

**The Premier  
Choice for  
Employer  
Dental Plans**

ARGUS DENTAL & VISION, INC.  
New Business Quoting  
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Not Available in All States.

# argusChoice PPO

## Dental & Vision Plans





## The argusChoice Network

For in-network benefits, the **argusChoice PPO** network is comprised of dentists nationwide that participate in any one of the following networks: ArgusChoice, DenteMax and Maverest.

Out-of-network benefits may also receive applicable network discounts from providers in networks under agreement with NovaNet, a national network program.

## Eligibility, Participation Requirements and Takeover

A minimum of two (2) employees must be on the dental and/or vision plan at all times. No employer contributions are required, and the employer may choose the plan(s) best suited to meet their needs.

- Groups of 2 thru 4 eligible employees must enroll 2 employees.
- Groups of 5 thru 9 eligible employees must enroll 3 employees.
- Groups of 10 thru 49 eligible employees must enroll greater of 5 or 30%.
- Coverage is available for 100% family-related groups.
- Dentists and dental related businesses are ineligible.
- Groups who currently offer group ortho will not have a waiting period; initial coverage for ortho will have a 12 month wait for ortho on all eligible dependents.

## Multiple Plan Offerings

- Dual option plans are available to groups with 5 or more eligible employees.
- Triple option plans are available to groups on a group-by-group basis, and are subject to approval by Argus Dental & Vision.
- Stand alone dental and vision plans may be purchased.

## COVERED BENEFITS

### Preventive Services

- **Routine Exams and Cleanings (3 per year)**
- Bitewing X-Rays (one per 12 months)
- Full Mouth X-Rays (One every 36 months)
- Sealants (For children ages 6 through 15; one tooth per 36 months)
- Fluoride Treatments (For children under age 19; one per 12 months)
- Space Maintainers

### Basic Services

- Fillings (Amalgam and Composite)
- Emergency Palliative Care
- Simple and Surgical Extractions
- Crown, Bridge and Denture Repair

#### Preferred Plan Only

- Non-Surgical and Surgical Periodontics
- Endodontics

### Major Services

- Inlays, Onlays, Bridges and Dentures, **Crowns (1 in every 5 years)**
- Oral Surgery
- Anesthesia
- **Implants**
- **No missing tooth exclusion**
- Non-Surgical and Surgical Periodontics
- Endodontics
- **No Waiting Periods**

### Orthodontia

- Lifetime max of \$1,500
- Annual max of \$750
- Child ortho to age 19



# Dental Plan

	2 thru 50 Eligible Lives		
	<u>Value Plan</u>	<u>Standard Plan</u>	<u>Preferred Plan</u>
Preventive & Diagnostic	100/100	100/100	100/100
Basic	80/80	90/80	100/80
Major	None	60/50	50/50
Deductible per Year	50	50	50
Maximum	1000	1000	1500/Ortho Lifetime 1500
Network Type of Plan	PPO	PPO	PPO

## PLAN OPTIONS

Value Plan (30-80% Participation)	Monthly Premium
Employee Only	\$ 18.66
Employee & Spouse	\$ 36.53
Employee & Child(ren)	\$ 57.81
Employee & Family	\$ 69.73
Standard Plan (30-80% Participation)	Monthly Premium
Employee Only	\$26.59
Employee & Spouse	\$50.31
Employee & Child(ren)	\$64.75
Employee & Family	\$98.44
Preferred Plan (30-80% Participation)	Monthly Premium
Employee Only	\$26.46
Employee & Spouse	\$51.25
Employee & Child(ren)	\$65.89
Employee & Family	\$99.45

## PLAN DETAILS

- 90th percentile UCR
- 50+ customized plan design available

### Orthodontia

- 5+ enrolled employees
- Child ortho to age 19
- Benefit – 50% coinsurance with annual maximum of \$750 and lifetime maximum of \$1500

### PPO Plan

This plan allows employees to select any dentist of their choice. When services are provided by an in-network provider, out-of-pocket costs (if any) will generally be less than if performed by an out-of-network provider. Services performed out-of-network will be paid based on the basis of Usual, Customary and Reasonable (UCR) services in the area where services are rendered.

1st Dental & Vision Plan in the U.S. Accredited for Quality Care

Certified SOC 2 Type 1 Service and Security Compliant

5 Star Rating in CAHPS Quality Measurements

Strong Partnership with NGL



All plans are underwritten by National Guardian Life Insurance Company, rated A- (excellent) by A.M. Best Company.

National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America also known as The Guardian or Guardian Life.

\*A.M. Best.com—Ratings current as of 02/15/2018

Policy Form Series NDNGRP 2010 and NDNGRP 04/06



# Vision Plan

## In Network Benefits (Network Available at [www.davisvision.com](http://www.davisvision.com))

	Value Plan	Standard Plan	Preferred Plan
Eye Examinations Inclusive of Dilation (when professionally indicated)	12 Months	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months	12 Months
Frame	24 Months	12 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months
Eye Examination	\$10	\$10	\$10
Spectacle Lenses	\$25	\$10	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	\$0	\$0
Frame Allowance (Retail): Plus a 20% discount on any overage	Up to \$130 OR Up to \$180*	Up to \$150 OR Up to \$200*	Up to \$200 OR Up to \$250*
<b>Member Co-Pays</b>			
Fashion level	\$0	\$0	\$0
Designer level	\$0	\$0	\$0
Premier level	\$25	\$0	\$0
<b>Eyeglass Benefit - Spectacle Lenses</b>			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0	\$0	\$0
Tinting of Plastic Lenses	\$0	\$0	\$0
Scratch-Resistant Coating	\$0	\$0	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$30	\$0/\$30	\$0/\$30
Ultraviolet Coating	\$12	\$12	\$12
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)	\$35/\$48/\$60	\$35/\$48/\$60	\$35/\$48/\$60
Progressive Lenses (Standard/Premium/ Ultra)	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$55	\$55	\$55
Polarized Lenses	\$75	\$75	\$75
Plastic Photochromic Lenses	\$65	\$65	\$65
<b>Scratch Protection Plan:</b> Single Vision/Multifocal Lenses	\$20/\$40	\$20/\$40	\$20/\$40
Contact Lens Material Allowance- Plus 15 discount on any coverage	Up to \$130	Up to \$150	Up to \$150
Evaluation, Fitting & Follow-Up Care- Standard Lens Types (in Lieu of Eyeglasses)	15% Discount**	\$0 co-pay	\$0 co-pay
Evaluation, Fitting & Follow-Up Care- Specialty Lens Types (in Lieu of Eyeglasses)	15% Discount**	Up to \$60 allowance Plus a 15% discount on any overage**	Up to \$60 allowance Plus a 15% discount on any overage**
Materials Disposable: up to Planned Replacement: up to	4 boxes/multi-packs 2 boxes/multi-packs	8 boxes/multi-packs 4 boxes/multi-packs	8 boxes/multi-packs 4 boxes/multi-packs
Evaluation, Fitting & Follow-Up Care	\$0 co-pay	\$0 co-pay	\$0 co-pay
Materials, Evaluation, Fitting & Follow-up Care	\$0 Copay	\$0 Copay	\$0 Copay

## Clear Vision Extras

When members join the Argus Clear Vision Network, they also enjoy added-value benefits, courtesy of Davis Vision:

- ◆ One Year Eyeglass Breakage Warranty
- ◆ Up to 20% off additional savings on eyeglasses, sunglasses at participating locations
- ◆ Up to 10% off disposable contact lenses at participating locations
- ◆ Replacement contacts through LENS123® mail-order service, saving both time and money
- ◆ Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off the advertised special, whichever is lower
- ◆ A comprehensive Low Vision evaluation and low vision aids
- ◆ Dental and vision plans sold separately
- ◆ Any plan design combination is allowed

\*at Visionworks

\*\*Discounts are not part of insurance benefits

	Designer I	Premier I	Premier II
<b>Employee Only</b>	\$5.03	\$6.86	\$9.14
<b>Employee + Spouse</b>	\$10.08	\$13.70	\$18.30
<b>Employee + Child(ren)</b>	\$10.58	\$14.38	\$19.19
<b>Family</b>	\$14.74	\$20.06	\$26.74