

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 (36-month participation RQD)

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 Payment

Individual	\$46.00
Two-Party	\$88.00
Family	\$134.00

For 12 consecutive months of coverage
Annual Payment:
Individual \$552 Two-Party \$1,056 Family \$1,608

Premium Plan
Monthly Payment

Individual	\$84.00
Two-Party	\$154.00
Family	\$240.00

For 12 consecutive months of coverage
Annual Payment:
Individual \$1,008 Two-Party \$1,848 Family \$2,880

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.

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).

Fashion Vision Plan

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 ¹ (retail value, up to \$100) OR Frame allowance \$100 toward any frame from in-network provider, plus 20% off balance ¹ OR Visionworks frame allowance \$150 plus 20% off balance to go toward any frame from a Visionworks family of store locations. ¹
Contact Lenses ²	
Contact Lens Evaluation, Fitting & Follow Up Care	Standard, Soft Contacts, Specialty: 15% discount ² Davis Vision Collection Contacts: Covered in full
Contact Lenses (in lieu of eyeglasses)	Davis Vision Premium Contact Lens Collection (includes evaluation, fitting, follow-up): Disposable - Four boxes/multi-packs, Planned Replacement - Two boxes/multi-packs OR Contact Lens Allowance: \$85 allowance toward any contacts from provider supply plus 15% off overage. No copay required.
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 ³ - \$35
Standard Anti-Reflective (AR) Coating	\$83 \$40
Standard Progressives (no-line bifocal)	\$198 \$65
Photochromic Lenses (Transitions® Signature™) 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 (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 ³ - \$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™) ⁴	\$110	\$70
Davis Vision Scratch Protection Plan		
Single Vision		\$20
Multifocal lenses		\$40

1. The Davis Vision Collection is available at most participating independent provider locations. Enhanced frame allowance available at Visionworks locations nationwide. Excludes Maui Jim® eyewear.
2. Including, but not limited to toric, multifocal and gas permeable contact lenses. Visually Required contacts are covered in full with prior approval.
3. For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
4. Transitions® is a registered trademark of Transitions Optical Inc.

**Standard Plan
Annual Payment**

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

For 12 consecutive months of coverage

**Enhanced Plan
Annual Payment**

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

For 12 consecutive months of coverage

Value-Added Features:

- 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 metlife.com/mybenefits

Visit metlife.com/vision
or call 1-833-393-5433
for a list of participating
providers.