News from Argus Dental & Vision, Inc.

If you are an Argus Choice PPO Insured in Pennsylvania, the below complaint and grievance process applies to you.

If a claim for benefits is wholly or partially denied, the Insured will be notified in writing of such denial and of his right to file a grievance and the procedure to follow. The notice of denial will state the specific reason for the denial of benefits. Within sixty (60) days of receipt of such written notice an Insured may file a grievance and make a written request for review to:

National Guardian Life Insurance Company
c/o Argus Dental & Vision, Inc.
4919 W. Laurel St. Tampa, FL 33607

We will resolve the grievance **within thirty (30) calendar days** of receiving it. If we are unable to resolve the grievance within that period, the time period may be extended another **thirty (30) calendar days** if we notify in writing the person who filed the grievance. The notice will include advice as to when resolution of the grievance can be expected and the reason why additional time is needed.

The Insured or someone on his/her behalf also has the right to appear in person before our grievance committee to present written or oral information and to question those people responsible for making the determination that resulted in the grievance. The Insured will be informed in writing of the time and place of the meeting **at least seven (7) calendar days** before the meeting.

For purposes of this Grievance Procedure, a grievance is a written complaint submitted in accordance with the above Grievance Procedure by or on behalf of an Insured regarding dissatisfaction with the administration of claims practices or provision of services of this panel provider plan relative to the Insured.

In situations requiring urgent care, grievances will be resolved **within four (4) business days** of receiving the grievance.

If the Insured files a grievance on a claim denied for out-of-network, but the Insured can demonstrate that he/she was unable to receive services within the county due to lack of provider access, Argus will pay the claim as “in-network” and the member will be held harmless as if the provider was participating in the network.

The Insured is also entitled to file concerns regarding network access to the Pennsylvania Department of Health. For concerns/complaints related to provider network access, the Insured may write to or call:

Pennsylvania Department of Health Bureau of Managed Care
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, Pennsylvania 17120-0701
Telephone: (888) 466-2787
Fax: (717) 705-0947