



Benefit Categories	Network Dentist <sup>2</sup>	Non-Network Dentist <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Routine Examinations and Routine Cleanings - two in 12 consecutive months	<b>100% (of MAC<sup>2</sup>)</b>	<b>80% (of MAC<sup>2</sup>)</b>
Routine Bitewing X-rays - two in 12 consecutive months/Full Mouth X-rays - once every 36 months.		
Fluoride Treatments - two in 12 consecutive months		
Sealants - once every 36 months		
Palliative Emergency Treatments		
<b>Class II – Basic Services</b>		
Minor Restorations - amalgams/synthetic fillings	<b>60% (of MAC<sup>2</sup>)</b>	<b>50% (of MAC<sup>2</sup>)</b>
Endodontics - root canal therapy		
Simple Extractions		
Anesthesia Services		
<b>Class III – Major Services</b>		
Periodontics - treatment of gum disease	<b>50% (of MAC<sup>2</sup>)</b>	<b>40% (of MAC<sup>2</sup>)</b>
Complex Oral Surgery		
Dentures, Bridges & Crowns Time limits may apply for replacements and repairs		
Repair of Full or Partial Dentures		
<b>Program Deductibles and Maximums</b>		
Contract Year Deductible - (excluding Class I Services)	<b>\$50 Per Person</b>	
Contract Year Maximum (excluding Class I Services)	<b>\$1,900 Per Person</b>	

### 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
- Locations Available Nationwide
- **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.

CALL 1-800-332-0366  
OR VISIT THE WEBSITE AT  
[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.