

## Pennsylvania Association of Retired State Employees Endorsed

### Concordia Preferred (PPO) Dental Plan<sup>1</sup>

Administrator: PROFESSIONAL INSURANCE SERVICES, INC.

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

| Benefit Categories   | Network<br>Dentist <sup>2</sup> | Non-<br>Network<br>Dentist <sup>2</sup> |
|--|---------------------------------|---|
| Class I – Diagnostic/Preventive Services   |                                 |   |
| Routine Examinations and Routine Cleanings - 2 in 12 consecutive months          | 100%<br>(of MAC <sup>2</sup> )  | 80%<br>(of MAC <sup>2</sup> )           |
| 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%<br>(of MAC <sup>2</sup> )   | 50%<br>(of MAC <sup>2</sup> )           |
| Endodontics - root canal therapy   |                                 |   |
| Simple Extractions   |                                 |   |
| Anesthesia Services  |                                 |   |
| Class III – Major Services   |                                 |   |
| Periodontics - treatment of gum disease  | 50%<br>(of MAC <sup>2</sup> )   | 40%<br>(of MAC <sup>2</sup> )           |
| Complex Oral Surgery   |                                 |   |
| Dentures, Bridges & Crowns<br>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 | \$449   |
| Two-Party  | \$849   |
| Family     | \$1,314 |

For 12 Consecutive Months of Coverage

#### NETWORK DENTISTS<sup>3</sup>

- No Claim Forms
- Over **40%** Average Savings Off Provider Fees
- Payment Directly to Doctor
- **Amended providers - discounts on non-covered services**

#### NON-NETWORK DENTISTS<sup>3</sup>

- Freedom of Choice
- Payment Directly to Patient
- All eligible plan services covered – but at a slightly lower percentage of MAC<sup>2</sup>.

CALL 1-800-332-0366

OR VISIT

[www.ucci.com](http://www.ucci.com)

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

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

<sup>1</sup> These 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.**

<sup>2</sup> The 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.

<sup>3</sup> Payment 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.

<sup>4</sup> If 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.



## Pennsylvania Association of Retired State Employees

Endorsed

### Davis Vision Fashion Plan

Administrator: PROFESSIONAL INSURANCE SERVICES, INC.

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| Benefit   | In-Network Coverage   | Out-of-Network Reimbursement   |
|---|---|--|
| Examination   | Included  | \$32   |
| Frames Collection <sup>1</sup>  | Included  | \$30   |
| Non-Collection Frames   | \$60 Allowance or<br>\$110 Allowance @ Visionworks<br>Additional discount of 20% on any overage   |  |
| Eyeglass Lenses (per pair)<br><i>Standard Lenses</i><br>Single Vision<br>Bifocal<br>Trifocal<br>Aphakic/Lenticular  | Included<br>Included<br>Included<br>Included  | \$25<br>\$36<br>\$46<br>\$72   |
| Contact Lenses<br><i>Disposable</i><br><br><i>Conventional</i> (per pair)<br>for example: Hard/Soft DailyWear<br>Spherical, Bifocal, Toric, Gas Permeable | Included in Plan Formulary<br>OR<br>\$85 Elective Contact Lens Allowance <sup>2</sup><br><br>Additional discount of 15% on any non-collection contact lens overage        | \$85 combined allowance toward contact lens evaluation, fitting services & materials |
| Warranty  | Unconditional<br>breakage warranty<br>to repair or replace any<br>Davis Vision laboratory supplied<br>eyeglasses for a period of one<br>year from the date of delivery    |  |
| Laser Vision Correction   | You receive up to 25% discount<br>off Provider's usual and<br>customary fees for laser<br>correction services or 5% off any<br>advertised special<br>(whichever is lower) |  |
| LENS 1-2-3  | Exclusive mail-order contact<br>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](http://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

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

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

These 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.