

PASR United Concordia Standard Dental Plan		
Benefit Category¹	Network²	Non-Network²
Class I - Diagnostic/Preventive Services		
Routine Examinations and Cleanings (2/year)	100%	80%
Routine Bitewing X-rays (2/year)		
Full Mouth X-rays (1/36 months)		
Fluoride Treatments (2/year)		
Sealants (1/36 months)		
Palliative Emergency Treatments		
Class 2 - Basic Services		
Minor Restorations (Amalgams/synthetic fillings)	60%	50%
Endodontics (Root canal therapy)		
Simple Extractions		
Anesthesia Services		
Class 3 – Major Services		
Periodontics (Treatment of gum disease)	50%	40%
Complex Oral Surgery		
Dentures, Bridges & Crowns (Time limits may apply)		
Repair of Full or Partial Dentures		
Implants	Not Covered	
Program Deductibles and Maximums		
Contract Year Deductible (Excludes Class I services)	\$50 per person	
Contract Year Maximum (Excludes Class I services)	\$2,100 per person	

PASR United Concordia Premium Dental Plan		
Benefit Category¹	Network²	Non-Network²
Class I - Diagnostic/Preventive Services		
Routine Examinations and Cleanings (2/year)	100%	80%
Routine Bitewing X-rays (2/year)		
Full Mouth X-rays (1/36 months)		
Fluoride Treatments (2/year)		
Sealants (1/36 months)		
Palliative Emergency Treatments		
Class 2 - Basic Services		
Minor Restorations (Amalgams/synthetic fillings)	100%	50%
Endodontics (Root canal therapy)		
Simple Extractions		
Anesthesia Services		
Class 3 – Major Services		
Periodontics (Treatment of gum disease)	50%	40%
Complex Oral Surgery		
Dentures, Bridges & Crowns (Time limits may apply)		
Repair of Full or Partial Dentures		
Implants	50%	50%
Program Deductibles and Maximums		
Contract Year Deductible	\$0	
Contract Year Maximum (Excludes Class I services)	\$2,500 per person	

Standard Plan
Monthly Premiums

Individual	\$34.83³
Two-Party	\$67.25
Family	\$103.91³

For 12 consecutive months of coverage

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

Premium Plan
Monthly Premiums

Individual	\$50
Two-Party	\$94
Family	\$149

For 12 consecutive months of coverage

Annual Premiums:
Individual \$600 Two-Party \$1,128 Family \$1,788

1. Dependent children covered to age 26.
 2. Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to accept the allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the United Concordia allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
 3. Individual - \$34.87 for your first month's payment, \$34.83 for the remaining 11 months of coverage. Family - \$103.99 for your first month's payment, \$103.91 for the remaining 11 months of coverage.

This summary is a representative listing of covered services. Please visit ucci.com for a certificate of coverage which provides a detailed description of benefits, limitations, and exclusions. Visit ucci.com or call 1-800-332-0366 for a list of participating providers.

In-Network Benefits													
Eye Examination	Every 12 months, based on your contract month, Covered in full												
Materials – Standard Plan – Every 24 months, based on contract month, covered in full													
Materials – Enhanced Plan – Every 12 months, based on contract month, covered in full													
Spectacle Lenses	For standard single-vision, lined bifocal, or trifocal lenses												
Frames	Any Fashion frame from Davis Vision's Collection ¹ (value up to \$100) OR \$60 retail allowance toward any frame from provider, plus 20% off balance ² OR \$110 allowance, plus 20% off balance to go toward any frame from a Visionworks family of store locations. ⁵												
Contact Lenses													
Contact Lens Evaluation, Fitting & Follow Up Care	Collection Contacts: Covered in full												
Contact Lenses (in lieu of eyeglasses)	Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$85 retail allowance toward provider supplied contact lenses, plus 15% off balance ²												
Additional Discounted Lens Options & Coatings													
MOST POPULAR OPTIONS Savings based on in-network usage and average retail values.	<table border="1"> <thead> <tr> <th>Without Davis Vision</th> <th>With Davis Vision</th> </tr> </thead> <tbody> <tr> <td>Scratch-Resistant Coating</td> <td>\$25 / \$0</td> </tr> <tr> <td>Polycarbonate Lenses</td> <td>\$66 / \$0³ - \$35</td> </tr> <tr> <td>Standard Anti-Reflective (AR) Coating</td> <td>\$83 / \$40</td> </tr> <tr> <td>Standard Progressives (no-line bifocal)</td> <td>\$198 / \$65</td> </tr> <tr> <td>Photochromic Lenses (i.e. Transitions®, etc).⁴</td> <td>\$110 / \$70</td> </tr> </tbody> </table>	Without Davis Vision	With Davis Vision	Scratch-Resistant Coating	\$25 / \$0	Polycarbonate Lenses	\$66 / \$0 ³ - \$35	Standard Anti-Reflective (AR) Coating	\$83 / \$40	Standard Progressives (no-line bifocal)	\$198 / \$65	Photochromic Lenses (i.e. Transitions®, etc). ⁴	\$110 / \$70
Without Davis Vision	With Davis Vision												
Scratch-Resistant Coating	\$25 / \$0												
Polycarbonate Lenses	\$66 / \$0 ³ - \$35												
Standard Anti-Reflective (AR) Coating	\$83 / \$40												
Standard Progressives (no-line bifocal)	\$198 / \$65												
Photochromic Lenses (i.e. Transitions®, etc). ⁴	\$110 / \$70												
Out-of-Network Reimbursement													
Eye Examination up to \$32	Spectacle Lenses (per pair) up to: Single Vision \$25, Bifocal \$36, Trifocal \$46, Lenticular \$72												
Frame up to \$30													
Elective Contacts up to \$85													
Visually Required Contacts up to \$225													

ADDITIONAL OPTIONS	Without Davis Vision	With Davis Vision
Frames		
Fashion Frame (from Davis Vision Collection) ¹	\$100	\$0
Designer Frame (from Davis Vision Collection) ¹	\$160	\$20
Premier Frame (from Davis Vision Collection) ¹	\$195	\$40
Lenses		
All Ranges of Prescriptions & Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$15
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ³ - \$35
Ultraviolet Coating	\$25	\$15
Standard Anti-Reflective (AR) Coating	\$83	\$40
Premium AR Coating	\$104	\$55
Ultra AR Coating	\$121	\$69
Standard Progressive Addition Lenses	\$198	\$65
Premium Progressives Addition Lenses	\$247	\$105
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®) ⁴	\$110	\$70
Davis Vision Scratch Protection Plan		
Single Vision		\$20
Multifocal lenses		\$40

- The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
- Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
- For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
- Transitions® is a registered trademark of Transitions Optical Inc.
- Enhanced frame allowance available at all Visionworks Locations nationwide.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Standard Plan Annual Premiums	
Individual	\$64.00
Two-Party	\$114.00
Family	\$164.00
For 12 consecutive months of coverage	

Enhanced Plan Annual Premiums	
Individual	\$74.00
Two-Party	\$129.00
Family	\$196.00
For 12 consecutive months of coverage	

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Visit davisvision.com or call 1-800-999-5431 for a list of participating providers.