450	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm	275
D7451	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	425
D7460	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm	275
D7461	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	325
D7465	Destruction of Lesion(s) by Physical or Chemical Method, by Report	205
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	250
D7472	Removal of Torus Palatinus	325
D7473	Removal of Torus Mandibularis	275
D7510	Incision and Drainage of Abscess-Intraoral Soft Tissue	95
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	175
D7520	Incision and Drainage of Abscess-Extraoral Soft Tissue	225
D7521	Incision and Drainage of Abscess-Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	250
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	271
D7540	Removal of Reaction-Producing Foreign Bodies, Musculoskeletal System	300
D7550	Partial Ostectomy/Sequestrectomy of Removal of Non-Vital Bone	187

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Procedure Code	Description	Co-Payment
00D7880	Occlusal Orthotic Device, by Report	375
D7940	Osteoplasty - For Orthognathic Deformities	2300
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla - Autogenous or Nonautogenous, by Report	1199
D7960	Frenulectomy	185
D7963	Frenuloplasty	185
D7970	Excision of Hyperplastic Tissue (Per Arch)	185
D7971	Excision of Pericoronal Gingiva	80
D7983	Closure of Salivary Fistula	1,312
<b>ORTHODONTICS</b>		
D8010	Limited Orthodontic Treatment of the Primary Dentition	1500
D8020	Limited Orthodontic Treatment of the Transitional Dentition	1500
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	1500
D8040	Limited Orthodontic Treatment of the Adult Dentition	1500
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	2950
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	2950
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	2950
D8660	Pre-Orthodontic Treatment Visit	45
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	45
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	400
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (Emergency) Treatment of Dental Pain Minor Procedure	40
D9120	Fixed Partial Denture Sectioning	0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	25
D9211	Regional Block Anesthesia	28
D9212	Trigeminal Division Block Anesthesia	54
D9215	Local Anesthesia	0
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	210
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	80
D9230	Analgesia - Anxiolysis, Inhalation of Nitrous Oxide	50
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes	185
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes	70
D9248	Non-Intravenous Conscious Sedation	54
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	0
D9410	House/Extended Care Facility Call	175
D9420	Hospital Call	175
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	0
D9440	Office Visit - After Regularly Scheduled Hours	75
D9450	Case Presentation, Detailed and Extensive Treatment Planning	0
D9610	Therapeutic Parenteral Drug, Single Administration	35
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	50
D9630	Medicinal Application/Irrigation Per Visit	25
D9910	Application of Desensitizing Medicaments	25
D9941	Fabrication of Athletic Mouthguard	100
D9950	Occlusion Analysis - Mounted Case	95
D9951	Occlusion Adjustment - Limited	50
D9952	Occlusion Adjustment - Complete	295
D9970	Enamel Microabrasion	32
D9972	External Bleaching - Per Arch	200
D9973	External Bleaching - Per Tooth	22
D9974	Internal Bleaching - Per Arch	148
D9999	Broken Appointment (Less Than 24 Hour Notice) - Per 15 Minute Unit - Max \$40	25

**\*\*Members are responsible for additional lab fees for these services. Lab fees shall not exceed \$150.00 per procedure code, excluding precious and semi-precious metal.**

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## Limitations & Exclusions

### EXCLUSIONS:

1. Services which, in the opinion of the participating General Dentist or Specialist, are not necessary for the patient's dental health.
2. Cosmetic or experimental dental services, and/or procedures not generally performed in a General Dentist office.
3. Cost of hospitalization and/or pharmaceuticals.
4. Any services performed by a non-participating General Dentist or non-participating Specialist.
5. Services that cannot be performed because of the general health of the patient.
6. Treatment which, in the opinion of the participating General Dentist, must be performed by a non-participating Specialist.
7. Services which are not consistent with the usual and customary services provided by the Participating General Dentist or Specialist.
8. Any dental treatment started prior to the member's effective date.
9. Services for injuries and/or conditions which are paid or payable under Worker's Compensation or Employer Liability Laws.
10. Treatment for cysts, neoplasms and malignancies.
11. Services provided without cost to the Subscriber by the government or an agency thereof, or any municipality, county and other subdivisions.
12. The cost of precious metal used in any form of dental benefits.
13. Any procedure not specifically listed as a covered benefit in the Schedule of Benefits.
14. Cost of dental care covered under any automobile, medical or no-fault or similar type insurance.
15. Fixed bridge work is not covered.
16. Sealants applied to baby teeth are not covered.

### Right to Transfer Among Network Dentists:

Argus has the right to transfer a Member to another Network Dentist for any one of the following reasons:

1. If the Member's chosen Network Dentist is no longer participating in Argus' Network;
2. If the Member's chosen Network Dentist is determined by Argus to be unable to effectively render services to the Member; or
3. Where reasonable efforts to establish a satisfactory dentist/patient relationship between the Member and the Member's chosen Network Dentist have failed.

## Member Rights & Responsibilities

### POLICY:

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility.

### PROCEDURE:

#### A patient has the right to:

1. be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
2. a prompt and reasonable response to questions and requests.
3. know who is providing health care services and who is responsible for his or her care.
4. know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
5. know what rules and regulations apply to his or her conduct.
6. be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
7. refuse any treatment, except as otherwise provided by law.
8. be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
9. know, upon request and in advance of treatment, whether the health care provider or facility accepts the patient's plan benefit coverage.
10. receive, upon request, prior to treatment, a reasonable estimate of charges for health care services.
11. receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
12. impartial access to treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
13. treatment for any emergency condition that will deteriorate from failure to provide treatment.
14. know if treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
15. express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the provider or facility that served him or her and to the appropriate state licensing agency.
16. to participate with the provider in making decisions about the health care he or she receives and provide input into planned treatment.
17. receive information about Argus, its services, providers and member/patients' rights and responsibilities.
18. participate with the provider in making decisions about his or her health care.
19. have a candid discussion about appropriate or medically necessary treatment options for your health conditions, regardless of cost or benefits.
20. voice complaints or appeals about Argus or the care it provides.
21. make recommendations about Argus' member rights and responsibilities policies.
22. receive information about advance directives, provider's credentials and absence of malpractice coverage.
23. change providers if other providers are available.

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## Member Rights & Responsibilities

### A patient has the responsibility:

1. to provide to Argus and its providers, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
2. to report unexpected changes in his or her condition to the provider.
3. to report to the provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
4. to understand his or her health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
5. to follow the treatment plan recommended by the provider.
6. to keep appointments and, when he or she is unable to do so for any reason, will notify the provider or facility.
7. for his or her actions if he or she refuses treatment or does not follow the provider's instructions.
8. to assure the financial obligations of his or her care are fulfilled as promptly as possible.
9. to follow facility rules and regulations affecting patient care and conduct.
10. to inform his or her provider about any living will, medical power of attorney, or other directive that could affect his or her care.
11. to provide a responsible adult for transportation from the facility if required by the provider in situations where sedation is administered.

### Providers are required to provide services that are:

1. Not discriminating against any patient in any manner including but not limited to:
  - a) Source of payment
  - b) Race
  - c) Ethnicity
  - d) National origin
  - e) Sex
  - f) Sexual orientation
  - g) Age
  - h) Religion
  - i) Place of residence
  - j) Health status
  - k) Mental or physical disability
  - l) Claims experience
  - m) Medical history
  - n) Evidence of insurability
  - o) Genetic information
2. Preserving patient dignity and observing the rights of patients.
3. Abiding by all administrative and medical policies and procedures established by Argus.
4. Providing all services in a culturally competent manner and accommodating patients with disabilities.
5. Providing patients with complete information concerning their diagnosis, treatment, and prognosis and giving them the opportunity to participate in decisions involving their health care.



## Complaints and Grievances

### **Informal Grievances:**

Any Member who has a grievance against Argus Dental & Vision, Inc. (ADVI) for any matter arising from a Subscriber Certificate or for covered services rendered hereunder may submit an informal oral grievance to ADVI. Assistance with ADVI's grievance procedures, including assistance with informal oral grievances, may be obtained by calling ADVI's Member Services Department at (877) 864-0625. Oral grievances shall be submitted to ADVI's Grievance & Appeals Department. Informal oral grievances shall be responded to as soon as possible by the Grievance Coordinator. If the informal oral grievance involves a medical-related matter or claim, a dentist shall be involved in resolving said grievance. The Member has the right to file a formal written grievance with ADVI and to appeal to the Florida Department of Financial Services.

### **Submission of Formal Grievances:**

Any Member who has a grievance against ADVI for any matter arising out of the Certificate or covered services rendered hereunder may submit a formal written statement of the grievance to ADVI. Such written statement shall be specifically identified as a grievance and shall be submitted to ADVI within sixty (60) days from the date of the occurrence. The written grievance shall contain a statement of action requested by the Member; the Member's name, address, telephone number, member number; the name of the Subscriber's Participating General Dentist or Participating Specialist; and the Subscriber's signature and the date. The statement should be sent to ADVI's Grievance Coordinator at ADVI's address as set forth herein. More information on ADVI's grievance procedures may be obtained by calling ADVI's Member Services Department at ADVI's telephone number set forth above.

### **Expedited Grievances:**

ADVI will confirm receipt of the Member's expedited grievance, orally, within twenty-four (24) hours. ADVI will resolve the expedited grievance within seventy-two (72) hours and will communicate the resolution orally and in writing to the Member.

### **Response to Formal Grievances:**

ADVI will confirm receipt of the Member's grievance, in writing, within five (5) business days. ADVI will resolve the grievance and communicate the resolution, in writing, within thirty (30) days. The timeframe may be extended up to thirty (30) days if the Member asks for an extension or the Plan documents that additional information is needed and the delay is in the Member's interest. A grievance is not considered formal until the Plan receives a written summary from the Member.

### **Appeal of Decision:**

If the action taken by the Plan is not satisfactory to the Member, the Member may appeal the matter to the Plan within thirty (30) days after receiving notice of the resolution. The Member's request for an appeal must be submitted to the plan in writing, and should be directed to: Argus Dental & Vision, Inc., Grievance Department, 4010 W. State St., Tampa, FL 33609. The Plan will resolve all appeals and communicate the resolution, in writing, within thirty (30) days. If the Member is dissatisfied with the appeal decision, the Member has the right to appeal to the State of Florida Department of Financial Services and/or the Office of Insurance Regulation of the Financial Services Commission.



Provider Search

Members Area Provider Search



# Looking for a Dentist?

## We make it easy!

**Visit us online to find an Argus Dental & Vision dental provider today!**

- 1. Go to [www.argusdentalvision.com](http://www.argusdentalvision.com)**
- 2. Click on the “Provider Search” button in the middle of the home page**
- 3. Select your Plan type, and enter your city and zip code**
- 4. Press the “Search” button and your results will appear**



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The *Premier* Choice in Dental & Vision Benefits

### Questions?

If you have questions or need further assistance,  
please call Argus Customer Care toll-free at 1-877-864-0625.

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