



EXAMPLE OF SERVICES	AVERAGE COST*	YOUR COST	YOUR SAVINGS
Comprehensive Oral Exam	\$104	No Cost	\$104
Periodic Oral Exam	\$60	No Cost	\$60
Bitewing X-rays (4)	\$76	No Cost	\$76
Panoramic X-ray	\$130	No Cost	\$130
Routine Cleanings	\$106	No Cost	\$106
Filling (One Surface Amalgam)	\$170	\$27	\$143
Molar Root Canal	\$1,200	\$743	\$457
Crown (Porcelain Fused to Noble Metal)	\$1,257	\$86	\$1,171
YOUR TOTAL SAVINGS			\$2,247

Freedom Plan

Freedom of Choice of Dentists

**Unlimited Annual Max
In Network**

RATES	PER PAY PERIOD
Individual	\$8.31
Individual + 1	\$19.73
Family	\$30.28

**Average cost is based on the national average of the 80th percentile of usual and customary rates as detailed in the National Vision and Dental Advisory Service for 2016.*

PLAN BENEFITS

- ◆ Comprehensive and Periodic Oral Exams
- ◆ No Charge for Routine Cleanings: 2 Per Year, 1 Per 6 Months
- ◆ No Charge for Fluoride Application
- ◆ Panoramic/Full-Series Dental X-Rays: Once Every 3 Years
- ◆ Fillings: 2 Per Year Deeply Discounted, for Additional Fillings Higher Co-Pays Apply
- ◆ Surgical Extractions: 2 Per Year Deeply Discounted, for Additional Extractions Higher Co-Pays Apply
- ◆ Crown: 1 Per Year Deeply Discounted, for Additional Crowns Higher Co-Pays Apply
- ◆ **Freedom of Choice of Dentists, Allowance Schedule Applies Out-of-Network**
- ◆ Lower Out-of-Pocket Costs when using a Network Dentist
- ◆ No Pre-Existing Condition Exclusions
- ◆ No Waiting Periods
- ◆ No Pre-Authorizations
- ◆ No Deductibles
- ◆ No Claim Forms
- ◆ No Calendar Year Maximum
- ◆ Discounts on Specialty Care

ARGUS DENTAL & VISION, INC.

Toll Free 844-641-5156 | 4010 W. State Street | Tampa, FL 33609 | www.argusdentalvision.com

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The **Premier** Choice in Dental Benefits

Freedom Plan

OUT OF NETWORK ALLOWANCE SCHEDULE

PROCEDURE	OON ALLOWANCE	QUANTITY ALLOWED ANNUALLY
		(INN or ONN)
Exams w D0140	\$40	1
X-Rays	\$20	1
Cleanings	\$35	2
Fillings	\$50	2
Extractions	\$50	2
SRP —1 Quadrant	\$85	1
Crown	\$585	1

Out of Network Annual Max: \$865



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