

Administrator: PROFESSIONAL INSURANCE SERVICES, INC.
2 Kacey Court, Suite 102 • Mechanicsburg, PA 17055 • Toll Free 1.866.229.3210

Enrollment in either of the below plans will give you complimentary membership to the American Senior Benefits Association® (ASBA) which allows PISI to provide dental, vision and other key insurance to you.

AMERICAN SENIOR DENTAL PLAN		
Insured by United Concordia Insurance Company Administered by Professional Insurance Services, Inc. Endorsed by American Senior Benefits Association®	In Network Dentist Plan Pays	Out-of-Network Plan Pays
Preventive Services		
Exams, X-Rays, Cleanings, Flouride Treatments, Sealants	100%	80%
Basic Restorative Services		
Fillings, Endodontics, Simple Extractions, General Anesthesia	60%	50%
Major Restorative		
Periodontics, Crowns, Bridges, Dentures, Complex Oral Surgery	50%	40%
Annual Plan Maximum (per person)		\$2,000
Annual Deductible - Not applicable to preventive services (per person)	\$50	
Monthly Premium		
Individual	\$35.50	
Two-Party (applicant + 1)	\$70.50	

AMERICAN SENIOR VISION PLAN (VSP)		
Benefit Frequencies	Standard Plan	Best Plan
Exam	12 Months	12 Months
Lenses	24 Months	12 Months
Frames	24 Months	12 Months
Copays		
Exam	\$5.00	\$5.00
Materials Combined	\$30.00	\$30.00
IN-NETWORK COVERAGE		
Exam	Covered in full *	Covered in full *
Frame	\$120 allowance *	\$150 allowance *
Lenses		
Single, Lined Bifocal & Trifocal Lenses	Covered in full *	Covered in full *
Polycarbonate for Dependent Children	Covered in full *	Covered in full *
Standard Progressives	Covered in full *	Covered in full *
Premium Progressives	\$95 - \$105 copay	\$95 - \$105 copay
Custom Progressives	\$150 - \$175 copay	\$150 - \$175 copay
Other Lens Options	Average 20-25% savings	Average 20-25% savings
Elective Contact Lenses	\$100 allowance *	\$100 allowance *
OUT-OF-NETWORK COVERED UP TO:		
Exams	\$45	\$45
Single Vision Lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal Lenses	\$65	\$65
Progressive Lenses	\$50	\$50
Frame	\$70	\$70
Elective Contact Lenses	\$85	\$85
Monthly Premium		
Individual	\$7.00	\$9.50
Two-Party (applicant + 1)	\$14.00	\$18.25
Family (applicant + 2 or more)	\$16.50	\$23.50
ASBA Membership Fee		\$0.00

* Less applicable copay + additional \$20.00 allowance on Marchon Frames

For a list of participating dentist visit www.ucci.com and choose the Advantage Plus network. To search vision providers, visit www.vsp.com.

Group Dental Policies underwritten by United Concordia Insurance Company and administered, in part, by United Concordia Companies, Inc. Exclusions and limitations apply. See plan documents for complete details including eligibility, renewability and termination provisions. Not all products available in all jurisdictions. Policy form nos. 9802S/L (02/13) and 9802S/L (04/15). The administrative claim office of UCCI and its licensed corporate affiliates is located at 4401 Deer Path Road, Harrisburg, PA 17110.