



Pennsylvania State  
Corrections Officers Association

# Retired Chapter

2421 North Front Street | Harrisburg, PA 17110-1110  
phone: 717.364.1700 | toll free: 866.GO.PSCOA | fax 717.364.1705  
www.pscoa.org

## Eye & Dental Coverage Plans *Membership Prices*

PLEASE SEND **AT LEAST** YOUR **FIRST MONTHLY PAYMENT**  
ALONG WITH YOUR ENROLLMENT APPLICATIONS.

	<u>Monthly</u>	<u>Semi-Annual</u>	<u>SAVES</u>	<u>Annual</u>	<u>SAVES</u>
<i>Single Member:</i>	\$42.00	\$222.00	\$30.00	\$444.00	\$60.00
<i>Member &amp; Spouse:</i>	\$75.00	\$419.00	\$31.00	\$837.00	\$64.00
<i>Member &amp; Dependent:</i>	\$75.00	\$419.00	\$31.00	\$837.00	\$64.00
<i>Member &amp; Family:</i>	\$115.00	\$663.00	\$27.00	\$1327.00	\$53.00

## Thank You!

Please contact me toll free at 866-467-7262 ext. 301 or [aevans@pscoa.org](mailto:aevans@pscoa.org)  
Monday thru Friday: 9:00 am to 5:00 pm



*Vision & Dental Benefits*

PLEASE READ THE FOLLOWING  
INFORMATION CAREFULLY  
TO LEARN MORE ABOUT  
WHAT THE PLANS OFFER

## Dental Benefits Summary for PSCOA

Network: Concordia Advantage

Benefit Category <sup>1</sup>	CONCORDIA CHOICE PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)</b>		
Exams	100%	100%
Bitewing X-rays		
Cleanings & Fluoride Treatments		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings)	80%	80%
All Other X-rays		
Sealants		
Palliative Treatment		
Simple Extractions		
Space Maintainers		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Orthodontics</b>		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
<b>Maximums &amp; Deductibles (cumulative of network and non-network)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I	\$50/\$150 Excludes Class I
Annual Program Maximum (per person)	\$1,000	\$1,000
<b>Waiting Periods<sup>3</sup></b>		
Class I	None	None
Class II	6 Months	6 Months
Class III	12 months	12 months
<b>Reimbursement</b>	<b>Advantage</b>	<b>Advantage</b>

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

3. Waiting periods only apply to new entrants.

**UnitedConcordia.com • 1-800-332-0366**

# PA STATE CORRECTIONS OFFICERS ASSOCIATION

VBA# 2873

## MANAGED VISION CARE PROGRAM

**FREQUENCY OF SERVICE:**

**DEPENDENT AGE: 26**

	<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

**BENEFITS:**

**EMPLOYEE CAN SELECT EITHER:**

	<u>VBA Participating Doctor (15,000 Nationwide)</u>	<u>Non-Participating Doctor</u>
	<u>Amount Covered (Less Copayment*)</u>	<u>Amount Reimbursed (Zero Copayment)</u>
Vision Exam (for glasses)	100%	\$ 40.00
Clear Standard Lenses ( <i>Pair</i> ):		
Single Vision	100%	\$ 40.00
Bifocal	100%	50.00
Blended "No-Line" Bifocals	100%	50.00
Trifocal	100%	75.00
Lenticular	100%	100.00
Progressive	Controlled Cost*****	75.00
1 yr Scratch Protection	100%	N/A
Polycarbonate Lens Material****	100%	N/A
Frame	100%***	\$ 50.00
<b>- OR -</b>		
Contacts ( <i>selected in lieu of all eyeglass benefits listed above</i> )*****		
Elective	\$125.00	\$ 125.00
Medically Required	UCR**	250.00
Low Vision Aids (per 24. mths. No lifetime Max)	UCR**	650.00

- \* A \$5 copayment applies to the vision exam and a \$20 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the contacts.
- \*\* Usual, Customary and Reasonable as determined by VBA.
- \*\*\* Within the program's \$50 wholesale allowance (*approximately \$125 to \$150 retail*).
- \*\*\*\* Available In-Network at no charge for children under age 19.
- \*\*\*\*\* Clear Progressive Lenses typically retail from \$150 to \$400, depending on the brand. VBA's controlled costs generally range from \$45 to \$175.
- \*\*\*\*\* The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of lenses, etc. No guarantee the contact allowance will cover entire contact costs (materials/services).

## LIMITATIONS

**Vision Benefits of America** is designed to cover visual needs rather than cosmetic materials, and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

### ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by **VBA**.

- Tinted Lenses
- Photochromic lenses
- Polycarbonate (*covered under age 19*)
- Hi-Index lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (*except 1-Yr Scratch Protection*)
- A frame that costs more than the plan allowance
- Rimless frames

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

### NOT COVERED

The contract gives **VBA** the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. **VBA** provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Workers' Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

## VISION BENEFITS OF AMERICA'S GENERALLY NON-COVERED LENS OPTIONS / COST CONTAINED!

<u>Popular Lens Options</u>	<u>Avg. Typical Retail Charge</u>	<u>VBA Covered Member Charge</u>	<u>VBA Savings</u>
Oversized Lenses	\$ 20.00	<b>Covered!</b>	<b>100%</b>
Glass Photochromics (SV)	\$ 45.00	\$ 18.00	<b>38%</b>
Glass Photochromics (Bifocals)	\$ 60.00	\$ 28.00	<b>53%</b>
Plastic Transitions (SV)	\$ 75.00	\$ 55.00	<b>36%</b>
Plastic Transitions (Bifocals)	\$ 100.00	\$ 65.00	<b>35%</b>
1-Yr Scratch Protection	\$ 40.00	<b>Covered!</b>	<b>100%</b>
2-Yr Premium Scratch Protection	\$ 60.00	\$ 30.00	<b>50%</b>
Anti-Reflective Coating	\$ 60.00	\$ 40.00	<b>33%</b>
Super (2-Yr) Anti-Reflective	\$ 80.00	\$ 49.00	<b>39%</b>
Premium Anti-Reflective	\$ 100.00	\$ 64.00	<b>36%</b>
Roll & Polish Edges	\$ 25.00	\$ 10.00	<b>60%</b>
Polycarbonate (under age 19)	\$ 40.00	<b>Covered!</b>	<b>100%</b>
Polycarbonate (adults/SV)	\$ 40.00	\$ 19.00	<b>52%</b>
Polycarbonate (adults/Bifocals)	\$ 60.00	\$ 30.00	<b>50%</b>
Polarized Lenses (SV)	\$ 130.00	\$ 56.00	<b>57%</b>
Polarized Lenses (Bifocals)	\$ 150.00	\$ 66.00	<b>56%</b>
Blended "No-Line" Bifocals	\$ 120.00	<b>Covered!</b>	<b>100%</b>
Basic Progressive Lenses	\$ 150.00	\$ 45.00	<b>70%</b>
Standard Progressive Lenses	\$ 180.00+	\$ 58.00	<b>68%</b>
Premium Progressive Lenses	\$ 225.00+	\$ 80/90	<b>62%</b>
Elite Progressives (Digital)	\$ 400.00	\$ 140/175	<b>61%</b>
Mid-Index Plastic (SV)	\$ 70.00	\$ 28.00	<b>60%</b>
Mid-Index Plastic (Bifocals)	\$ 110.00	\$ 35.00	<b>68%</b>
Hi-Index Plastic (SV)	\$ 130.00	\$ 50.00	<b>62%</b>
Hi-Index Plastic (Bifocals)	\$ 175.00	\$ 60.00	<b>66%</b>

### ADDITIONAL VBA SAVINGS

**In-Network Frame Coverage:** Any dollar amount over frame allowance is discounted at least 20% to 50% off Retail. In-Network Providers also provide large discounts on most other non-covered products/services.

# LASIK Savings Now Available for Vision Benefits of America Members

**Savings** - 40-50% off the national average price of Traditional LASIK

**Access** - Over 800 locations nationwide

**Quality** - FDA approved technology including Bladeless LASIK

**Financing** - Flexible options with payments as low as \$50 a month\*

**Experience You Can Trust** - Credentialed surgeons who have performed over 3.5 million procedures

Prescription  
does not  
affect pricing!

LASIK is an eligible  
pre-tax expense

Save up to 30% more with  
your FSA or HSA dollars!\*\*

## How it Works:

1. To obtain the savings you must call: **1-877-437-6105**
2. A QualSight Care Manager explains the program and answers questions
3. Select your preferred provider and set an appointment today!

One low price includes the pre-operative exam, procedure, post-operative visits and a One Year Assurance Plan\*\*\*

For more information visit:

**[www.QualSight.com/-VisionBenefits](http://www.QualSight.com/-VisionBenefits)**



The QualSight program is not an insured benefit and is available to members to provide access to QualSight for LASIK surgery.

\* Subject to credit approval

\*\* Based on individual tax situation

\*\*\* Lifetime Assurance Plans available at participating providers for an additional cost

**1. What is QualSight?**

QualSight provides a managed Laser Vision Correction (i.e. Traditional and Custom LASIK, PRK, and IntraLase “bladeless” technologies) program through a national, credentialed network of the nation's most experienced LASIK surgeons. QualSight is the nation's largest Laser Vision Correction program manager, providing LASIK savings to over 65 million eligible health plan members nationwide.

**2. What is LASIK?**

LASIK (Laser-Assisted in situ Keratomileusis) is an outpatient treatment that uses an Excimer Laser (cool beam of light) to gently reshape the front surface of the eye (the cornea). Reshaping the cornea redirects the light angle as it enters the eye to refocus correctly on the retina. This allows images to be more sharply focused. Vision recovery is rapid, and there is little or no post-operative pain. With refractive procedures, your dependence upon glasses and contact lenses should diminish significantly.

**3. What does it cost?**

Through the QualSight network, Traditional LASIK surgery is \$945 per eye, and Custom LASIK \$1,370 per eye. IntraLase (Bladeless) LASIK is available through participating providers for an additional \$450 per eye, whether performed with Traditional or Custom LASIK.

**4. Is a deposit required to book the appointment?**

Yes. QualSight will collect a refundable deposit of up to \$550 (\$50 scheduling deposit and the remaining \$500 after the pre-operative appointment), payable by credit card (Visa, Master Card, Discover or American Express) or by personal check. The deposit is deducted from the total amount due for surgery, and the remaining balance will be collected on the day of the surgery by the doctor's office. In the event you do not proceed with LASIK, for any reason, QualSight will refund your deposit.

**5. How does QualSight select the doctors in the network?**

All of our doctors are credentialed and experienced ophthalmologists and only use FDA-approved technology. They have been credentialed according to URAC standards by an impartial third party called VerifPoint. QualSight has also collected their professional and educational history for you. When you call QualSight, you will be given a choice of approved doctors that participate in your area.

**6. How do I get started?**

To schedule your initial appointment with QualSight by calling toll-free at **1-877-437-6105**. A QualSight Care Manager will register your call, do a zip code search for providers in your area and answer your questions. Once you have selected a provider in your area, the Care Manager will schedule your appointment at the doctor's office with you on the phone.

**7. I wear contacts. Will I have to revert to wearing glasses before the surgery?**

Yes. Contact lenses can change the shape of your cornea for up to several weeks after you have stopped using them. Not leaving your contact lenses out long enough for your cornea to return to its natural shape before surgery can lead to an inaccurate correction. Each physician has their own protocol for contact lens removal, but at a minimum, we recommend you remove your soft contacts one week prior to your initial appointment and your hard contacts for several weeks.

**8. What can I expect at the first pre-operative appointment and on the day of the procedure?**

Expect to be at the doctor's office for one to two hours. Your physician will test your eyes for your prescription and uncover any medical problems. Your eyes may be dilated, and they will scan your eyes to get a 3-dimensional image of the shape of your eyes. The procedure lasts only a few seconds; however, the entire surgical visit can take up to two hours. Your laser treatment is specifically designed by your surgeon based on measurements gathered at the pre-operative exam. Make sure you schedule a one-day follow up appointment. Remember to ask your doctor or technician any additional questions that you or your family may have. Patients will not be allowed to drive themselves home after the procedure; you will be required to have a person drive you home.

**9. What if I need enhancements / additional post-operative care?**

Your total charge will include a pre-operative appointment, the LASIK procedure, up to four post-operative appointments (usually one day, one week, one month and three months) and a one-year assurance plan. During this first year should you need an enhancement, or “touch-up,” your cost for an enhancement will be between \$110 - \$330 (laser manufacturer fee) per eye, depending on the procedure when medically advisably.





## Hearing Care Discount Program for **Vision Benefits of America Members**



### **FREE HEARING SCREENING**

**20% Discount** off all  
Beltone hearing aids

**FREE** loss, stolen or  
damage protection

**1,500** nationwide locations

Available to family members  
(spouse, parents, grandparents, children)

### **Complete your FREE hearing screening**

and receive your choice of:

- FREE booklet of (20)  
first-class stamps
- or -
- FREE pack of hearing  
aid batteries

Offer good at participating Beltone locations  
Cannot be combined with other offers  
Beltone NA#52040



**Call 1.888.451.9082**

to find your nearest Beltone Hearing Care Center

## How the Hearing Care Discount Program Works

1. Call 1.888.451.9082 to find your nearest Beltone Hearing Care Center
2. Contact the Beltone Center to make an appointment
3. After you complete your FREE hearing screening, present this flyer to receive your free booklet of stamps or free pack of hearing aid batteries

## Frequently Asked Questions

### 1. Who is Beltone?

Founded in 1940, Beltone remains the most trusted brand for quality hearing products and care among adults aged 50 and older. At Beltone, we believe better hearing provides a better life – at any age. For over 70 years, we've devoted ourselves to giving each patient the best listening experience possible.

### 2. What is the office visit like?

At Beltone, we use a precise, multi-step process that helps us get to know you and personalize your hearing care. If we do find a hearing loss treatable with hearing aids, we'll recommend the hearing aids best for you, based on several factors. With so many Beltone hearing aids, choosing the right style and model is easy.

### 3. What does a hearing test consist of?

Your Beltone hearing care professional will guide you through the steps of a thorough hearing evaluation, including:

- A visual examination of your ear
- Air and bone conduction testing
- Word discrimination testing

### 4. What are some warning signs of hearing loss?

- People seem to mumble more frequently.
- You experience ringing in your ears.
- You often ask people to repeat themselves.
- Your family complains that you play the radio or TV too loudly.
- You no longer hear normal household sounds, such as the dripping of a faucet or the ringing of a doorbell.
- You have difficulty understanding a conversation when in a large group or crowd.
- You have trouble understanding all the words in a conversation.
- You find telephone conversation increasingly difficult.
- You have trouble hearing when your back is turned to the speaker.



**Call 1.888.451.9082**

to find your nearest Beltone Hearing Care Center



*Vision Benefits of America*

HOW TO MAKE YOUR  
FIRST APPOINTMENT

# PA STATE CORRECTIONS OFFICERS ASSOCIATION

Dear Valued Employee:

In order that we might assist you in using your VBA Vision Benefits, we've compiled the following most frequently asked questions and answers. It is our hope that this will provide you with a better understanding of how the program works and what you must do to receive the maximum benefit.

**1. What is the benefit of using a VBA Participating Provider?**

Every VBA Participating Provider location must have either a licensed practicing Doctor of Optometry or Ophthalmology associated with it. Each has agreed to accept VBA's fee as full payment for their services and adhere to VBA's comprehensive examination standards. Additionally, all lenses will be fabricated at one of VBA's Approved Optical Labs, where both the cost and the quality are strictly controlled.

**2. Who are the VBA Participating Providers in my area?**

VBA represents one of the most comprehensive networks of Optometrists, Ophthalmologists and well known Retail Optical Stores in the nation. You can also search for providers by visiting our website at [www.visionbenefits.com](http://www.visionbenefits.com)

**3. Do I have to request a benefit form before making my eye appointment?**

You do not have to request a paper benefit form when you visit a VBA Participating Provider who accepts our paperless E-Claim system. While visiting our website, the VBA Providers listed in bold would be able to deliver your benefits without the traditional VBA Benefit Form, by submitting your claim electronically. You would simply have to make an appointment and inform them that you have VBA as your vision insurance provider. If you are eligible for your VBA benefits at that time the VBA Provider will secure the E-claim.

**-OR-**

If you select a VBA Participating Provider who does not accept the E-Claim system, you should either call VBA's Customer Service Department at 1-800-432-4966 or visit our website at [www.visionbenefits.com](http://www.visionbenefits.com) before making your eye appointment. VBA will determine if you are eligible for the benefit at that time. If so, a validated VBA Benefit Form and a current list of Participating Providers will be sent to your home, generally within a week. Select a provider from the list and make an appointment. Remember in order to take full advantage of the benefits available, YOU MUST PRESENT THE VALIDATED VBA BENEFIT FORM TO THE VBA PROVIDER ON YOUR FIRST VISIT. Failure to do so will result in higher charges.

**4. When is the best time to call VBA's Customer Service Department?**

If you only need to request VBA Benefit Forms for yourself or your dependents, you can visit our website or call any time. After reaching our Customer Service Department at 1-800-432-4966, simply press Option 4. However, if you need to speak with a VBA Customer Service Representative, you may call between the hours of 8:30 am and 6:30 pm EST Monday through Friday. You may experience longer waiting times in the morning hours. Generally, later in the day and later in the week is better.

**5. Will there be any extra charges if I use a VBA Provider?**

Your plan will provide a complete vision exam, clear lenses and a quality frame at no out-of-pocket cost to you other than the \$25 copayment amount. Also, VBA provides Polycarbonate Lenses for children under age 19 and 1 Year Scratch Protection for all ages, when spectacle lenses are obtained through a VBA Participating Provider. However, should you select optional items, such as tinted lenses, photograys or progressive no-line bifocals, there will be additional charges that you will be responsible for. Additionally, frames whose acquisition cost exceeds the plan's wholesale frame allowance (approximately \$125 to \$150 retail value) will also result in extra charges. Even though these optional items aren't covered under the plan, the amounts you will be charged are strictly controlled by VBA and are considered fair and reasonable. Ask the VBA Provider if the items you select would result in any additional charges.

**6. What kind of frames are covered under the plan?**

Any frame with a wholesale acquisition cost that is less than your plan's allowance is fully covered. A frame such as this would typically retail in the \$125 to \$150 range. If you select a frame that has a wholesale cost in excess of what the plan allows, you will be charged a controlled fee by the provider. The provider does not have to disclose the actual wholesale cost to you, but he must disclose the exact amount of the additional charges, if any, for the frame you select.

**7. How long will it take to receive my glasses?**

Generally, your glasses will be back from the VBA Laboratory within two weeks (VBA allows 10 working days). If, however, the frame you selected is out of stock from the manufacturer, or if you have requested an anti-reflective coating or progressive bifocals, it may take slightly longer.

**8. What guarantee do I have that my glasses will be made right?**

VBA guarantees every pair of glasses 100%. If your prescription is not totally accurate, or if the VBA Lab did not produce the lenses in exact accordance with your prescription, VBA will make it right at no additional cost to you.

**9. If my glasses are broken or lost, can they be replaced?**

No. Unless you are eligible for the benefit at that time, there are no provisions for lost or broken glasses. Some providers may offer this protection at an additional cost to you if you ask.

**10. What should I do if I wish to get contacts instead of glasses?**

You should proceed in the same manner as if you were going to get glasses. We would advise, however, that you shop around for both a provider and a price that you are comfortable with, since the cost of contacts is not controlled by VBA. You will simply be reimbursed up to \$125 toward the total retail cost of the contact lenses and/or contact lens exam.

VBA will accept a maximum of two (2) submissions per covered member for the benefit period up to the \$125 benefit limit. This contact lens/services reimbursement is in lieu of all other benefits (exam/spectacle lenses/frames) for the benefit period.

**11. What if I wish to use a provider that does not participate with VBA?**

Under the plan, you may use any provider you wish. You should still request a validated VBA Benefit Form to determine your eligibility and to assure a prompt reimbursement. Then, after you have received your exam and/or materials, simply attach your itemized receipts (exam cost, frame cost and the type and cost of lenses) to your VBA Benefit Form and return it to VBA. Reimbursements are made biweekly and are in the amounts printed in your VBA Benefits Brochure.

If you wish to use a non-participating doctor for your exam, you may still use a VBA Participating Provider to obtain your glasses. VBA Providers who will dispense glasses from another doctor's prescription are indicated with an asterisk in the in the VBA Providers' List. You must take both the Benefit Form and the prescription to the VBA Provider. The receipt for your non-participating doctor exam should be returned to VBA, along with a note including the name of your employer/company and your name and address. You will be reimbursed directly for your exam according to the schedule printed in your benefits pamphlet.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, neither VBA nor the Participating Provider assume any responsibility.

**12. Does my benefit include any accommodation for laser vision correction?**

YES. All VBA covered subscribers are eligible to receive a significant discount at hundreds of provider locations nationwide. For more information regarding this benefit, please call VBA's Customer Service at 1-800-432-4966/option 5.

IF YOU HAVE ANY FURTHER QUESTIONS ON THESE OR ANY OTHER ASPECTS OF YOUR VISION BENEFIT, WE ASK THAT YOU CONTACT THE BENEFITS OFFICE OR CALL VBA DIRECTLY AT 1-800-432-4966 OR VISIT OUR WEBSITE AT WWW.VISIONBENEFITS.COM THANK YOU!

*Vision & Dental Benefits*

APPLICATIONS TO COMPLETE  
& MAIL BACK  
WITH FIRST PAYMENT

**PLEASE NOTE:**

You will ONLY receive a benefit card from **United Concordia**  
NOT from Vision Benefits of America

**VISION BENEFITS OF AMERICA  
ENROLLMENT FORM**

**VBA# 2873**

**SUBGROUP# \_\_\_\_\_**

**COVERAGE EFFECTIVE DATE** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**INSTRUCTIONS FOR EMPLOYEE:**

1. COMPLETE SECTION BELOW AND SIGN.
2. RETURN COMPLETED FORM TO YOUR BENEFITS OFFICE.

EMPLOYEE SOCIAL SECURITY NUMBER \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_|\_\_\_\_|\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

**PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:**

	FIRST NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE
SPOUSE	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____

**STUDENT INFORMATION** (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS.)

STUDENTS NAME \_\_\_\_\_ NAME OF SCHOOL OR UNIVERSITY \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_|\_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_|\_\_\_\_\_

ANY HANDICAPPED CHILD COVERED ON MEDICAL?

CHILD NAME \_\_\_\_\_  
\_\_\_\_\_|\_\_\_\_|\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

For New Enrollment, please complete ALL sections of this form. For Enrollment Changes, please complete the applicable "Type of Activity" change(s) in Section A along with the identification number and employee name in Section B and Section C for dependent changes.

<b>SECTION A: GENERAL INFORMATION</b>		Effective Date (mm/dd/yyyy) ____/____/____
<b>1. TYPE OF PROGRAM</b> <input type="checkbox"/> FFS (Indemnity, Active PPO, Passive PPO - Please Specify) <input type="checkbox"/> Concordia Access <input checked="" type="checkbox"/> <b>Concordia Choice</b> <input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Select <input type="checkbox"/> Other _____ <input type="checkbox"/> DHMO (Please Specify) <input type="checkbox"/> Concordia Plus <input type="checkbox"/> Other _____	<b>2. TYPE OF ACTIVITY</b> <input checked="" type="checkbox"/> <b>New Enrollment</b> <input type="checkbox"/> <b>Cancel Coverage</b> (Employee & All Dependents) <input type="checkbox"/> Cancel All Coverage (Employee & All Dependents) <input type="checkbox"/> Cancel Dependent(s) Only (List dependents to be cancelled) <input type="checkbox"/> <b>Change (Please Specify)</b> <input type="checkbox"/> Add Dependent (e.g., spouse, domestic partner, child, etc.) <input type="checkbox"/> Change Address <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Change Name <input type="checkbox"/> Change Group Number <input type="checkbox"/> Change Provider <input type="checkbox"/> COBRA <input type="checkbox"/> Other _____	<b>SECTION E: FOR EMPLOYER USE ONLY</b>  <b>EMPLOYER INFORMATION</b> Employer Name <b>PSCOA</b> Group Number <b>882451000</b> Sub Group _____ UCCI Payroll Location _____

**SECTION B: EMPLOYEE INFORMATION - Please print clearly to expedite your request.**

1. Identification Number (For example, Social Security Number) _____		2. Original Employment Date (mm/dd/yyyy) ____/____/____	
3. Employee Name (Last, First, Middle Initial) _____		4. Date of Birth ____/____/____	5. Sex _____
7. Home Address _____		City _____	6. Provider Number (DHMO Only) _____
		State _____	Zip Code _____

**SECTION C: DEPENDENT INFORMATION** Please list the added/cancelled dependents in this section. For more than five dependent children, complete and attach an additional form. If dependent children listed in this section are disabled or full-time students age 19 or over, please see your group administrator for a Dependent Certification Form, which should be completed and returned with the Dental Enrollment Form.

1. Identification Number (For example, Social Security Number)	2. Type	3. Last Name	4. First Name	5. MI	6. Sex	7. Date of Birth	8. Provider Number (DHMO Only)
_____	Spouse/Domestic Partner	_____	_____	_____	_____	_____	_____
_____	Dependent (A)	_____	_____	_____	_____	_____	_____
_____	Dependent (B)	_____	_____	_____	_____	_____	_____
_____	Dependent (C)	_____	_____	_____	_____	_____	_____
_____	Dependent (D)	_____	_____	_____	_____	_____	_____
_____	Dependent (E)	_____	_____	_____	_____	_____	_____

**SECTION D: OTHER DENTAL COVERAGE** Do you or your dependent(s) have other Group Dental Coverage? Yes  No   
 If your answer is yes, please complete the following information.

Policy Holder	Insurance Company	Policy/Identification Number	Effective Date (mm/dd/yyyy) ____/____/____
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I represent that all information supplied in this application is true and correct. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Phone Number 866-467-7262 ext.301 Date \_\_\_\_\_



## PROGRAM AVAILABILITY

- Products are not available in any state where prohibited by law or where United Concordia does not have regulatory approval.
- Domestic partner coverage is not permitted in Idaho.

## STATE MANDATED PROVISIONS

- CA:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.
- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- AZ, GA, KY, NE & NH:** All statements made by a Policyholder or by any Insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.
- KS:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- LA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ:** All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OR:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- OR:** Contestability is limited to two years as stated in the Group Policy.
- TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- UT:** Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the Rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.
- VA:** Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

## UNITED CONCORDIA OPERATES AS A WHOLLY OWNED SUBSIDIARY UNDER THE NAME LISTED BELOW IN THE FOLLOWING STATES:

- United Concordia Dental Corporation of Alabama – AL
- United Concordia Dental Plans, Inc. – MD, NJ
- United Concordia Dental Plans of California, Inc. – CA
- United Concordia Dental Plans of Delaware, Inc. – DE, DC
- United Concordia Dental Plans of Florida, Inc. – FL
- United Concordia Dental Plans of Kentucky, Inc. – KY
- United Concordia Dental Plans of the Midwest, Inc. – MI, MO, OH
- United Concordia Dental Plans of Pennsylvania, Inc. – PA
- United Concordia Dental Plans of Texas, Inc. – TX
- United Concordia Insurance Company – AK, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NE, NH, NV, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY
- United Concordia Life and Health Insurance Company – DE, DC, IL, KY, MD, MO, NC, NJ, PA
- United Concordia Insurance Company of New York – NY