

## Pennsylvania Association of School Retirees

Endorsed

### Concordia Preferred (PPO) Dental Plan<sup>1</sup>

**Administrator: PROFESSIONAL INSURANCE SERVICES, INC.**

2 Kacey Court, Suite 102 • Mechanicsburg, PA 17055 • Toll Free 1-800-382-1352

Benefit Categories	Network Dentist <sup>2</sup>	Non-Network Dentist <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Routine Examinations and Routine Cleanings - two in 12 consecutive months	<b>100% (of MAC<sup>2</sup>)</b>	<b>80% (of MAC<sup>2</sup>)</b>
Routine Bitewing X-rays - two in 12 consecutive months/Full Mouth X-rays - once every 36 months.		
Fluoride Treatments - two in 12 consecutive months		
Sealants - once every 36 months		
Palliative Emergency Treatments		
<b>Class II – Basic Services</b>		
Minor Restorations - amalgams/synthetic fillings	<b>60% (of MAC<sup>2</sup>)</b>	<b>50% (of MAC<sup>2</sup>)</b>
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns (Caps)	<b>50% (of MAC<sup>2</sup>)</b>	<b>40% (of MAC<sup>2</sup>)</b>
Periodontics - treatment of gum disease		
Complex Oral Surgery		
Dentures and Bridges		
Repair of Full or Partial Dentures		
<b>Program Deductibles and Maximums</b>		
Contract Year Deductible - (excluding Class I Services)	<b>\$50 Per Person</b>	
Contract Year Program Maximum	<b>\$1,500 Per Person</b>	
Annual Maximum Rollover (AMR) - \$300 Per Person in extra benefits to use toward services that exceed the Contract Year Program Maximum <sup>4</sup> .		

### Annual Premiums

Individual	\$418
Two-Party	\$807
Family	\$1,247

**For 12 Consecutive Months of Coverage**

#### NETWORK DENTISTS<sup>3</sup>

- No Claim Forms
- Over 20% Average Savings Off Provider Fees
- Payment Directly to Doctor
- Locations Available Nationwide

#### NON-NETWORK DENTISTS<sup>3</sup>

- Freedom of Choice
- Payment Directly to Patient
- All eligible plan services covered – but at a slightly lower percentage.

CALL 1-800-332-0366  
OR VISIT THE WEBSITE AT  
[www.ucci.com](http://www.ucci.com)  
TO FIND A LIST OF  
PARTICIPATING DENTISTS  
IN THE  
ADVANTAGE  
PLUS NETWORK

**SEE OTHER SIDE  
FOR THE  
PASR-ENDORSED  
VISION PLAN**

<sup>1</sup> The United Concordia Dental Plan is underwritten by United Concordia Life and Health Insurance Company. The Plan is available to retirees who are members of PASR. You and your dependents are eligible to enroll in the Plan. Dependents include your spouse, unmarried dependent children under age 26 or to any age if incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon you for maintenance and support.

<sup>2</sup> The listed percentages represent the portion of United Concordia's maximum allowable charge (MAC) for which the Plan will be responsible. The member will be responsible for the balance including any difference between United Concordia's MAC and the fee charged by a non-network dentist. Network dentists accept United Concordia's MAC as payment in full for covered services, limiting out-of-pocket costs to coinsurances, deductibles and amounts exceeding the annual maximum. United Concordia's standard exclusions and limitations apply. Payment is limited to \$1,500 per person per contract year. Each contract year is from the effective date of your contract until the end of the 12th month after your effective date. Each contract year members are required to meet the first \$50 for services covered under the Class II and Class III Services categories, as indicated above. Class I Services are exempt from the deductible. There is only one deductible per person in a contract year.

<sup>3</sup> Based on United Concordia internal research and reports, October 2005.

<sup>4</sup> If member has at least one dental exam during the plan year and uses less than 50% of the Contract Year Program Maximum, \$300 of additional coverage will be rolled over from one year to the next. Rollover dollars are capped at \$1,200.

Davis Vision is pleased to offer **Fashion Advantage**, a Preferred Provider Organization (PPO) vision plan that provides you with great cost savings while offering superior access to vision care services.

## Fashion Advantage Plan

Benefit	In-Network Coverage	Out-of-Network Reimbursement
<b>Examination</b>	Included	\$32
<b>Frames*</b>	Included	\$30
<b>Eyeglass Lenses (per pair) Standard Lenses</b> Single Vision Bifocal Trifocal Aphakic/Lenticular	Included Included Included Included	\$25 \$36 \$46 \$72
<b>Contact Lenses Disposable</b>	Included in Plan Formulary OR \$85 Elective Contact Lens Allowance**	\$85 combined allowance toward contact lens evaluation, fitting services & materials
<b>Conventionally</b> (per pair) for example, Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable		
<b>Medically Necessary</b>	Covered with Prior Approval	Up to \$225
<b>Warranty</b>	Unconditional breakage warranty to repair or replace any Davis Vision laboratory supplied eyeglasses for a period of one year from the date of delivery	
<b>Laser Vision Correction</b>	You receive up to 25% discount off Provider's usual and customary fees for laser correction services or 5% off any advertised special (whichever is lower)	
<b>LENS 1-2-3</b>	Exclusive mail-order contact lens replacement service	

\*Davis Vision Fashion Frames from the Tower Collection are included with no copayment.

\*\*\$85 combined allowance toward contact lens evaluation, fitting services and materials.

**How do I find a Preferred Provider?**

Visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com) - click on "MEMBER" and enter Client Code "7005" in the Open Enrollment Box or call toll-free 1-877-923-2847 and enter Client Control Number "7005" to find the names and locations of nearby optometrists, ophthalmologists and optical suppliers who participate in the Preferred Provider Network.

Rev. 5/15

## TWO OPTIONS:

STANDARD	ENHANCED
Eye Examination Every 12 months	Eye Examination Every 12 months
Eyeglasses OR Contact Lenses (in lieu of eyeglasses) <b>Every 24 months</b>	Eyeglasses OR Contact Lenses (in lieu of eyeglasses) <b>Every 12 months</b>
<b>Annual Premiums</b>	<b>Annual Premiums</b>
Individual \$62	Individual \$72
Two-Party \$112	Two-Party \$127
Family \$162	Family \$194
<b>For 12 Consecutive Months of Coverage</b>	<b>For 12 Consecutive Months of Coverage</b>

## Sampling of In-Network Options

Sun Gradient Tinting .....	You Pay only:
Scratch resistant treatment .....	.....\$15
Ultraviolet coating.....	.....\$20
Standard Anti-reflective lenses .....	.....\$15
Glass Photochromatic lenses .....	.....\$40
Designer Frame .....	.....\$20
Premier Frame .....	.....\$20
Premium Progressive Addition Lenses (PALS) (Varilux™, Kodak, Seiko™, Rodenstock™) .....	.....\$40
	.....\$105

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