



# MASTER GROUP PLAN

## ➤ WHY ARGUS DENTAL PLAN?

Regular professional dental care is as important as daily brushing to maintain your healthy smile. Argus Dental Plan makes access to quality dental care simple and affordable. Our plan provides comprehensive benefits from an extensive selection of qualified dentists and specialists, with no claim forms or paperwork required.

Argus Dental Plan was designed by dental professionals to ensure that members receive preventive, restorative and specialty care when it is required. Each Argus General Dentist must pass an extensive screening process, which includes verification of their credentials and an on-site office inspection to make sure their facility, equipment and office practices meet Argus' high standards and regulatory requirements. It is this commitment to excellence that makes Argus Dental Plan the preferred choice for individuals, families and employers.

*Argus Dental Plan, Inc., a Florida corporation, is a Prepaid Limited Health Services Organization licensed under Florida Statutes, Chapter 636. We will provide additional information regarding the terms and conditions of this Plan if you call us at 813-864-0625 or write to us at 4010 W. State St., Tampa, FL 33609.*

## ➤ WHAT ARE MY BENEFITS?

Argus Dental Plan offers a unique alternative to other dental plans:

- No claim forms
  - No pre-authorization required
  - No waiting periods
  - No pre-existing condition exclusions
  - Personal choice of network dentist
  - No maximum benefit level
  - Specialty care at discounted rates
- Each member receives at **NO CHARGE:**
- Comprehensive and periodic oral exams
  - Routine cleanings (2x/year)
  - Panoramic/full series X-rays (1x/3 years)
  - Fluoride application
- Additional services are provided at substantial discounts!

The following example shows you how Argus can save you money for common dental services:

Service	Average Cost	Your Cost	Savings
Comprehensive Oral Exam	69	No Cost	69
Periodic Oral Exam	42	No Cost	42
Bitewing X-rays (2)	36	No Cost	36
Panoramic X-ray (1x/3 years)	93	No Cost	93
Routine Cleanings (2x/year)	74	No Cost	74
One Surface Amalgam Filling	131	70	61
Molar Root Canal	972	675	297
Porcelain-Metal Crown	870	440	430

4010 W. STATE ST., TAMPA, FL 33609 ~ 877-864-0625 ~ VISIT OUR WEBSITE: [www.argusdental.com](http://www.argusdental.com)



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### **➤ HOW DO I CHOOSE A DENTIST?**

Select a General Dentist from the Argus Master Directory. Place the identification number of the dentist you have chosen in the space provided on the enrollment form. If you would like to transfer to another dentist, you may do so at any time by contacting our Customer Care Department at (877) 864-0625. The Argus Network is comprised of dentists who have been carefully screened and evaluated. Each provider is credentialed and periodically recertified by Argus. You can be confident that the Argus Network Dentist you select is well prepared to meet your dental needs.

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### **➤ WHAT IF I NEED A SPECIALIST?**

You have access to specialists in all fields of dentistry at reduced rates through the Master Plan. Argus members receive a 25% discount on all services provided by Participating Specialists under the dental specialties of Orthodontics, Oral Surgery, Periodontics, Endodontics and Pediatrics.

You may self refer to a Participating Specialist, however, we recommend that you visit your General Dentist first for an appropriate diagnosis. Argus representatives are available should you need assistance in selecting a Specialist.

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### **➤ WHAT IF I LEAVE MY PLACE OF EMPLOYMENT?**

If you leave your place of employment, Argus gives you the option of continuing your coverage with an alternative method of payment. Please contact our Customer Care Department for more information.

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### **➤ WHAT ABOUT DENTAL EMERGENCIES?**

If you have a dental emergency, please contact your Argus General Dentist or our Customer Care Department immediately. Argus offers a \$50 per claim/\$100 per year benefit to assist members who require emergency care while temporarily traveling outside of the State of Florida. Please see your Certificate of Coverage for details.



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## ENROLLMENT INSTRUCTIONS

- 1) Complete the entire application and be sure to include all eligible dependents (family members you wish to include under your coverage).
- 2) Select a General Dentist from the Master Plan Provider Directory and print their provider number where indicated.
- 3) Complete the refusal/waiver form ONLY if you are declining coverage for yourself or any dependent.
- 4) Provide your signature where required.

Employer or Group Name: \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex (circle one): Male Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Init. \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Provider# of Dentist: \_\_\_\_\_ Provider Phone #: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about Argus?  Website  Doctor  Radio  Other, please specify \_\_\_\_\_

**Dependents:** Eligible dependents include your spouse and/or unmarried children from birth to 19 years of age, or to 25 years of age if a full-time student or fully dependent on you for support.

First Name	M.I.	Last Name	Date of Birth
Spouse			
Child			
Child			
Child			
Child			
Child			

## AUTHORIZATION FOR DEDUCTION

I hereby authorize deductions from my salary for any contributions required. I also understand that a full description of services will be provided in the Certificate of Coverage and that the dentist I select may or may not perform all of the services listed on the Fee Schedule. I authorize the dentist who has rendered services to me or members of my family to make available to Argus Dental Plan my dental records, photocopies or information regarding such services to the extent permitted by law.

If information is not complete and your signature is not present, the application will not be processed. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

**Refusal/Waiver – Complete ONLY if you are declining coverage for yourself or any dependent.**  
 I decline coverage for: Myself  My Spouse  My Children  Reason: \_\_\_\_\_