

## 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 Dentist <sup>2</sup>	Non- Network Dentist <sup>2</sup>
Class I – Diagnostic/Preventive Services		
Routine Examinations and Routine Cleanings - 2 in 12 consecutive months	100% (of MAC <sup>2</sup> )	80% (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% (of MAC <sup>2</sup> )	50% (of MAC <sup>2</sup> )
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
Class III – Major Services		
Periodontics - treatment of gum disease	50% (of MAC <sup>2</sup> )	40% (of MAC <sup>2</sup> )
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)	\$1,900 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  
ADVANTAGE  
PLUS 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 \$1,900 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.



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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 <sup>1</sup>	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 Included Included Included	\$25 \$36 \$46 \$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 <sup>2</sup>  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](http://www.davisvision.com)

Click on "MEMBER" and enter  
Client Code "4054" 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.

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