



Freedom Vision Plan

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

Available to Freedom Dental Plan Members Only

EXAMPLE OF SERVICES	AVERAGE COST*	YOUR COST			YOUR SAVINGS
		Option 1	Option 2	Option 3	
Complete Eye Exam	\$50	\$0 Copay	\$10 Copay	\$20 Copay	\$30-\$50
Contact Lens Exam	\$50	15% off	15% off	15% off	\$7.50
Frames	\$150	15% off	15% off	15% off	\$22.50
Single Lenses	\$50	15% off	15% off	15% off	\$7.50
Progressive Lenses	\$100	15% off	15% off	15% off	\$15
Polycarbonate Lenses	\$50	15% off	15% off	15% off	\$7.50
Polarized Lenses	\$100	15% off	15% off	\$15 off	\$15
Disposable Contact Lenses	\$100	15% off	15% off	15% off	\$15
Conventional Contact Lenses	\$100	15% off	15% off	15% off	\$15

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

Enroll Today! Contact Argus at 844-641-5156 or Mail Application Today!

INDIVIDUAL RATES	YOUR COST		
	Option 1	Option 2	Option 3
Individual	\$3.95 mth \$47.40 yr	\$3.35 mth \$40.20 yr	\$2.74 mth \$32.88 yr
Individual +1	\$7.90 mth \$94.80 yr	\$6.69 mth \$80.28 yr	\$5.49 mth \$65.88 yr
Family	\$13.43 mth \$161.16 yr	\$11.38 mth \$136.56 yr	\$9.33 mth \$111.96 yr

- Network of Quality Providers with access to over 1,000 choices*
- \$0-\$20 copay for exams every 12 months
- Lasik Services through Quallsight www.quallsight.com/argusdentalvision
- Discounts on Sun Wear
- NO Claim Form
- NO Calendar Year Maximum
- NO Pre-Existing Condition Exclusion
- NO Waiting Periods

ARGUS DENTAL & VISION, INC.

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