



US Health and Life

US HEALTH AND LIFE INSURANCE COMPANY

Argus Choice PPO Dental – Plan 1

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Dental Plan Summary

Product Type	Plan 1 - IN 100/80/0 - OON 100/80/0 (LOW PLAN)
Annual Deductible	\$50 Annual
Annual Maximum Benefit	\$1,000
UCR Level	90th Percentile
Network	PPO
Orthodontia	Orthodontia Not Covered

Summary of Covered Services

Preventative	Basic	Major	Orthodontics
IN 100% / OON 100%	IN 80% / OON 80%	Not Covered	Not Covered
Space Maintainers (Child Only)	Crown, Bridge and Denture Repair		
Fluoride Treatments (For children under age 19; one per 12 months)	Simple and Surgical Extractions		
Sealants (For children ages 6 through 15; one tooth per 36 months)	Emergency Palliative Care		
Full Mouth X-Rays (One every 36 months)	Fillings (Amalgam and Composite)		
Bitewing X-Rays (one per 12 months)			
Routine Exams and Cleanings (3 per year)			
Member Coverage (Contributory)	Monthly	Per Paycheck (Monthly)	
Employee Only (EE)	\$ 17.27	\$ 17.27	
EE + Spouse	\$ 33.81	\$ 33.81	
EE + Child(ren)	\$ 53.51	\$ 53.51	
Family	\$ 64.54	\$ 64.54	

This is a brief summary of coverage, please refer to your Argus Choice PPO Certificate of Coverage for more details.

Argus Dental & Vision, Inc.

Toll-free 855.819.1873 | 4010 West State Street | Tampa, Florida 33609

www.argusdentalvision.com