



Concordia Health Plan

Dental & Vision Options Summary

Dental Options Summary (reflects member's responsibility unless otherwise noted)

Dental Benefits – Administered by CIGNA; Total Cigna DPPO Network

Dental Plan	Bundled	Basic	Plus	Premium
In-Network Coverage				
Preventive Care	\$0	\$0	\$0	\$0
Deductible	\$100 per person / \$300 family max	\$100 per person (no family max)	\$50 per person / \$150 family max	\$50 per person / \$150 family max
Basic Dental Care	20%	20%	20%	10%
Major Dental Care	20%	N/A	50%	40%
Calendar Year Maximum	\$1,500	\$1,000	\$1,500	\$1,500
Progressive Max Benefit	N/A	N/A	N/A	\$300 year / \$900 max
Orthodontia	Adult & child: 50% (\$1,500 lifetime max)	N/A	Child Only: 50% (\$1,500 lifetime max)	Adult & child: 50% (\$2,000 lifetime max)
Out-of-Network Coverage				
Preventive Care	Plan pays 100% of 90% of R&C	Plan pays 100% of 80% of MAC	Plan pays 100% of 80% of R&C	Plan pays 100% of 90% of R&C
Deductible	\$100 per person / \$300 family max	\$300 per person (no family max)	\$150 per person (no family max)	\$150 per person (no family max)
Basic Dental Care	20% of 90% of R&C	20% of MAC	20% of 80% of R&C	20% of 80% of R&C
Major Dental Care	20% of 90% of R&C	N/A	N/A	50% of 80% of R&C
Orthodontia	50% of 90% of R&C	N/A	N/A	50% of 80% of R&C

Note: R&C = Reasonable and Customary; MAC = Maximum Allowable Charge

See document V_CHP_EE_8006 at concordiaplans.org/non_network for a more indepth explanation of the two types of charges.

Vision Options Summary (reflects member's responsibility)

Vision Benefits – Administered by VSP; VSP Network

Vision Plan	Bundled Vision	Basic	Premium
In-Network Coverage			
Routine Exam	\$10	\$10	\$10
Lenses	\$25	\$25	\$25
Frames	\$150 allowance	\$150 allowance	\$200 Allowance OR an Easy Option Selection
Contacts	\$150 allowance for elective contacts/\$25 copay if medically necessary	\$150 allowance for elective contacts/\$25 copay if medically necessary	\$200 allowance for elective contacts/\$25 copay if medically necessary
Frequency	Lenses: once every calendar year Frames: once every calendar year Contacts: once every calendar year	Lenses: once every calendar year Frames: once every calendar year Contacts: once every calendar year	Lenses: once every calendar year Frames: once every calendar year Contacts: once every calendar year
Cover Lens Enhancements			
Progressive Lenses	Covered in full	Not Covered, ability to get an average 20%-25% off lens option	Not covered, ability to get an average 20%-25% off lens option OR an Easy Option Selection
Anti Reflective Coating	Not Covered, ability to get an average 20%-25% off lens option	Not Covered, ability to get an average 20%-25% off lens option	Not covered, ability to get an average 20%-25% off lens option OR an Easy Option Selection
Polycarbonate Lenses for Children	Covered in full	Covered in full	Covered in full
Easy Options			
	N/A	N/A	Upgrade frame to \$250 OR Add Progressive coverage OR Add Anti-Reflective coverage