

PASR United Concordia Standard Dental Plan

Benefit Category ¹	Network ²	Non-Network ²
Class 1 - 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 Category ¹	Network ²	Non-Network ²
Class 1 - 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	\$37
Two-Party	\$71
Family	\$109

For 12 consecutive months of coverage

Annual Premiums:
 Individual \$444 Two-Party \$852 Family \$1,308

Premium Plan
Monthly Premiums

Individual	\$53
Two-Party	\$99
Family	\$156

For 12 consecutive months of coverage

Annual Premiums:
 Individual \$636 Two-Party \$1,188 Family \$1,872

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).

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 Collection (value up to \$100) OR \$100 retail allowance toward any frame from provider, plus 20% off balance ² OR \$150 allowance, plus 20% off balance to go toward any frame from a Visionworks family of store locations. ¹
Contact Lenses ³	
Contact Lens Evaluation, Fitting & Follow Up Care	The Exclusive Collection Contacts: Covered in full ⁴
Contact Lenses (in lieu of eyeglasses)	Any contact lenses from Davis Vision Contact Lens Collection ⁴ 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.	Without Davis Vision With Davis Vision
Scratch-Resistant Coating	\$25 \$0
Polycarbonate Lenses	\$66 \$0 - \$35
Standard Anti-Reflective (AR) Coating	\$83 \$40
Standard Progressives (no-line bifocal)	\$198 \$65
Photochromic Lenses (Transitions® Signature™)	\$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 (from The Exclusive Collection)		
Fashion Frame	\$100	\$0
Designer Frame	\$160	\$20
Premier Frame	\$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
Premium Scratch-Resistant		\$30
Polycarbonate Lenses	\$66	\$0 - \$35
Ultraviolet Coating	\$25	\$15
Standard Anti-Reflective (AR) Coating	\$83	\$40
Premium AR Coating	\$104	\$55
Ultra-AR Coating/Ultimate AR Coating	\$121	\$69/\$85
Standard Progressive Addition Lenses	\$198	\$65
Premium Progressives Addition Lenses	\$247	\$105
Ultra-Progressive Addition Lenses/Ultimate	\$369	\$140/\$175
High-Index Lenses (1.67) / (1.74)	\$120	\$60/\$120
Polarized Lenses	\$103	\$75
Plastic Photochromic Lenses (Transitions® Signature™)	\$110	\$70
Davis Vision Scratch Protection Plan		
Single Vision		\$20
Multifocal lenses		\$40

1. Excludes Maui Jim® eyewear.
2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.
3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval.
4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Standard Plan Annual Premiums

Individual	\$70.00
Two-Party	\$125.00
Family	\$175.00

For 12 consecutive months of coverage

Enhanced Plan Annual Premiums

Individual	\$80.00
Two-Party	\$140.00
Family	\$210.00

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 1-877-923-2847, client code 7005 for a list of participating providers.