



Pennsylvania Association of Retired State Employees

Endorsed

MetLife (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
Type A – Diagnostic/Preventive Services		
Routine Examinations and Routine Cleanings - 2 in 12 consecutive months	100% (of MAC ²)	90% (of MAC ²)
X-rays - Routine bitewing 2 in 12 consecutive months, Full Mouth once every 36 months		
Fluoride - 2 in 12 consecutive months		
Sealants - once every 36 months		
Periodontal cleanings - 4 in 12 consecutive months		
Palliative Emergency Treatments		
Type B- Basic Services		
Minor Restorations - amalgams/synthetic fillings	60% (of MAC ²)	50% (of MAC ²)
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
Type C – Major Services		
Periodontal surgery - treatment of gum disease	50% (of MAC ²)	40% (of MAC ²)
Complex Oral Surgery		
Dentures, Bridges & Crowns Time limits apply for replacements/repairs		
Repair of Full or Partial Dentures		
Program Deductibles and Maximums ³		
Contract Year Deductible - (excluding Type A Services)	\$50 Per Person	
Contract Year Maximum - (excluding Type A Services)	\$2,000 Per Person	

Annual Premiums

Individual	\$481
Two-Party	\$910
Family	\$1408

For 12 Consecutive Months of Coverage

Rates are valid 11/1/2026-10/31/2028

NETWORK DENTISTS

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

NON-NETWORK DENTISTS

- Freedom of Choice
- Payment Directly to Patient
- All eligible plan services covered – but at a slightly lower percentage of MAC².

**CALL 1-800-382-1352
OR VISIT**

www.metlife.com/PARSEdental

**FOR A LIST OF
PARTICIPATING DENTISTS
IN THE PDP PLUS NETWORK**

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

¹ 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.

² The listed percentages represent the portion of MetLife's maximum allowable charge (MAC) for which the Plan will be responsible. The member will be responsible for the balance including any difference between MetLife's MAC and the fee charged by a non-network dentist. Network dentists accept MetLife's MAC as payment in full for covered services, limiting out-of-pocket costs to coinsurances, deductibles and amounts exceeding the annual maximum. Exclusions and limitations apply.

³ 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 Type B and Type C Services categories, as indicated above. Type A Services are exempt from the deductible. There is only one deductible per person in a contract year.

If you are having a procedure performed that is classified as a Type B or Type C service, it is recommended that you submit a preauthorization.



DavisVision™

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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	Included	\$25
Bifocal	Included	\$36
Trifocal	Included	\$46
Aphakic/Lenticular	Included	\$72
Contact Lenses <i>Disposable</i>	Included in Plan Formulary OR \$85 Elective Contact Lens Allowance ²	\$85 combined allowance toward contact lens evaluation, fitting services & materials
<i>Conventional</i> (per pair) for example: Hard/Soft DailyWear Spherical, Bifocal, Toric, Gas Permeable	Additional discount of 15% on any non-collection contact lens overage	
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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