Missouri State Teachers Association

Endorsed

United Concordia Preferred (PPO) Dental Plan[1]

Administrator: **AMBA**

3913 Hartzdale Dr Suite 1300 • Camp Hill, PA 17055 • 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 - 2 in 12 consecutive months		
Sealants - once every 36 months		
Palliative Emergency Treatments		
Class II – Basic Services		
Restorations - amalgams/synthetic fillings	60% (of MAC[2])	50% (of MAC[2])
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
Class III – Major Services		
Inlays, Onlays, Crowns (Caps)	50% (of MAC[2])	40% (of MAC[2])
Periodontics - treatment of gum disease		
Complex Oral Surgery		
Dentures and Bridges		
Repair of Full or Partial Dentures		
Program Deductibles and Maximums		
Contract Year Deductible - (excluding Class I Services)	$50 Per Person	
Contract Year Program Maximum	$1,900 Per Person	
Class I Services are not deducted from the Contract Year Program Maximum		

Monthly Premiums

Individual	$ 48.00
Two-Party	$ 88.00
Family	$135.00

For 12 Consecutive Months of Coverage

ANNUAL PAYMENTS AVAILABLE

NETWORK DENTISTS: [3]

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

NON-NETWORK DENTISTS: [3]

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

CALL 800-382-1352 OR VISIT WWW.UCCI.COM FOR A LISTING OF DENTISTS IN THE ADVANTAGE PLUS NETWORK

1 The United Concordia Dental Plan is underwritten by United Concordia Life and Health Insurance Company. The Plan is available to members of MSTA. You and your dependents are eligible to enroll in the Plan. 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.

2 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.

3 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.

DAVISVISION®
SEE LIFE

Davis Vision is pleased to offer **Fashion Advantage**, a Preferred Provider Organization (PPO) vision plan that provides you with great cost savings while offering superior access to vision care services.

Fashion Advantage Plan

Benefit	In-Network Coverage	Out-of-Network Reimbursement (up to)
Examination	$10 Copayment	$40
Frames Collection* Non-Collection Frames	Included Up to $100 Frame Allowance Plus an additional discount of 20% on any overage**	$50
Eyeglass Lenses (per pair) *Standard Lenses* Single Vision Bifocal Trifocal Lenticular	$10 Copayment Included Included Included Included	 $ 40 $ 60 $ 80 $100
Contact Lens Benefit (in lieu of eyeglasses) Evaluation, Fitting & Follow-up Care	Up to $100 Plus an additional discount of 15% on any overage**	$80 combined allowance
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	$200 Lifetime Allowance****	
Additional Pairs of Eyeglasses	30% discount**	

* Collection is available at most participating independent provider offices. Collection is subject to change.
** Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions. *** Applicable both in- and out-of-network. Additional discounts apply in-network.

ENHANCED
Eye Examination Every 12 months
Eyeglasses OR Contact Lenses (in lieu of eyeglasses) Every 12 months
Monthly Premiums Individual $ 8 Two-Party $15 Family $23 For 12 Consecutive Months of Coverage

Sampling of In-Network Options

	You Pay only:
Tinting of Plastic Lenses (Solid/Gradient)	$15
Scratch-resistant coating	$ 0
Ultraviolet coating	$15
Standard Anti-reflective lenses	$40
Plastic Photochromatic lenses	$70
Designer Frame	$15
Premier Frame	$40
Premium Progressive Addition Lenses (PALS) *(Varilux™, Kodak, Seiko™, Rodenstock™)*	$105
Ultra-Progressive Lenses	$140

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How do I find a Preferred Provider?

Visit the Davis Vision website at www.davisvision.com - or call toll-free 1-800-382-1352 to find the names and locations of nearby optometrists, ophthalmologists and optical suppliers who participate in the Preferred Provider Network.

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