

Post Doctoral Dental and Vision Coverage

Eligibility

Post Doctoral Scholars and Fellows are eligible to participate in the University-sponsored dental plan. Additionally, you may elect to include coverage for:

1. Your spouse
2. Your same-sex, domestic partner
3. Your children up to age 19
4. Your children age 19 until age 24, provided they are full-time students

Benefit coverage is effective on the first day of the appointment, provided that the appropriate enrollment forms are completed and returned to the Employee Benefits Division within 31 days of the appointment. During the annual open enrollment period, all post doctoral scholars and fellows have the opportunity to enroll or make changes to their benefits, which will be effective January 1 of the following year.

Description of Dental Coverage

The dental plan for post doctoral scholars and fellows is administered by United Concordia Companies, Inc. (UCCI). You may seek services from any dental provider. Please be aware, however, that your benefits are maximized if you use a UCCI participating provider. The advantages to using a UCCI participating dentist are as follows:

- The \$25 per person deductible is waived.
- Participating dentists file claims for you and payments are made to them directly by UCCI.

UCCI participating dentists will accept the amount specified in the dental plan as the maximum allowable charge. If a particular procedure involves a co-payment, for example 80% covered by the plan and 20% covered by the individual, you would be responsible for paying your share to the dentist. However, you would not be billed further by the participating dentists for an additional amount.

If you choose a dental provider who is not part of the UCCI network, that provider may bill you for the difference between the amount that he or she charges and the amount of UCCI's reimbursement.

The UCCI network is open to all licensed dentists who meet credentialing criteria. Across Pennsylvania, there are approximately 60% of all dentists participating in the network.

Examples of Services

The dental plan provides coverage for a broad list of dental services. These services are divided into "preventive services," "basic services" and "major services." Preventive services are paid at 100% of charges, basic services are paid at 80% of charges and major services are covered at 60%. There is an annual maximum of \$1,000 applied separately to each covered participant.

There is no coverage for orthodontics.

Preventive Services

Routine Examinations (two in any calendar year)
Cleanings (two in any calendar year)
Fluoride Treatment (one in any calendar year)
Bitewing X-rays (twice in any calendar year)

Basic Services

Basic Restorative
Space Maintainers
Palliative Emergency Treatment
Full Mouth X-rays
Simple Extractions
Endodontics
Repair Broken Dentures
Periodontics
Oral Surgery

Major Services

Inlays
Onlays
Crowns
Prosthodontics

*Full Mouth X-rays are covered once in any 36 consecutive months

Cost Per Month

The monthly cost for dental coverage, beginning September 1, 2007, is as follows:

Self	\$4.42
Self and Spouse	\$14.98
Self and Child(ren)	\$14.98
Self, Spouse and Child(ren)	\$14.98

Post Doctoral Vision Coverage

Vision coverage and rates may be reviewed at the following links:

<http://www.ohr.psu.edu/Benefits/Vision/VisionCoverage.htm>

<http://www.ohr.psu.edu/Benefits/Vision/VisionSummary.htm>