

Pennsylvania Association of School Retirees
Endorsed
Concordia Preferred (PPO) Dental Plan¹

878 Century Drive • Mechanicsburg, PA 17055 • (717) 697-7077

Benefit Categories	Network Dentist ²	Non-Network Dentist ²
Class I - Diagnostic/Preventive Services		
Routine Examinations and Routine Cleanings - two in 12 consecutive months	100% (of MAC ²)	80% (of MAC ²)
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		
Class II - Basic Services		
Minor Restorations - amalgams/synthetic fillings	60% (of MAC ²)	50% (of MAC ²)
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
Class III - Major Services		
Periodontics - treatment of gum disease	50% (of MAC ²)	40% (of MAC ²)
Complex Oral Surgery		
Dentures, Bridges & Crowns Time limits may apply for replacements and repairs		
Repair of Full or Partial Dentures		
Program Deductibles and Maximums		
Contract Year Deductible - (excluding Class I Services)	\$50 Per Person	
Contract Year Maximum - (excluding Class I Services)	\$1,900 Per Person	

Annual Premiums

Individual	\$418
Two-Party	\$807
Family	\$1,247
For 12 Consecutive Months of Coverage	

NETWORK DENTISTS³

- No Claim Forms
- Over 40% Average Savings Off Provider Fees
- Payment Directly to Doctor
- Locations Available Nationwide
- Amended providers - discounts on non-covered services.

NON-NETWORK DENTISTS³

- 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
TO FIND A LIST OF
PARTICIPATING DENTISTS
IN THE
ADVANTAGE
PLUS NETWORK

SEE OTHER SIDE FOR
THE PASR-ENDORSED
VISION PLAN

¹ The United Concordia Dental Plan is underwritten by United Concordia Life and Health Insurance Company. The Plan is available to 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.

² 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 \$1,900 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.

³ Based on United Concordia internal research and reports, February 2017.

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
Examination	Included	\$32
Frames Collection* Non-Collection Frames	Included \$60 Allowance or \$110 Allowance @ Visionworks Additional discount of 20% on any overage	\$30
Eyeglass Lenses (per pair) Standard Lenses Single Vision Bifocal Trifocal Aphakic/Lenticular	Included Included Included Included	\$25 \$36 \$46 \$72
Contact Lenses Disposable Conventional (per pair) for example, Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable	Included in Plan Formulary OR \$85 Elective Contact Lens Allowance** Additional discount of 15% on any overage	\$85 combined allowance toward contact lens evaluation, fitting services & materials
Warranty	Unconditional breakage warranty to repair or replace any Davis Vision laboratory supplied eyeglasses for a period of one year from the date of delivery	
Laser Vision Correction	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)	
LENS 1-2-3	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 - click on "MEMBER" and enter Client Code "7005" in the Open Enrollment Box or call toll-free 1-800-999-5431 to find the names and locations of nearby optometrists, ophthalmologists and optical suppliers who participate in the Preferred Provider Network.

TWO OPTIONS:

STANDARD	ENHANCED
Eye Examination Every 12 months	Eye Examination Every 12 months
Eyeglasses OR Contact Lenses (in lieu of eyeglasses) Every 24 months	Eyeglasses OR Contact Lenses (in lieu of eyeglasses) Every 12 months
Annual Premiums	Annual Premiums
Individual \$64	Individual \$74
Two-Party \$114	Two-Party \$129
Family \$164	Family \$196
For 12 Consecutive Months of Coverage	For 12 Consecutive Months of Coverage

Sampling of In-Network Options

	You Pay only:
Sun Gradient Tinting	\$15
Scratch resistant treatment	\$20
Ultraviolet coating	\$15
Standard Anti-reflective lenses	\$40
Glass Photochromatic lenses.....	\$20
Designer Frame.....	\$20
Premier Frame.....	\$40
Premium Progressive Addition Lenses (PALS)	\$105
(Varilux™, Kodak, Seiko™, Rodenstock™)	
Ultra-Progressive Lenses	\$140

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