

### PASR United Concordia Standard Dental Plan

Benefit Category <sup>1</sup>	Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class 1 - Diagnostic/Preventive Services</b>		
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		
<b>Class 2 - Basic Services</b>		
Minor Restorations (Amalgams/synthetic fillings)	60%	50%
Endodontics (Root canal therapy)		
Simple Extractions		
Anesthesia Services		
<b>Class 3 – Major Services</b>		
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	
<b>Program Deductibles and Maximums</b>		
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 <sup>1</sup>	Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class 1 - Diagnostic/Preventive Services</b>		
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		
<b>Class 2 - Basic Services</b>		
Minor Restorations (Amalgams/synthetic fillings)	<b>100%</b>	50%
Endodontics (Root canal therapy)		
Simple Extractions		
Anesthesia Services		
<b>Class 3 – Major Services</b>		
Periodontics (Treatment of gum disease)	50%	40%
Complex Oral Surgery		
Dentures, Bridges & Crowns (Time limits may apply)		
Repair of Full or Partial Dentures		
<b>Implants</b>	50%	50%
<b>Program Deductibles and Maximums</b>		
Contract Year Deductible	<b>\$0</b>	
Contract Year Maximum (Excludes Class I services)	\$2,500 per person	

**Standard Plan**  
**Monthly Payment**

<b>Individual</b>	<b>\$38.25</b>
<b>Two-Party</b>	<b>\$73.25</b>
<b>Family</b>	<b>\$112.25</b>

For 12 consecutive months of coverage  
 Annual Payment:  
 Individual \$459    Two-Party \$879    Family \$1,347

**Premium Plan**  
**Monthly Payment**

<b>Individual</b>	<b>\$58.00</b>
<b>Two-Party</b>	<b>\$108.00</b>
<b>Family</b>	<b>\$170.00</b>

For 12 consecutive months of coverage  
 Annual Payment:  
 Individual \$696    Two-Party \$1,296    Family \$2,040

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](http://ucci.com) for a certificate of coverage which provides a detailed description of benefits, limitations, and exclusions. Visit [ucci.com](http://ucci.com) or call 1-800-332-0366 for a list of participating providers.

## Fashion Vision Plan

In-Network Benefits	
Eye Examination	Every 12 months, based on your contract month, Covered in full
<b>Materials – Standard Plan – Every 24 months, based on contract month, covered in full</b>	
<b>Materials – Enhanced Plan – Every 12 months, based on contract month, covered in full</b>	
Spectacle Lenses	For standard single-vision, lined bifocal, or trifocal lenses
Frames	Any Fashion frame from MetLife Collection (value up to \$100) OR \$100 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup> OR \$150 allowance, plus 20% off balance to go toward any frame from a Visionworks family of store locations. <sup>1</sup>
Contact Lenses <sup>3</sup>	
Contact Lens Evaluation, Fitting & Follow Up Care	The Exclusive Collection Contacts: Covered in full <sup>4</sup>
Contact Lenses (in lieu of eyeglasses)	Any contact lenses from MetLife Contact Lens Collection <sup>4</sup> OR \$85 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>
Additional Discounted Lens Options & Coatings	
MOST POPULAR OPTIONS	
Savings based on in-network usage and average retail values.	Without MetLife      With MetLife
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 MetLife	With MetLife
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
MetLife 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 MetLife Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. MetLife 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 Payment**

<b>Individual</b>	<b>\$70.00</b>
<b>Two-Party</b>	<b>\$125.00</b>
<b>Family</b>	<b>\$175.00</b>

For 12 consecutive months of coverage

**Enhanced Plan**  
**Annual Payment**

<b>Individual</b>	<b>\$80.00</b>
<b>Two-Party</b>	<b>\$140.00</b>
<b>Family</b>	<b>\$210.00</b>

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.
- MetLife 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](http://www.davisvision.com).