



Pennsylvania Association of Retired State Employees Endorsed

Concordia Preferred (PPO) Dental Plan¹

Administrator: AMBA

3913 Hartzdale Drive Suite 1300 • Camp Hill, PA 17011 • Toll Free 1-800-382-1352

Benefit Categories	Network Dentist ²	Non-Network Dentist ²
Class I – Diagnostic/Preventive Services		
Routine Examinations and Routine Cleanings - 2 in 12 consecutive months	100% (of MAC ²)	80% (of MAC ²)
Routine Bitewing X-rays - 2 in 12 consecutive months		
Full Mouth X-rays - once every 36 months		
Fluoride Treatments - 2 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)	\$2,000 Per Person	

Annual Premiums	
Individual	\$481
Two-Party	\$910
Family	\$1408
For 12 Consecutive Months of Coverage	

Rates are valid 11/1/2024-10/31/2026

NETWORK DENTISTS³

- No Claim Forms
- Over **40%** Average Savings Off Provider Fees
- Payment Directly to Doctor
- **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 of MAC².

CALL 1-800-332-0366

OR VISIT

www.ucci.com

FOR A LIST OF
PARTICIPATING
DENTISTS IN THE
**ELITE PRIME
NETWORK**

**SEE OTHER SIDE
FOR THE
PARSE-ENDORSED
VISION PLAN**

¹These Plans are available to retirees who are members of PARSE. You and your dependents are eligible to enroll. 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. The Member's spouse must become an Associate Member of PARSE to be eligible to join the Dental/Vision Plans.

²The 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.

³Payment is limited to \$2,000 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. Based on United Concordia internal research and reports, February 2017.

⁴If you are having a procedure performed that is classified as a Class II or Class III service, it is recommended that you submit a preauthorization.



DavisVision™



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Endorsed

Davis Vision Fashion Plan

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Benefit	In-Network Coverage	Out-of-Network Reimbursement
Examination	Included	\$32
Frames Collection ¹	Included	\$30
Non-Collection Frames	\$60 Allowance or \$110 Allowance @ Visionworks Additional discount of 20% on any overage	
Eyeglass Lenses (per pair) <i>Standard Lenses</i> Single Vision Bifocal Trifocal Aphakic/Lenticular	Included	\$25
	Included	\$36
	Included	\$46
	Included	\$72
Contact Lenses <i>Disposable</i> <i>Conventional</i> (per pair) for example: Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable	Included in Plan Formulary OR \$85 Elective Contact Lens Allowance ² Additional discount of 15% on any non-collection contact lens 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	

TWO OPTIONS:

STANDARD

Eye Examination
Every 12 months

Eyeglasses or Contact Lenses
Every 24 months

Annual Premiums

Individual \$74
Two-Party \$131
Family \$190

For 12 Consecutive Months of Coverage

ENHANCED

Eye Examination
Every 12 months

Eyeglasses or Contact Lenses
Every 12 months

Annual Premiums

Individual \$90
Two-Party \$162
Family \$250

For 12 Consecutive Months of Coverage

Sampling of In-Network Options

You pay only:

Sun Gradient Tinting	\$15
Scratch resistant treatment.....	\$ 0
Ultraviolet coating	\$15
Standard Anti-reflective lenses	\$40
Glass Photochromatic lenses	\$20
Designer Frame	\$20
Premier Frame	\$40
Premium Progressive Addition Lenses (PALS).....	\$105
Ultra-Progressive Lenses	\$140

For a listing of In-Network Providers:

Visit www.davisvision.com

Click on "MEMBER" and enter Client Code "6978" in the Open Enrollment Box
or call toll-free 1-877-923-2847 and enter the Client Code

¹ Davis Vision Fashion Frames from the Tower Collection are included with no co-payment.

² \$85 combined allowance toward contact lens evaluation, fitting services and materials. Allowance will not be paid until materials are ordered.

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