United Concordia dental

UC ClearVision™

Vision Programs for California Employer Groups with 2-50 Enrolled Contracts

Valid program and rates for effective dates of January 1, 2027 - June 30, 2027

Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines.

The rates on this card do not apply to existing United Concordia UC ClearVision groups.

Premium rate includes 10% commission.

		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
In Network Coverage		**Member Pays**				
WellVision Exam		$25	$10	$10	$10	$0
Frequency (months)		*12*	*12*	*12*	*12*	*12*
Prescription Glasses		$25	$25	$25	$10	$0
Frames	Featured Frame Brands allowance	$170	$170	$170	$195	$170
	Frames allowance	$150	$150	$150	$175	$150
	Costco® Frame allowance	$80	$80	$80	$95	$80
Frequency (months)		*24*	*24*	*12*	*12*	*12*
Lenses	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Included in Prescription Glasses	Included in Prescription Glasses	Included in Prescription Glasses	Included in Prescription Glasses
	Polycarbonate lenses for dependent children up to age 18					
Frequency (months)		*12*	*12*	*12*	*12*	*12*
Lens Enhancements	Standard Progressive Lenses	$0	$0	$0	$0	$0
	Premium Progressive Lenses	$95–$105	$95–$105	$95–$105	$95–$105	$95–$105
	Custom Progressive Lenses	$150–$175	$150–$175	$150–$175	$150–$175	$150–$175
	Other lens enhancements including impact-resistant lenses for adults	Average savings of 30%	Average savings of 30%	Average savings of 30%	Average savings of 30%	Average savings of 30%
Contacts (instead of Glasses)	Contacts Allowance	$150	$150	$150	$175	$150
	Contact Lens Exam (fitting and evaluation)	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60
Frequency (months)		*12*	*12*	*12*	*12*	*12*
Out of Network Coverage						
Members get the most out of their benefits and greater savings with in-network VSP doctors. Out-of-network plan details are on following page.						
Rates for UC ClearVision - Minimum Participation: 70%						
Two Tier Rates	Employee	$7.20	$8.40	$10.40	$14.50	$15.40
	Family	$18.60	$21.60	$26.90	$37.60	$39.80
Four Tier Rates	Employee	$7.20	$8.40	$10.40	$14.50	$15.40
	Employee + 1 Adult	$14.30	$16.70	$20.70	$29.00	$30.70
	Employee + Child(ren)	$15.40	$17.90	$22.20	$31.00	$32.90
	Family	$24.50	$28.50	$35.40	$49.60	$52.50
Rates to add UC ClearVision with a new or inforce United Concordia dental policy - Minimum Participation: 70%						
Two Tier Rates	Employee	$6.50	$7.50	$9.40	$13.10	$13.80
	Family	$16.70	$19.50	$24.20	$33.80	$35.80
Four Tier Rates	Employee	$6.50	$7.50	$9.40	$13.10	$13.80
	Employee + 1 Adult	$12.90	$15.00	$18.70	$26.10	$27.60
	Employee + Child(ren)	$13.80	$16.10	$20.00	$27.90	$29.60
	Family	$22.10	$25.70	$31.90	$44.60	$47.30

Underwriting Guidelines
The following underwriting guidelines apply to the program on the attached document.

1. In network benefits are administered via the VSP Choice Network.
2. Both minimum enrolled contract count and participation requirement must be achieved.
3. Spousal opt outs count toward participation requirements but are not applicable to the minimum enrollment requirements.
4. Programs assume dependent children are eligible to age 26 and full-time students to age 26.
5. Standard United Concordia policies and procedures and exclusions and limitations apply (refer to Es & Ls included).
6. If the group is multi-state, at least 90% of those eligible are located in the rate card region.
7. This chart is a representative listing of services covered under the proposed program.
8. The overall average number of members per contract is less than 5.
9. Vision plan is not offered in conjunction with another vision plan or another vision carrier.
10. In-force United Concordia policy includes United Concordia Insurance Company or one of its affiliated DHMO companies.
11. The group has no vision claims experience available.
12. Rates on this card apply only to new vision business sold through United Concordia.
13. All proposed rates, guarantees and caps assume no change to the proposed benefit design. United Concordia reserves the right to re-evaluate proposed rates and benefit if any state or federally mandated benefits or fees are imposed. Rates are subject to regulatory approval, where applicable.
14. Client is not in one of the following industry categories: Vision Offices (SIC 8072); Employment Agencies (SIC 7361); and any cannabis industries.

United Concordia reserves the right to replace this rate card at any time. Please contact your sales representative to ensure that you have the most up to date information.

United Concordia will not accept business submitted by or pay commissions to producers who are not appointed. Any premium payment or group application submitted to United Concordia or its sales personnel by non-appointed producers must be accompanied by completed appointment paperwork or it will be returned to the non-appointed producer. A producer's quotation of rates to groups or submission of business to United Concordia constitutes acceptance of and agreement to comply with this rule. To obtain an appointment packet, visit the Producer section of www.unitedconcordia.com.

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3) Prescription lense enhancements – one per 12 months.
Low Vision: Professional services for severe visual problems not correctable with regular lenses, including:
Supplemental Testing: Covered in full*.
Premium rate includes 10% commission.
Supplemental Aids: 75% of VSP Preferred Provider's fee, up to $1,000.00*
*Maximum benefit for all Low Vision services and materials is $1,000.00 every two (2) years and a maximum of two supplemental tests within a two-year period.

Open Access Allowances	**Out Of Network Benefits**				
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**
Exam	$45	$45	$45	$45	$45
Frames	$70	$70	$70	$70	$70
Single Vision Lenses	$30	$30	$30	$30	$30
Bifocal Lenses	$50	$50	$50	$50	$50
Trifocal Lenses	$65	$65	$65	$65	$65
Lenticular Lenses	$100	$100	$100	$100	$100
Progressive Standard*	$50	$50	$50	$50	$50
Progressive Premium	$50	$50	$50	$50	$50
Progressive Custom	$50	$50	$50	$50	$50
Elective Contacts	$105	$105	$105	$105	$105
Medically Necessary Contacts	$210	$210	$210	$210	$210

*Progressive Lens Allowance matches Bifocal allowance

UC ClearVision plan benefits are subject to limitations and exclusions which may affect benefits payable. See plan documents for complete details.

Limitations:

1) Eye examinations – one per 12 months.
2) Prescription eyeglass lenses or contact supply (instead of eyeglass lenses) – one per 12 months.
3) Prescription lense enhancements – one per 12 months.
4) Eyeglass frames – Plans 1 and 2: one per 24 months. Plans 3, 4 and 5: one per 12 months.
5) Low vision services, if covered – Two supplemental tests per 12 months.

Premium rate includes 10% commission.

Exclusions:

There are no benefits for professional services or materials connected with:

1) Services and/or materials not specifically included in this Schedule as Covered Services.
2) Orthoptics or vision training and any associated supplemental testing.
3) Plano lenses (lenses with refractive correction of less than a ± .50 diopter power)
4) Two pair of glasses in lieu of bifocals.
5) Replacement of lenses and frames furnished under this Policy that are lost, stolen, or broken, except at the normal intervals specified for Covered Services.
6) Medical or surgical treatment of the eyes.
7) Corrective vision treatment of an Experimental Nature.
8) Costs for services and/or materials that exceed Covered Service allowances or that are provided more frequently than specified for Covered Services.
9) Refitting of contact lenses after the initial 90-day fitting period.
10) Contact lens modification, polishing, or cleaning.
11) Local, state and/or federal taxes, except where Company is required by law to pay
12) Services associated with Corneal Refractive Therapy (CRT) or Orthokeratology
13) Materials and/or services covered by other group insurance or managed care plans as determined through Coordination of Benefits procedure described in the Certificate of Insurance.
14) Fees for broken appointments or returned checks for payment of services or materials.

Disclaimer:

Benefits underwritten by United Concordia Insurance Company of New York (in NY) and by United Concordia Insurance Company (all other states). Benefits administered, in part, by United Concordia Companies, Inc. ("Concordia Administrators" in CA). The administrative office United Concordia and its affiliates is located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011. Vision policies cover vision benefits only. Benefits administered by Vision Service Plan (VSPVisionService Administrator in CA). Administrative and claims offices located at Vision Service Plan, Attention: Claims Services, P.O. Box 495918 Cincinnati, OH 45249-5918 (phone: 800-877-7195). "Member pays" section indicates either a copay, an allowance, or an increased out-of-pocket cost for materials or services. Featured Frame Brands allocation includes standard Frames allowance plus a $20 credit. Contact lens exam/fitting is a discounted fee available in-network only. See the plan documents or your account representative for specific provisions and details of availability. References to "discounts" and "savings" refer to discounts on services and materials that may be available at retail locations or provider offices depending on affiliation status of provider. Policy number: CA9802V (10/21).

Policy Terms and Conditions:

United Concordia's Group Policy begins on the agreed effective date and renews subject to the terms of the Group Policy. Either the employer/group or United Concordia may elect not to renew the Group Policy by providing written notice to the other party at least 60 days prior to renewal. United Concordia may terminate the Group Policy with 31 days written notice if the employer/group fails to pay premium. United Concordia may adjust rates or benefits or terminate the Policy on any premium due date with 31 days advance notice if the minimum participation requirements are not achieved or the nature of the risk changes significantly.

Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restrictions. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits and cost depend upon the plan selected.