



SmileCard

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 membership simple and affordable. Our membership offers discounts on comprehensive services 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 needed. It is a commitment to excellence that makes Argus Dental Plan the preferred choice for individuals, families and employers.

We will provide additional information regarding the terms and conditions of this Membership if you call us at 813-864-0625 or write to us at 4010 W. State St., Tampa, FL 33609.

● WHAT DOES MY MEMBERSHIP INCLUDE?

Argus Dental Plan offers a unique alternative to other dental discount memberships:

- No limit on visits or services
- No waiting periods
- No deductibles
- Personal choice of network dentist
- Specialty care at discounted rates
- Hearing, RX and Prescription Drug discounts

The following example shows you how a SmileCard membership can save you money for common dental services:

Procedure	Dental Office Fees**	Smile Card Fees
Periodic Oral Exam	\$50	\$20
Comprehensive Oral Exam	95	35
X-Rays (complete series)	95	65
X-Rays (panoramic)	105	50
Routine Cleaning - Adult	90	50
Routine Cleaning - Child	75	35
Deep Teeth Cleaning	150	85
One Surface Amalgam Filling	125	70
Anterior Root Canal	700	425
Molar Root Canal	980	675
Single Tooth Extraction	120	85
Porcelain Metal Crown	925	640

** Based on the average usual and customary rates in Florida

4010 W. STATE ST., TAMPA, FL 33609 | 877-864-0625 | VISIT OUR WEBSITE: www.argusdental.com



SmileCard

GROUP PLAN

● WHAT IS SMILECARD?

SmileCard is a dental discount plan designed to reduce the high costs associated with maintaining good oral health. Members can save between 25 and 70 percent on all preventive, restorative and cosmetic services performed by a network General Dentist or Specialist. There are no deductibles, or claim forms to complete and no limit on the number of visits you can make to your dentist.

● HOW DO I USE THE PLAN?

Prior to your effective date, you will receive a Certificate of Membership, an Identification Card and a Provider Directory. Simply show your Identification Card to any network provider and you will be eligible to receive discounted fees. You must pay the provider at the time of service. A list of providers may be accessed for all benefits at www.smilecarddental.com or by using the toll-free number listed on your ID card.

● WHAT IF I NEED A SPECIALIST?

You have access to specialists in all fields of dentistry at reduced rates through the SmileCard 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.

Argus representatives are available should you need assistance in selecting a Specialist.

● WHAT IF I LEAVE MY PLACE OF EMPLOYMENT?

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



SmileCard

GROUP PLAN

● 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) Complete the refusal/waiver form ONLY if you are declining membership for yourself or any dependent.
- 3) 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: (_____) _____

How did you hear about SmileCard? _____ 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 Membership 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.

This Plan is not insurance and does not make payments directly to providers of service. The Plan member is obligated to pay for all health care services and will receive a discount from providers who participate in the network.

Signature: _____ Date: _____

Effective Date of Membership: _____

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