



## The *Premier* Choice in Dental & Vision Benefits

### Member Guide For Individuals & Families

### Freedom Plan



**ARGUS DENTAL & VISION, INC.**

Toll Free 877-864-0625 | 4919 West Laurel Street | Tampa, Florida 33607

Argus Dental & Vision, Inc., a Florida corporation, is a Prepaid Limited Health Services Organization licensed under Florida Statutes, Chapter 636. The plan member is obligated to pay for all health care services and will receive a discount from the providers who participate in the network.

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## Frequently Asked Questions

### **What is the benefit of participating in the Freedom Plan?**

The Freedom Plan provides full coverage on various preventive care dental services. Freedom Plan members may choose a dentist of their choice. If a Network Dentist is chosen, members will generally incur less out-of-pocket costs. 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.

### **What dental services are available under the Freedom Plan?**

The Schedule of Benefits set forth in this Freedom Plan Member Guide identifies the numerous covered services available under the Freedom Plan, 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. If seeking services from a Non-Network Dentist, the non-covered procedures will be the members responsibility. Additionally, there are some dental services that are not subject to a discount and are not otherwise available under the Freedom Plan. Please refer to the "Limitations and Exclusions" section of the Schedule of Benefits.

### **Do I need to obtain a pre-authorization for any dental procedures?**

The Freedom Plan does require pre-authorization prior to receiving services for surgical extractions and crowns.

### **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 Freedom Plan?**

Please contact Argus Customer Care at 1.877.864.0625.

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

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

### **What if I need specialty care?**

You have access to specialist in all fields of dentistry at reduced rates through your Freedom Plan. Argus recommends that you visit your Network Dentist for an appropriate diagnosis prior to visiting a specialist. If you receive dental care from a Network Dentist, the co-payments identified in the Schedule of Benefits apply.

### **How much will my cost be when using a Non-Network Dentist?**

If you receive dental care from a Network Dentist, the co-payments identified in the Schedule of Benefits apply. If you receive dental care from a Non-Network Dentist Argus will only pay the dollar amounts (allowance) assigned to each covered procedure. Any dollar amounts above and beyond the Argus allowance charged by the provider is the responsibility of the member to pay.

### **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 Freedom Plan if the services are identified in the Schedule of Benefits.

### **Does Argus handle coordination of benefits?**

No Argus does not handle coordination of benefits for Freedom Plan members.

### **Definitions Applicable to the Freedom Plan:**

- **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 Freedom Plan.
- **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 Freedom 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 Freedom Plan.
- **Premium** means the periodic (monthly or annual) payment owed to Argus in exchange for participation in and coverage under the Freedom Plan.
- **Schedule of Benefits** refers to the schedule set forth below which outlines (a) the Covered Services labeled under the Freedom Plan, (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 Freedom Plan.

## Member Coverage

Your coverage under the Freedom Plan 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 Freedom Plan, you will be required to pay a monthly premium fee to Argus as follows:

	MONTHLY*	ANNUAL
<b>Individual</b>	\$19.88	\$238.56
<b>Individual +Spouse</b>	\$39.76	\$477.12
<b>Individual + Child</b>	\$45.72	\$548.64
<b>Family</b>	\$65.61	\$787.32

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

**Notification Obligation.** You must notify Argus if you acquire a new family member or if a family member loses eligibility to participate in the Freedom Plan. You must provide this information within thirty (30) 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 Freedom Plan 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 Freedom Plan, 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 Freedom Plan 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 Freedom Plan. 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 Freedom Plan 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:** If you receive dental care from a Network Dentist, the co-payments identified in the Schedule of Benefits below apply. If you receive dental care from a Non-Network Dentist Argus will only pay the dollar amounts (allowance) assigned to each covered procedure. Any dollar amounts above and beyond the Argus allowance charged by the provider is the responsibility of the member to pay. If the services for non-covered procedures are performed by a Non-Participating Dentist the charge will be patient responsibility. 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.

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
<b>DIAGNOSTICS</b>			
D0120	Periodic Oral Evaluation - Established Patient	1 of (D0120, D 1040 or D0150) every 6 months	0
D0140	Limited Oral Evaluation - Prob. Focused	1 of (D0120, D 1040 or D0150) every 6 months	0
D0145	Oral Evaluation for a Patient under three years of age and counseling with primary caregiver	NA	44
D0150	Comprehensive Oral Exam	1 of (D0120, D 1040 or D0150) every 6 months	0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	NA	77
D0180	Comprehensive Periodontal Evaluation	NA	61
D0210	X-rays Intraoral - Complete Series Inc. Bitewings	1 per 3 years	0
D0220	X-rays Intraoral - Periapical - First Film	1 per year	0
D0230	X-rays Intraoral - Periapical - Each Additional Film	1 per year	0
D0240	X-rays Intraoral - Occlusal Film	NA	20
D0250	Extraoral - First Film	NA	25
D0260	Extraoral - Each Additional Film	NA	25
D0270	X-rays Bitewing - Single Film	1 per year	0
D0272	X-rays Bitewings - Two Films	1 per year	0
D0273	X-rays Bitewings - Three Films	1 per year	0
D0274	X-rays Bitewings - Four Films	1 per year	0
D0277	Vertical Bitewings - 7 to 8 Films	NA	49
D0290	Posterior - Anterior or Lateral Skull and Facial Bone Survey Film	NA	95
D0321	Temporomandibular joint film	NA	264
D0322	Tomographic Survey	NA	414
D0330	X-rays Panoramic Film	1 per 3 years	0
D0340	Cephalometric film	NA	63
D0350	Oral/facial photographic images	NA	36
D0460	Pulp Vitality Testing	NA	39
D0470	Diagnostic Casts	NA	59
<b>PREVENTIVES</b>			
D1110	Prophylaxis - Adult	1 per 6 months	0
D1120	Prophylaxis - Child	1 per 6 months	0
D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients	NA	0
D1208	Topical Application of Fluoride	NA	0
D1310	Nutritional Counseling for Control of Dental Disease	NA	0
D1320	Tobacco Counseling	NA	0
D1330	Oral Hygiene Instruction	NA	0
D1351	Sealant - Per Tooth	NA	28
D1510	Space Maintainer - Fixed - Unilateral	NA	347
D1515	Space Maintainer - Fixed - Bilateral	NA	402
D1520	Space Maintainer - Removable - Unilateral	NA	369
D1525	Space Maintainer - Removable - Bilateral	NA	446
D1550	Recementation of Space Maintainer	NA	39
D1555	Removal of Fixed Space Maintainer	NA	39

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<b>RESTORATIVES</b>			
D2140	Amalgam - One Surface, Primary or Permanent	(2) - 1, 2, 3 or 4 surface amalgam or resin restorations per year	27
D2150	Amalgam - Two Surfaces, Primary or Permanent		38
D2160	Amalgam - Three Surfaces, Primary or Permanent		55
D2161	Amalgam - Four or More Surfaces, Primary or Permanent		66
D2330	Resin - One Surface, Anterior		88
D2331	Resin - Two Surfaces, Anterior		60
D2332	Resin - Three Surfaces, Anterior		71
D2335	Resin - Four or More Surfaces, Anterior or Involving Incisal Angle		99
D2390	Resin-Based Composite Crown, Anterior		132
D2391	Resin-Based Composite, One Surface, Posterior		46
D2392	Resin-Based Composite, Two Surfaces, Posterior		73
D2393	Resin-Based Composite, Three Surfaces, Posterior		104
D2394	Resin-Based Composite, Four Surfaces, Posterior		132
D2410	Gold Foil - One Surface		NA
D2420	Gold Foil - Two Surfaces	NA	301
D2430	Gold Foil - Three Surfaces	NA	523
D2510	Inlay - Metallic - One Surface	NA	479
D2520	Inlay - Metallic - Two Surfaces	NA	545
D2530	Inlay - Metallic - Three or More Surfaces	NA	629
D2543	Onlay - Metallic - Three Surfaces	NA	622
D2544	Onlay - Metallic - Four or More Surfaces	NA	618
D2610	Inlay - Porcelain/Ceramic - One Surface	NA	563
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	NA	557
D2630	Inlay - Porcelain/Ceramic - Three or More Surface	NA	570
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	NA	637
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	NA	645
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	NA	642
D2650	Inlay - Resin-Based Composite - One Surface	NA	340
D2651	Inlay - Resin-Based Composite - Two Surfaces	NA	430
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	NA	456
D2662	Onlay - Resin-Based Composite - Two Surfaces	NA	402
D2663	Onlay - Resin-Based Composite - Three Surfaces	NA	443
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	NA	490
D2710	Crown - Resin-Based Composite (Indirect)*	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791 or D2792) per year  *Pre-authorization required; supporting documentation required (Pre-Operative X-ray(s), Post-Operative Xray(s))	0
D2720	Crown - Resin with High Noble Metal*		704
D2721	Crown - Resin with Predominantly Base Metal*		64
D2722	Crown - Resin with Noble Metal*		86
D2740	Crown Porcelain/Ceramic Substrate*		130
D2750	Crown Porcelain Fused to High Noble Metal *		119
D2751	Crown Porcelain Fused to Predominately Base Metal*		64
D2752	Crown Porcelain Fused to Noble Metal*		86
D2780	Crown - 3/4 Cast High Noble Metal*		119
D2781	Crown - 3/4 Cast Predominantly Base Metal*		64
D2782	Crown - 3/4 Cast Noble Metal*		86
D2783	Crown - 3/4 Porcelain/Ceramic*		119
D2790	Crown - Full Cast High Noble Metal*		119
D2791	Crown - Full Cast Predominately Base Metal*		64
D2792	Crown - Full Cast Noble Metal*	86	

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<b>RESTORATIVES</b>			
D2910	Recement Inlay, Onlay, or Partial coverage restoration	NA	55
D2915	Recement cast or prefabricated post and core	NA	53
D2920	Recement Crown	NA	58
D2930	Prefabricated Stainless Steel Crown - Primary	NA	121
D2931	Prefabricated Stainless Steel Crown - Permanent	NA	165
D2932	Prefabricated Resin Crown	NA	191
D2933	Prefabricated Stainless Steel Crown with Resin Window	NA	209
D2940	Protective Restoration (Sedative Filling)	NA	62
D2950	Core Buildup, Incl. Any Pins	NA	150
D2951	Pin Retention - Per Tooth, in Addition to Restoration	NA	0
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	NA	206
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	NA	117
D2954	Prefabricated Endo Post and Core in Addition to Crown	NA	181
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	NA	167
D2957	Each Additional Prefabricated Post - Same Tooth	NA	104
D2960	Labial veneer (resin laminate) - chairside	NA	317
D2961	Labial veneer (resin laminate) - laboratory	NA	633
D2962	Labial veneer (porcelain laminate) - laboratory	NA	792
D2970	Temporary Crown (fractured tooth, if separate from Crown)	NA	50
<b>ENDODONTICS</b>			
D3110	Pulp Cap, Direct (Excl. Final Restoration)	NA	33
D3120	Pulp Cap, Indirect (Excl. Final Restoration)	NA	33
D3220	Therapeutic Pulpotomy	NA	116
D3221	Pulpal Debridement, Primary and Permanent Teeth	NA	121
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	NA	121
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	NA	150
D3310	Root Canal - Anterior - Per Tooth	NA	468
D3320	Root Canal - Bicuspid - Per Tooth	NA	567
D3330	Root Canal - Molar - Per Tooth	NA	743
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	NA	451
D3346	Retreatment of Previous Root Canal Therapy - Anterior	NA	602
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	NA	640
D3348	Retreatment of Previous Root Canal Therapy - Molar	NA	743
D3351	Apexification/recalcification - Initial Visit	NA	231
D3352	Apexification/recalcification - Interim medication replacement (apical closure/calccific repair of perforations, root resorption, etc.)	NA	193
D3353	Apexification/recalcification - Final Visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc)	NA	341
D3410	Apicoectomy/Periradicular Surgery - Anterior	NA	440
D3421	Apicoectomy/Periradicular Surgery - Bicuspid, First Root	NA	561
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	NA	671
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	NA	325
D3430	Retrograde Filling	NA	151
D3450	Root Amputation - Per Root	NA	340
D3460	Endodontic endosseous implant	NA	1511
D3470	Intentional Reimplantation (Including Necessary Splinting)	NA	629
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	NA	90
D3920	Hemisection - Including Root Removal (Excluding Root Canal Therapy)	NA	249
D3950	Canal preparation and fitting of preformed post	NA	95

Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
<b>PERIODONTICS</b>			
D4210	Gingivectomy or Gingivoplasty - Per Quad (4 or More Teeth)	NA	303
D4211	Gingivectomy or Gingivoplasty, Per Quad (1 to 3 Teeth)	NA	154
D4240	Gingival Flap Procedure (Incl. Root planning - (4 or More Teeth) Per Quadrant)	NA	408
D4241	Gingival Flap Procedure (Incl. Root planning - (1 to 3 Teeth ) Per Quadrant)	NA	298
D4245	Apically positioned flap	NA	297
D4249	Clinical Crown Lengthening - Hard Tissue	NA	248
D4260	Osseous Surgery (Including Flap Entry and Closure) -Per Quad. (4 or More Teeth)	NA	742
D4261	Osseous Surgery (Including Flap Entry and Closure) - Per Quad. (1 to 3 Teeth)	NA	616
D4263	Bone replacement graft - first site in quadrant	NA	308
D4264	Bone Replacement Graft - Each Additional Site in Quadrant	NA	122
D4266	Guided Tissue Regeneration - Resorbable Barrier, per site	NA	338
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, per site (includes membrane removal)	NA	326
D4270	Pedicle Soft Tissue Graft Procedure	NA	499
D4271	Free Soft Tissue Graft Procedure (Incl. Donor Site Surgery)	NA	568
D4274	Distal or Poximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	NA	190
D4320	Provisional Splinting - intracoronal	NA	192
D4321	Provisional Splinting - extracoronal	NA	220
D4341	Periodontal Scaling and Root Planning - Per Quad. (4 or More Teeth)	1 of (D4341 or D4342) per 12 months per quadrant. Not allowed on the same date as D1110 or D1120	69
D4342	Periodontal Scaling and Root Planning - Per Quad. (1 to 3 Teeth)		9
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis	NA	94
D4910	Periodontal Maintenance Procedures - Following Active Surgery (2 in a 12 Month Period)	1 per 6 months	72
D4920	Unscheduled Dressing Change (by someone ther than treating dentist)	NA	72
<b>PROSTHODONTICS</b>			
D5110	Complete Upper Denture	NA	853
D5120	Complete Lower Denture	NA	853
D5130	Immediate Upper Denture	NA	930
D5140	Immediate Lower Denture	NA	930
D5211	Partial Upper - Resin Base (with Clasps/Rests & Teeth)	NA	798
D5212	Partial Lower - Resin Base (with Clasps/Rests & Teeth)	NA	798
D5213	Upper Partial - Cast Metal Base with Resin Saddles (w/ Clasps/Rests & Teeth)	NA	886
D5214	Lower Partial - Cast Metal Base with Resin Saddles (w/ Clasps/Rests & Teeth)	NA	886
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	NA	600
D5410	Adjust Complete Denture - Upper	NA	0
D5411	Adjust Complete Denture - Lower	NA	0
D5421	Adjust Partial Denture - Upper	NA	0
D5422	Adjust Partial Denture - Lower	NA	0
D5510	Repair Broken Complete Denture Base	NA	259
D5520	Replace Missing or Broken Teeth	NA	237
D5610	Repair Resin Denture Base	NA	237
D5620	Repair Cast Framework	NA	259
D5630	Repair or Replace Broken Clasp	NA	259
D5640	Replace Broken Teeth - Per Tooth	NA	237
D5650	Add Tooth to Existing Partial Denture	NA	237
D5660	Add Clasp to Existing Partial Denture	NA	270

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<b>PROSTHODONTICS</b>			
D5710	Rebase Complete Maxillary Denture	NA	358
D5711	Rebase Complete Mandibular Denture	NA	358
D5720	Rebase Maxillary Partial Denture	NA	330
D5721	Rebase Mandibular Partial Denture	NA	330
D5730	Chairside Reline Complete Upper Denture	NA	105
D5731	Chairside Reline Complete Lower Denture	NA	105
D5740	Chairside Reline Upper Partial	NA	105
D5741	Chairside Reline Lower Partial	NA	105
D5750	Laboratory Reline Complete Upper Denture	NA	270
D5751	Laboratory Reline Complete Lower Denture	NA	270
D5760	Laboratory Reline Upper Partial	NA	281
D5761	Laboratory Reline Lower Partial	NA	281
D5810	Interim Complete Denture (Maxillary)	NA	402
D5811	Interim Complete Denture (Mandibular)	NA	402
D5820	Interim Partial Denture (Maxillary)	NA	352
D5821	Interim Partial Denture (Mandibular)	NA	352
D5850	Tissue Conditioning (Maxillary)	NA	88
D5851	Tissue Conditioning (Mandibular)	NA	88
D5860	Overdenture complete	NA	990
D5861	Overdenture partial	NA	935
D5986	Fluoride Gel Carrier	NA	85
D5987	Commissure Splint	NA	1496
<b>PROSTHODONTICS-FIXED</b>			
D6010	Surgical Placement of Implant Body: Endosteal Implant	NA	1221
D6040	Surgical Placement: Eposteal Implant	NA	6519
D6050	Surgical Placement: Transosteal Implant	NA	4554
D6055	Dental Implant Supported Connecting Bar	NA	405
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis	NA	80
D6210	Pontic - Cast High Noble Metal	NA	704
D6211	Pontic - Cast Predominantly Base Metal	NA	649
D6212	Pontic - Cast Noble Metal	NA	671
D6214	Pontic - Titanium	NA	710
D6240	Pontic - Porcelain Fused to High Noble Metal	NA	704
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	NA	649
D6242	Pontic - Porcelain Fused to Noble Metal	NA	671
D6250	Pontic - Resin with high noble metal	NA	704
D6251	Pontic - Resin with predominantly base metal	NA	649
D6252	Pontic - Resin with nobel metal	NA	671
D6545	Cast metal retainer for acid etch bridge	NA	385
D6720	Crown - Resin with high noble metal	NA	704
D6721	Crown - Resin with predominantly base metal	NA	649

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Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
<b>PROSTHODONTICS-FIXED</b>			
D6722	Crown - Resin with noble metal	NA	671
D6750	Crown - Porcelain Fused to High Noble Metal	NA	704
D6751	Crown - Porcelain Fused to Base Metal	NA	649
D6752	Crown - Porcelain Fused to Noble Metal	NA	671
D6780	Crown - 3/4 Cast High Noble Metal	NA	704
D6781	Crown - 3/4 Cast Predom. Base Metal	NA	649
D6782	Crown - 3/4 Cast Fused to Noble Metal	NA	671
D6783	Crown - 3/4 Porcelain/Ceramic	NA	704
D6790	Crown - Full Cast High Noble Metal	NA	704
D6791	Crown - Full Cast Predominately Base Metal	NA	649
D6792	Crown - Full Cast Noble Metal	NA	671
D6920	Connector Bar	NA	111
D6930	Recement Bridge	NA	72
D6940	Stress Breaker	NA	347
D6950	Precision Attachment	NA	490
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	NA	212
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	NA	176
D6973	Core Build Up for Retainer, Including Any Pins	NA	144
D6975	Coping - Metal	NA	391
D6976	Each Additional Indirectly Fabricated Post - Same Tooth	NA	91
D6977	Each Additional Prefabricated Post - Same Tooth	NA	88
<b>ORAL SURGERY</b>			
D7111	Extraction, Coronal Remnants - Deciduous Tooth	NA	66
D7140	Extraction - Erupted Tooth or Exposed Root (Evaluation &/or Forceps Removal)*	2 of (D7140 or D7210) per year	44
D7210	Surgical Removal of Erupted Teeth*	*Pre-Authorization required for Non-Emergency; supporting documentation required (Non-emergency PA radiographic image -Emergency PA radiographic	104
D7220	Removal of Impacted Tooth - Soft Tissue	NA	187
D7230	Removal of Impacted Tooth - Partially Bony	NA	215
D7240	Removal of Impacted Tooth - Completely Bony	NA	242
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	NA	324
D7250	Surgical Removal of Residual Tooth Roots	NA	132
D7260	Orantral fistula closure	NA	1320
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	NA	322
D7272	Tooth Transplantation (includes reimplantation from one site to another and splinting and/or stabilization	NA	477
D7280	Surgical Exposure of Impacted Unerupted Tooth for Ortho Reasons	NA	198
D7285	Biopsy of Oral Tissue - Hard	NA	248
D7286	Biopsy of Oral Tissue - Soft	NA	154
D7290	Surgical repositioning of teeth	NA	302
D7310	Alveoplasty in Conjunction with Extractions-- four or more teeth or tooth spaces per quad	NA	94
D7311	Alveoplasty in Conjunction with Extractions- one to three teeth or tooth spaces, per quad	NA	55
D7320	Alveoplasty not in Conjunction with Extractions- four or more teeth or tooth spaces per quad	NA	204
D7321	Alveoplasty not in Conjunction with Extractions- one to three teeth or tooth spaces per quad	NA	138
D7340	Vestibuloplasty - ridge extension (secondary epithelial)	NA	688

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Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
<b>ORAL SURGERY</b>			
D7350	Vestibuloplasty - Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	NA	4549
D7410	Excision of benign lesion up to 1.25 cm	NA	303
D7411	Excision of benign lesion greater than 1.25 cm	NA	358
D7412	Excision of benign lesion, complicated	NA	467.5
D7440	Excision of Malignant Tumor - Lesion diameter up to 1.25 cm	NA	1024
D7441	Excision of Malignant Tumor - Lesion diameter greater than 1.25 cm	NA	1592
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	NA	303
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	NA	468
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	NA	303
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	NA	358
D7465	Destruction of lesion(s) by physical or chemical method, by report	NA	226
D7471	Removal of lateral exostosis (maxilla or mandible)	NA	275
D7472	Removal of torus palatinus	NA	358
D7473	Removal of torus mandibularis	NA	303
D7510	Incision and drainage of abscess-intraoral soft tissue	NA	105
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	NA	193
D7520	Incision and drainage of abscess-extraoral soft tissue	NA	248
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	NA	275
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	NA	298
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	NA	330
D7550	Partial ostectomy/sequestrectomy of removal of non-vital bone	NA	206
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	NA	1638
D7670	Alveolus-closed reduction, may include stabilization of teeth	NA	655
D7880	Occlusal orthotic device, by report	NA	413
D7940	Osteoplasty - for orthognathic deformities	NA	2530
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or non-autogenous, by report	NA	1319
D7960	Frenulectomy	NA	204
D7963	Frenuloplasty	NA	204
D7970	Excision of hyperplastic tissue (per arch)	NA	204
D7971	Excision of Pericoronal Gingiva	NA	88
D7983	Closure of Salivary Fistula	NA	1444
D8010	Limited Orthodontic Treatment of the Primary Dentition	NA	1650
D8020	Limited Orthodontic Treatment of the Transitional Dentition	NA	1650
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	NA	1650
D8040	Limited Orthodontic Treatment of the Adult Dentition	NA	1650
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	NA	3245
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	NA	3245
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	NA	3245
D8660	Pre-Orthodontic Treatment Visit	NA	50
D8670	Periodic Orthodontic Treatment Visit (as part of contract)	NA	50
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	NA	440

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Code	Procedure Description	Limitations/ Pre-Authorizations	Member Pays
<b>ADJUNCTIVE GENERAL SERVICES</b>			
D9110	Palliative (Emergency) Treatment of Dental Pain Minor Procedure	NA	44
D9120	Fixed Partial Denture Sectioning	NA	0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	NA	28
D9211	Regional Block Anesthesia	NA	31
D9212	Trigeminal Division Block Anesthesia	NA	59
D9215	Local Anesthesia	NA	0
D9223	Deep sedation/general anesthesia – each 15 minute increment	NA	102
D9230	Analgesia - anxiolysis, inhalation of nitrous oxide	NA	55
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	NA	90
D9248	Non-intravenous Conscious Sedation	NA	59
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Re- questing Dentist or Physician	NA	50
D9410	House/Extended Care Facility Call	NA	193
D9420	Hospital call	NA	193
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	NA	0
D9440	Office Visit - After Regularly Scheduled Hours	NA	83
D9450	Case Presentation, Detailed and Extensive Treatment Planning	NA	0
D9491	Office Visit - Per Visit (Including All Fees for Sterilization and/or Infection Control)	NA	0
D9610	Therapeutic parenteral drug, single administration	NA	39
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	NA	55
D9630	Medicinal Application/irrigation Per Visit	NA	28
D9910	Application of desensitizing medicaments	NA	28
D9941	Fabrication of Athletic Mouthguard	NA	110
D9950	Occlusion analysis - mounted case	NA	105
D9951	Occlusion Adjustment - Limited	NA	55
D9952	Occlusion Adjustment - Complete	NA	325
D9970	Enamel Micro abrasion	NA	35
D9972	External bleaching - per arch	NA	220
D9973	External Bleaching - Per Tooth	NA	24
D9974	Internal bleaching - per arch	NA	163
D9999	Broken Appointment (Less than 24 Hour Notice) - per 15 minute unit - maximum	NA	28

- Lab fees are not included and shall not exceed \$150 per procedure, where applicable

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# 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**



## Limitations & Exclusions

### Exclusions:

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

### Limitations:

#### General

1. All services must be preauthorized prior to treatment, except diagnostic, preventive, fillings and emergency extractions OR claims will be denied
2. Services must be individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's need.
3. Services must reflect the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
4. Services must be furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.
5. Unspecified procedures are not covered without a report demonstrating services provided are covered under the terms of the exclusions and limitations.
6. Intravenous conscious sedation is limited to medically necessary covered oral surgery.

## Limitations & Exclusions

### Diagnostics

1. Diagnostic services included the oral examination, and selected radiograph needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the member's oral health. Reimbursement for some radiographs of the same tooth or area may be denied if Argus determines that the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for full mouth series. For example a Panoramic x-ray and 4 Bitewings taken in a day will be considered as a Full mouth x-ray (D0210).
2. Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis.
3. All radiographs must be of good diagnostic quality, properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, Argus will recoup the funds previously paid.
4. Argus utilizes the guidelines published by the Department of Health and Human Services for Devices and Radiological Health. However, please consult the following benefit grid for benefit limitations.

### Restoratives

1. Reimbursement includes local Anesthesia
2. Services are limited to essential services to restore and maintain dental health. Restoration is not covered on primary teeth if loss is expected within 6 months.
3. Payment is made for restorative services based on the number of surfaces restored, not on the number of restorative per surface, or per tooth per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.
4. Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases, direct and indirect pulp caps, curing, and polishing are included as part of the fee for restoration
5. Billing and reimbursement for cast crowns and post & cores or any other fixed prosthetics shall be based on cementation date.
6. When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is disallowed.

### Endodontics

1. Payment for conventional root canal therapy is limited to treatment of permanent teeth or retained primary teeth with no succedaneous permanent teeth. Endodontic therapy for primary teeth with succedaneous permanent teeth is limited to pulpal therapy.
2. Root therapy is reimbursable: a) for teeth that has restorative crowns, b) if the prognosis of the tooth is not questionable for periodontal reasons, and c) if exfoliation of a deciduous tooth is not anticipated within eighteen months.
3. The standard acceptability employed for endodontic procedures requires that the canal(s) be completely sealed apically and laterally. In cases where the root canal filing does not meet Argus's treatment standards, Argus can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after any post payment review. A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment.
4. Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development

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## Limitations & Exclusions

### Endodontics cont'

5. The fee for root canal therapy includes diagnosis, extirpation treatment, temporary fillings, fillings and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.
6. Filling material not accepted by FDA (e.g. Sargenti filling material) is not covered

### Prosthodontics

1. Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiency are likely to impair the general health of the member.
2. Approval for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three(3) periodontal sound posterior teeth in fairly good position and occlusion with opposing dentition
3. Approval for cast partial dentures for anterior teeth generally will not be given unless one or more teeth in the same arch are missing. Partial dentures are not a covered benefit when 8 or more posterior teeth are in occlusion.
4. Dentures will not be approved when: a) dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.
5. A preformed denture with teeth already mounted forming a denture module is not a covered service.
6. Billing and reimbursement for partials and denture shall be based on delivery date, and must include the signed and dated "Patient Acknowledgement of Treatment" form.
7. Delivery of removable prostheses includes up to three(3) adjustments within six (6) months of the delivery for a complete or partial denture and within three(3) months of the delivery for immediate dentures.
8. No partial dentures for a single tooth will be covered unless replacing an anterior tooth. Reimbursement for an all-acrylic interim partial (Flipper) is limited to the replacement of anterior teeth in any instance.
9. Relines include all necessary adjustments for a period of six (6) months from the date of the reline. A reline using a "light-cured technique is a chairside reline. Relines are limited to once per denture per year. Initial relines are limited to no earlier than three(3) months after the date of insertion for immediate dentures and limited to no earlier than six(6) months after seating for a complete denture.
10. Denture adjustments performed on the same date of service as relines or repairs are not covered.

### Oral Surgery

1. Reimbursement includes local anesthesia and routine post-operative care
2. Prophylactic extraction of asymptomatic impacted or erupted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.
3. Covered services for oral surgery are limited to alleviation of pain or infection and are limited to extractions and the incision and drainage of an abscess, unless essential to the preparation of the mouth for dentures.
4. The incidental removal of a cyst or a lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure

## 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 healthcare 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:**

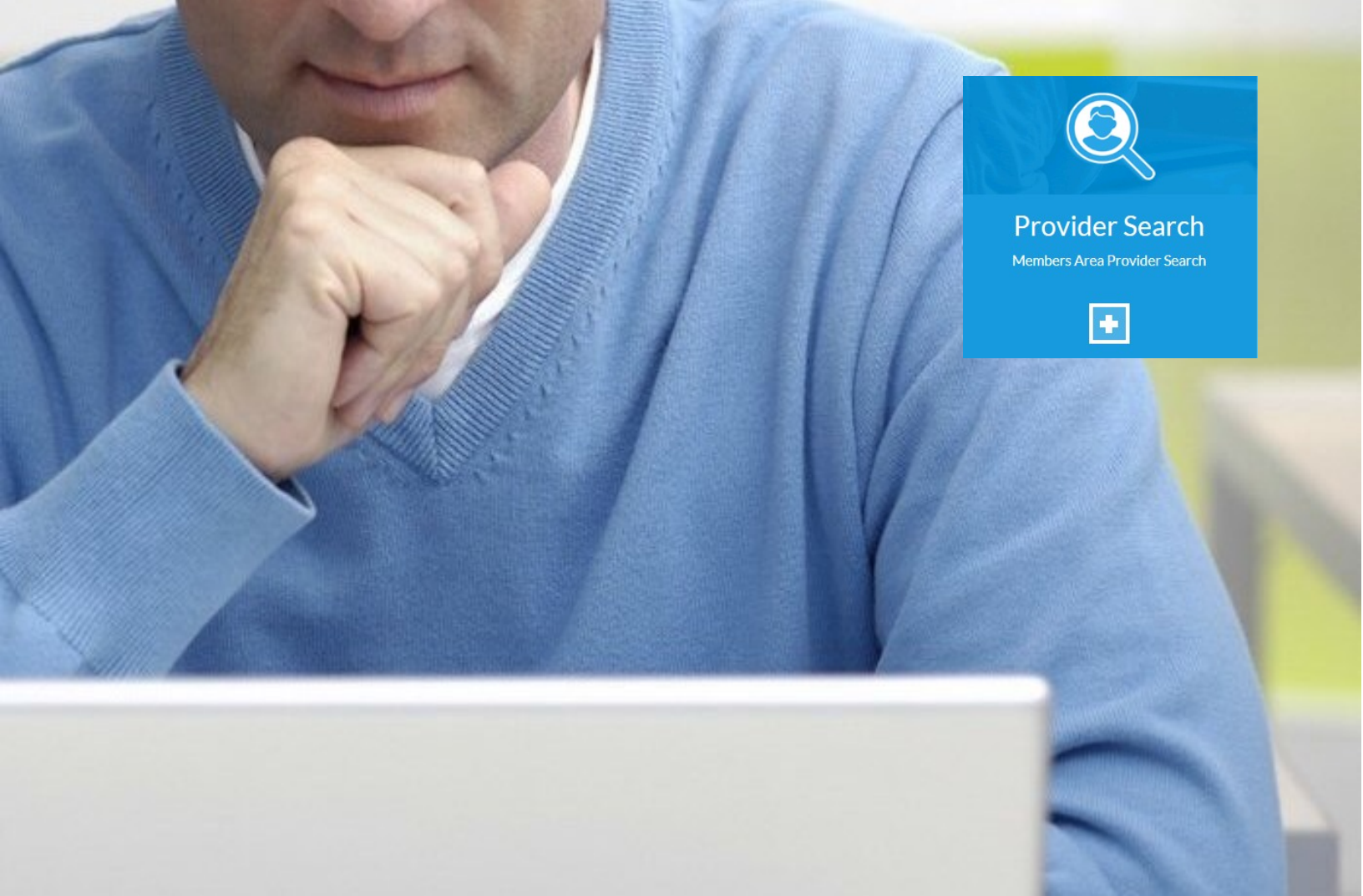
ADVI will confirm receipt of the Member's expedited grievance, orally, within twenty-four (24) hours. ADVI will resolve the expedited grievance within seventy-two (72) hours and will communicate the resolution orally and in writing to the Member.

### **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.



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- 1. Go to [www.argusdentalvision.com](http://www.argusdentalvision.com)**
- 2. Click on the “Provider Search” tab on the Main Menu**
- 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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### 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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