



# Member Benefits

All covered procedures are provided to your child at **NO CHARGE**. Exclusions and limitations may apply. Covered benefits are based on medical necessity

## \* Preventative Services

- ~ Office Visits
- ~ Cleanings/Prophylaxis, limit one every 6 months
- ~ Topical fluoride application, limit one every 6 months
- ~ Sealants, limits one application per tooth every 3-years
- ~ Space maintainers

## \* Oral Exam

- ~ Initial Oral Exam
- ~ Periodic Oral Exam, limit one every 6 months
- ~ Emergency Exam

## \* X-rays

- ~ Intraoral periapical
- ~ Bitewings, limit one every 6 months
- ~ Complete set of X-rays, limit one every 3-years
- ~ Panoramic X-rays, limit one every 3-years

## \* Restorative Services (Fillings & Crowns)

- ~ Amalgam restoration (silver fillings)
- ~ Composite/Resin restorations (white fillings)
- ~ Prefabricated stainless steel crowns\*
- ~ Crowns\*

## \* Oral Surgery (Extractions)

- ~ Routine Extractions
- ~ Biopsies\*
- ~ Surgical treatment of diseases\*
- ~ Injuries, deformities and defects\*

## \* Endodontic Services (Root Canals) \*

- ~ Root canal therapy on primary and permanent teeth\*
- ~ Apicoectomy, surgery involving the root surface\*
- ~ Periodontal Services\*
- ~ Gingival curettage, including local anesthesia\*
- ~ Gingival flap procedure\*
- ~ Scaling and root planning\*

## \* Removable Prosthodontics (Dentures)\*

- ~ Upper, lower or complete set of dentures, limited to 1 per the lifetime of the child\*
- ~ Services are limited to those circumstances where the child's condition creates a disability and impairment to their physical development

## \* Orthodontic Services (Braces)\*

- ~ Services are limited to those circumstances where the child's condition creates a disability and impairment to their physical development. Coverage is based on medical necessity.
- ~ Not covered for cosmetic purposes
- ~ Not covered for split phase treatment, EXCEPT for cleft palate cases

## \* Analgesia & Sedation\*

- ~ The administration of a drug to temporarily stop the feeling of pain in a child\*
- ~ Limited to children who have severe physical or mental disability or are difficult to manage. Service is limited to 3 times every 12 months
- ~ Intravenous administration of drugs\*
- ~ Non-intravenous administration of drugs, limit 3 times per year

## \* Injectable Medications

- ~ The injection of medication to treat illness or disease

## \* Palliative Treatment

- ~ Covered services necessary to relieve pain and discomfort on an emergency basis

## \* Hospitalization\*

- ~ Hospitalization for dental treatment is covered only if a child's health is so jeopardized that procedures cannot be safely performed in the dental office; and/or, the child is so uncontrollable due to emotional instability or developmental delay.

**Argus Customer Care**  
**888-978-9513**

\* Prior Authorization Required